Enter and View Report
Daneside Mews

Care Home Contact Details:
Chesterway
Northwich
CW9 5JA
Tel: 0333 999 8508
Date of Visit: 2nd September 2019
Time of Visit: 10.30 am

Healthwatch Cheshire Authorised Representatives:
Janet Lomas and Toni Jordan
Staff Present: Nicola Blackwood – Home Manager

What is Enter and View?

Healthwatch Cheshire (HWC) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWC represents the consumer voice of those using local health and social services and trades as both Healthwatch Cheshire East and Healthwatch Cheshire West.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health and social care services. Enter and View visits may be conducted if providers invite this, if HWC receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the services first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

Contact Details: Healthwatch Cheshire, Denton Drive, Northwich, Cheshire, CW9 7LU Tel: 0300 323 0006

1. Description & Nature of Service

Details of home

Located on the banks of the River Dane in Northwich, Cheshire, Daneside Mews is a purpose-built home offering residential dementia care.

With a pretty, landscaped garden that features a lovely sensory area, patio and summer house, the outdoor spaces at Daneside Mews are perfect for spending time with visiting family and friends.

The two sitting and two dining areas have lovely garden views. There is a room dedicated to Residents wishing to pursue hobbies and interests, and a popular hairdressing salon. The bright, comfortable bedrooms are all easily accessible by wheelchair.

The home's caring team has created a family atmosphere, encouraging everyone to eat and celebrate special occasions together. Residents are invited to decorate their rooms with small items of their own furniture and treasured belongings so that it feels just like home. Daily life is thoughtfully designed to support mind, body and soul.

Group: HC-One

Person in charge: Nicola Blackwood (Home Manager)

Local Authority / Social Services: Cheshire West and Chester Council

Type of Service: Care Home only (Residential Care) – Privately Owned , Registered for a maximum of 34 Service Users

Registered Care Categories*: Dementia • Old Age

Specialist Care Categories: Alzheimer's

Admission Information: Ages 65+.

Single Rooms: 34

Rooms with ensuite WC: 34

Facilities & Services: Separate Dementia Care Unit • Own GP if required • Own Furniture if required • Close to Local shops • Near Public Transport • Lift • Wheelchair access • Gardens for residents • Bar/Cafe on premises • Phone Point in own room/Mobile • Television point in own room

Latest CQC Report – the location was subject to CQC inspection in May 2018 and was recorded as Good Overall.

Website information: The service has its own website indicating the services and accommodation available. It is clear and easy to use and also has information regarding complaint process.

2. Acknowledgements

Healthwatch Cheshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

3. Disclaimer

This report relates to findings gathered on a specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to Healthwatch Cheshire Representatives at the time of the visit.

4. Purpose of the Visit

- To enable Healthwatch Cheshire Representatives to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement
- To enable Healthwatch Cheshire Representatives to observe how the service delivers on the statements it advertises on its website

5. Introduction/Orientation to Service

The Authorised Representatives (ARs) were met at the front door by Charlotte the Administrator who asked the ARs to sign in. The ARs were introduced to Nicola Blackwood, Manager, and she gave a tour of the home stopping to talk with residents and staff along the way. The ARs had lots of opportunities to engage with everyone during the visit. Everyone was very friendly and welcoming staff spoke favourably and enthusiastically about their work at the home.
There is a staff profile of the manager online but the AR's didn't see any staff photo boards.

6. Methodology

Representatives were equipped with various tools to aid the gathering of information. The following techniques were used by the Representatives:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors

7. Summary of Key Findings

- Opportunities to develop activities at the home with community input.
- Need to develop notice board information and an activities planner for everyone to read.
- Need to showcase the good things that are happening and acknowledged by the many thank you cards seen.
- A safety issue with the fire doors was identified and a lack of understanding of how the locking mechanism works with/without the alarms. It was advised to check this out on the day of the visit.
- There were no activities seen taking place on the morning of the visit. A programme of activities to be developed for each day that everyone knows about, is encouraged to participate and is facilitated by Activities Coordinator, staff, families and volunteers.

8. Detailed Findings

8.1 Location, external appearance, ease of access, signage, parking

Daneside Mews is situated in the centre of Northwich close to nearby amenities and shops, it is a sister care home to Daneside Court both part of the HC One Care Group. The catering facilities are situated in Daneside Court and brought across to Daneside Mews. Signage is clear and bold as to which is which home with plenty of car parking on the day of the visit. The gardens to the front are neat and maintained with no litter.

8.2 Initial impressions (from a visitor's perspective on entering the home)

Initial impressions were one of a light, airy, clean interior with a comfortable reception providing a signing in/out book, CQC report, statutory notices, fire notices and the values of the HC One Care Group well displayed. Missing was information about Daneside Mews i.e. events, news, feedback actions and activities. There were some pictures of recent birthday parties that had taken place this year and some 'thank you' cards on the notice board in the corridor downstairs. The ARs had a discussion with Nicola as to how this could be enhanced taking into account the audience and who it is intended for i.e. residents, staff, families, visitors. A programme of activities is something that the manager wants on display for everyone to see.

8.3 Facilities for and involvement with family/friends

Families are able to visit anytime and encouraged to participate in the events that take place. Fund raising for the comforts fund takes place also. There are quiet areas to sit inside and outside with relatives and a small café area upstairs is also available. A relative told the ARs that they visited every week and spent several hours talking, having a coffee and helping support over lunch, they said that 'the care was very good' and 'things were a lot better for everyone now'.

Café area

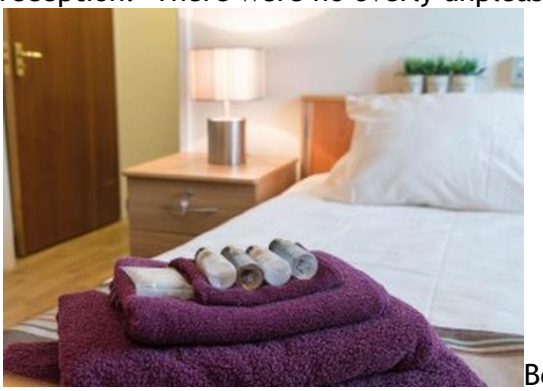
8.4 Internal physical environment

8.4.1 Décor, Lighting, heating, furnishing & floor coverings

Décor is light, airy, and modern with carpet in the lounge areas and laminate elsewhere. It is homely with soft furnishings, a variety of chairs for seating and side tables for drinks, nostalgic pictures of transport, people, film and TV personalities and scenery. Everything appeared to be in good state of repair and there is a maintenance man, Steve, who attends to any issues as they occur. There was a small patch of wall plaster in the downstairs bathroom that needs attention but otherwise it all looked clean and tidy. The lighting was good in all areas

8.4.2 Freshness, cleanliness/hygiene & cross infection measures

Staff wore uniforms. The hoist in the bathroom had slings that had been assessed for individuals; wheelchairs were stored in the bathroom but did not seem to cause an obstruction. All bedrooms have a toilet and a sink. Each floor has a large bathroom comprising of a hoist/chair-bath and a walk-in/chair shower. A hand gel was seen in reception. There were no overly unpleasant odours.


Bedroom (picture courtesy of Carehome UK)

8.4.3 Suitability of design to meet needs of residents

The design allows the residents to wonder safely on each floor and to go into the garden. All windows seen had restrictions in place. All doors are key coded as all residents are on a Deprivation of Liberty Safeguards (DOLS). The back gardens are not open to the public from outside. There is a lounge, dining room, activities room overlooking the garden the town and roads. On the day of the visit the lounge was the place that most residents on the downstairs floor wanted to be. There was music on that some residents sang along to, a TV was on but no volume. Drinks were being served and there was a lovely friendly atmosphere with everyone happy to talk to the ARs. The garden area had a marquee outside as there had been a recent event 'Alice in Wonderland' themed tea party and buffet, lots of dressing up and fun was had by all accounts and the pictures taken were great memories – display please. The fire doors on the ground floor are opened by a push bar mechanism but it was not clear how this worked? linked to activation of alarms. When

the Manager tried it would not open as there was a mechanism at the top of the door, the Manager was asked by the ARs to check this out on the day of the visit and convey to all staff how it works.

Garden area to back of property

8.5 Staff support skills & interaction

8.5.1 Staff appearance/presentation

Staff all wore uniform and appeared neat, clean and appropriate. Not everyone had a name badge evident. The ARs saw good interactions with the residents.

8.5.2 Affording dignity and respect/Approach to care giving

One resident came into the lounge in their night attire; they were calmly taken back to their room. Good humour and lots of smiles were seen and residents being asked if they would like a drink or a snack.
One resident was seen pushing a pram and had a baby doll which she likes to hold. Staff were supporting this with respect and dignity. Some of the residents are said to like helping with table setting and one resident said she would like to help in the garden. One resident in the upstairs lounge did not want to talk to the ARs and this was respected.
The ARs discussed with Nicola how the room noise level could be addressed in the upstairs lounge so that all residents would benefit. This room was noisy and the residents were not able to talk to the ARs easily or listen to the radio or TV if they wanted to. The ARs felt that the situation in the upstairs lounge could cause some residents to feel frustrated and annoyed at the noise level would prevent them from listening to the radio, watching TV or just talking with friends and visitors as occurred today, due to the noise level generated by a resident.
The residents on the first floor are less mobile than downstairs and are less likely to move to other quieter areas.

8.5.3 Effective communications - alternative systems and accessible information

In the dining room there was a printed menu with all of the day's menus available. The ARs suggested a more user friendly easy read for the residents i.e. table card menus, wipe-boards on the walls in each dining room etc. The notice boards on the corridors have some information on them. The ARs discussed improvements that could be made so that residents, staff and visitors would benefit.

8.6 Physical Welfare

8.6.1 Appearance, dress & hygiene

All of the residents seen in the visit appeared clean, neat and dressed appropriately for the weather. Some of the ladies wore jewellery, had nails manicured and painted and had had their hair done.

8.6.2 Nutrition/ mealtimes and hydration

Meals are made on site at the sister home Dane Court. Drinks and snacks are available mid-morning and mid-afternoon. The dining room was well laid out with tablecloths, cutlery and placemats. Special events and birthdays are catered for with cakes, buffets and social events. Residents can have breakfast and meals in their rooms but are

generally encouraged to eat in the dining room as a social event supported by staff. Assistance is available if people require help at mealtimes.
8.6.3 Support with general & specialist health needs/Maximising mobility & sensory capacities
The home is supported by Danebridge Medical Centre GPs, the District Nurses and Boots Pharmacy. The home does not provide nursing care and at the point that a person's needs become more nursing and less residential then assessments are undertaken with Social Services and Health. One issue that was identified was the difficulty in obtaining a pressure relieving mattress for a resident who has not yet been assessed as needing nursing care. The resident who has a pressure area now may benefit from a pressure relieving mattress to prevent a pressure sore developing but the staff cannot access one until a criterion of needing nursing care is reached. Walking frames and wheelchairs were evident during the visit. The residents on the first floor are less mobile that the residents downstairs.
8.7 Social, emotional and cultural welfare
8.7. 1 Personalisation & personal possessions
All residents are encouraged to take personal belongings, pictures and small items to personalise their rooms. Rooms have name of resident and some had a photo. The ARs discussed the development of memory boxes that could be done as an activity with relatives helping to source photos, items etc.
8.7.2 Choice, control & identity
All residents are on a DOLS and unable to leave the home without support for safety reasons. All residents are referred to by their first names. All have their own name outside of their bedroom. One resident said they were asked if they would like to take part in activities, they could not remember what they were called but could describe what happened.
8.7.3 Feeling safe and able to raise concerns/complaints
One resident said they felt safe at the home and they were visited by family and taken out. We were told by staff and residents that they could tell Nicola if there were any problems and felt able to approach her. There was no easy read material about raising concerns and complaints but there were postal cards and complaint cards in the reception for visitors and family to take/use. The Manager has open door policy.
8.7.4 Structured and unstructured activities/stimulation
There is a well-being person/activities coordinator who was on holiday on the day of the visit. A variety of activities are said to take place but unfortunately none were seen happening on the day of the visit. Examples of what takes place: coffee mornings, bingo, quizzes, music, entertainer/singer each month, dancing, chair exercise classes, sewing, painting, dominoes and flower arranging. There were outdoor games and some tactile boards with locks seen around the lounge/dining room. Nicola wants to see activities board telling everyone what's on, when and so on. Trips out on the minibus to be scheduled also. A church service takes place weekly on the first floor for anyone who wishes to attend. The ARs suggested the development of community links with schools, colleges, Men in Sheds, gardeners and to look at volunteers to assist with key activities i.e. cookery, gardening, sewing, IT, music, church social etc.
8.7.5 Cultural, religious/spiritual needs
As above, the upstairs café area is used for the church service each week.

8.7.6 Gardens - maintenance & design/suitability for use/enjoyment

There are large gardens around the Mews with seating, planting and quiet areas, it is tidy and well maintained. The ARs discussed the possibility of gardening activities, shed work, growing plants and veg and general outdoor fresh air time.

9. Observations

9.1 Elements of observed / reported good practice

- A monthly meeting with residents and relatives has been arranged by the Manager
- Family participation during the visit and interaction
- Clean and tidy home.

9.2 Other observations / findings of note applicable

Good reviews on the Home website with current (this year) reviews available. Manager responds to any comments made that need addressing. An open-door policy promoted.

10. Comparisons

10.1 Comparisons of observations against providers website

Website describes a friendly and family atmosphere which we saw, personalised rooms, spacious well-maintained gardens and good facilities inside.

10.2 Comparisons with previous Healthwatch visit (s) where applicable

Healthwatch visited in 2017. Memory boxes mentioned during 2017 visit as an area for consideration and development. Activities were not available at weekends in 2017. There is only one dedicated Activities Coordinator at the present time.

11. Recommendations

- To look at provision of planned activities 7 days a week and cover for leave.
- To look at community involvement to enhance the activities and opportunities for engagement.
- To address the opening of the fire doors with all staff on the day of the visit.
- To look at the noise level and resident interactions in the upstairs lounge when all residents are using this room.
- Repair plaster on wall in bathroom downstairs.
- To follow up with the District nurse/GP re the issue about pressure relieving aids/mattresses as preventative care.

Additional

- Dementia training is done as part of the Touchstone online training for all staff. Individual training events are put on at the different homes to cover specific topics.
- Staff receive 6 monthly appraisals and regular supervisions.
- Medication is administered by the senior staff who have undergone additional training
- Staff reported 'on the job' training re dementia and learning about individuals.

Feedback from Provider of Service

No feedback received at time of publication.