healthwatch Cheshire West

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Enter and View Report
Orchard Manor Care Home

Care Home Contact Details:

12A Acres Lane
Upton
Chester CH2 1LY

Date of Visit: December 9th 2019
Time of Visit: 10.30am

Healthwatch Cheshire Authorised Representatives:

Janet Lomas, Sheila Williams, Jacqueline Griffiths

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 (Some details taken from Carehome.co.uk)
Orchard Manor is a 93-bed care home that is rated 'good' with CQC and offers a homely environment and family-like care for the elderly, catering for those who have nursing needs as well as dementia needs.

The home has a clear vision to have care and compassion at the heart of everything Orchard Manor do. The staff maintain an environment that is warm, caring, homely and conducive to the residents' exercising distinct individuality.

The manager and the strong leadership team will support, guide and advise from the pre-assessment stage right through to the care needs required for the residents, offering the family's peace of mind that loved ones are being cared for to the highest standards.

Residents have a secluded sensory garden to relax in during the warmer weather and a comfortable interior with spacious living areas, respecting individual's privacy while being excellent for socialising.

Group: Zion Care Ltd

Person in charge: Jacqueline Jones (Manager)

Local Authority / Social Services: Cheshire West and Chester Council

Type of Service: Care Home with nursing – Privately Owned, Registered for a maximum of 93 Service Users

Registered Care Categories*: Dementia • Mental Health Condition • Old Age • Physical Disability • Sensory Impairment

Specialist Care Categories: Alzheimer's • Hearing Impairment • Parkinson's Disease • Stroke • Visual Impairment

Admission Information: Ages 65+.

Single Rooms: 93

Rooms with ensuite WC: 89

Weekly Charges Guide: Nursing Care Single £650 – £950 (These prices are only a guideline, please contact Orchard Manor Care Home to find out the exact price for your requirements.)

Facilities & Services: Palliative Care • Respite Care • Sheltered Housing • Separate Specialist Dementia Care Unit • Own GP if required • Own Furniture if required • Smoking not permitted • Close to Local shops • Near Public Transport • Lift • Wheelchair access • Gardens for residents • Residents Kitchenette • Phone Point in own room/Mobile • Television point in own room

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 (AR's) were given an overview of the service prior to a tour of the building. The building is divided into units

accommodating residential people, people with dementia and people with physical disabilities.

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

There are up to date reviews on line that give good, positive feedback from families. Evidence of good Dementia care practices that are in place and being developed.

8. Detailed Findings

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

Orchard Manor is located in the village of Upton in close proximity to Chester and Chester Zoo. It is well sign posted on arrival at the home with signs indicating the Main Reception. There is plenty of car parking at the front of the property. There are planted borders and grassed areas at the front of the property, there were some dead leaves in the entrance porch but that cannot be helped at this time of year. The porch is also used to store things but it appeared tidy and not obstructive.

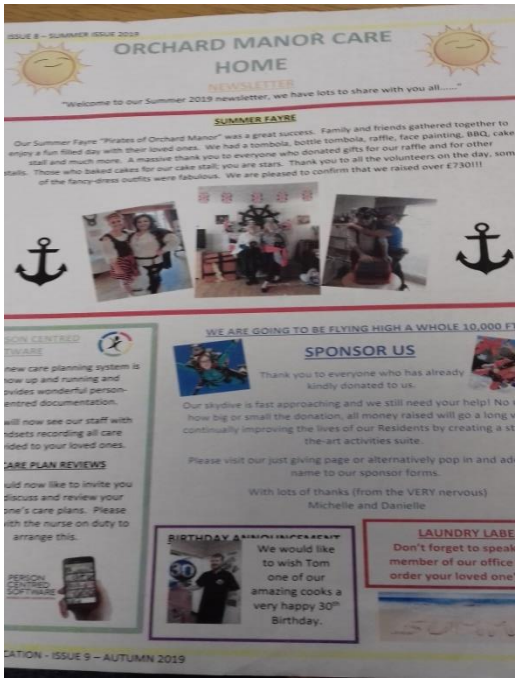
8.2 Initial impressions (from a visitor's perspective on entering the home)

The Main Entrance Reception is light, warm and has a manned reception desk. There are the usual statutory notices, hand gel, fire alarms, door keypads and information boards with lots of messages for residents, visitors, carers and staff. The ARs were asked to sign in and out of the property.

8.3 Facilities for and involvement with family/friends

Family and friends are welcome anytime of the day and can join their relatives in their rooms, the lounge areas or the dining areas. The family of those residents on End of Life Care Plan can stay overnight on a camp bed or chair and have their meals provided. The residents on an End of Life Care Plan have a 'purple butterfly' picture on their memory board situated outside their room, this reminds every one of the need to be aware of the situation showing dignity and respect at all times. Families and friends are invited to all events that are

organised at the home. The ARs didn't see or meet any relatives or visitors during the visit.



Newsletter and calendar of events.

8.4 Internal physical environment

8.4.1 Décor, Lighting, heating, furnishing & floor coverings

During the visit the ARs noted the good lighting in all areas, the light décor in the corridors that made the grab rails stand out for ease of use. The home was lovely and warm except for the 'Namaste' room which was newly refurbished and the heating was on the list to be addressed. Most floor coverings are laminate and nonslip with the remaining carpets being phased out in the future. The home was seasonally decorated for Christmas celebrations.

8.4.2 Freshness, cleanliness/hygiene & cross infection measures

The home, appeared clean and tidy with no clutter evident in the corridors. The residents' bedrooms appeared spacious and personalised with their own belongings, decorations and photos etc.

All but three of the bedrooms are en-suite with shower, toilet and sink. A toilet and sink area has been added to a modified lounge/kitchenette area so as to make it easier for the residents to recognise and access. The showers tend not to be used and the bathrooms located on each corridor tend to be used for safety reasons with hoists, equipment etc. Screen curtains for privacy and dignity are also in place should the bathroom door need to be opened due to a resident's behaviour or the temperature in the room. Hand gel dispensers are at various points. The Manager raised a good point when asked about the use of the Red Bag Initiative for when residents go to hospital in an emergency, the transfer of the bag between people and departments and can take place many times which

means infection and control measures are hard to maintain with the actual bag being passed through the many depts.

8.4.3 Suitability of design to meet needs of residents

The layout of the building was designed to accommodate sheltered residents at one time and the current residents are accommodated on different floors and areas dependent on their assessed needs. Alterations have been made structurally to enhance the facilities they provide eg new 'Namaste' relaxation and therapy room. The gardens at the back of the home are secure and accessed by locked gates or from inside. There are two areas, one with a pond. Plenty of garden furniture and seating, shed, greenhouse and patio area are also available. Further development/ideas discussed as to things that could enhance the experience. Residents are encouraged to get involved using skills they have had in their life before admission and to help maintain their skills in their new home, painting, answering the phone, dusting etc.

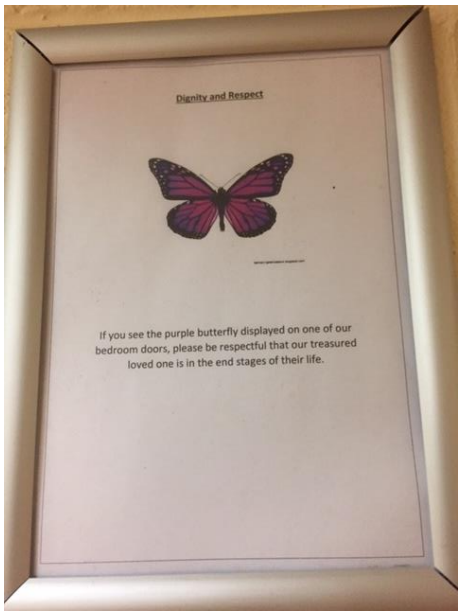
8.5 Staff support skills & interaction

8.5.1 Staff appearance/presentation

Staff seen appeared neat and tidy with uniform tops, some had lanyards on for identification and the home logo on the t-shirts was seen. Nursing staff were distinguished by their uniform tunics.

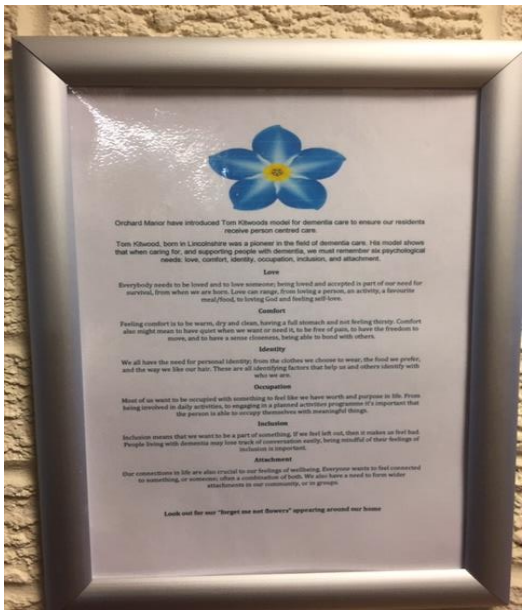
8.5.2 Affording dignity and respect/Approach to care giving

The residents on an End of Life Care Plan have a 'purple butterfly' picture on their memory board situated outside their room, this reminds every one of the need to be aware of the situation showing dignity and respect at all times.



This is also highlighted in reception for visitors to take note. On the Dementia Unit, "Willow", there is a wall art display depicting "The Kitwood Theory"(a

person centred care approach) and the dementia Forget Me Not describing the key points of care.



The bathrooms are used for both male and female residents; privacy is maintained by the use of dressing gowns, screens/curtains, planning etc.

8.5.3 Effective communications – alternative systems and accessible information

A number of the residents have sensory disabilities and one man we met was deaf, however, with simple signs and gestures staff included him in a conversation with us regarding his liking of painting around the home and garden. Staff were observed to be communicating in a quiet and respectful manner. There is a quiet and calm atmosphere despite the size of the property and the number of residents. There is an area that has a railway carriage theme with a screen playing a train journey plus table and chairs, this is used to provide an area that a resident can sit in for relaxation, distraction from behaviours that challenge and a quieter area. Further development ideas discussed including railway line changing mechanisms, painted tracks, memorabilia related to trains and stations etc. Staff carry handheld record devices that includes the careplan for that person and how to communicate with them.

8.6 Physical Welfare

8.6.1 Appearance, dress & hygiene

The residents we saw today all appeared appropriately dressed apart from one lady in her dressing gown in the lounge; it was not known why this was. Everyone in the lounges looked comfortable and a variety of seating was available.

8.6.2 Nutrition/ mealtimes and hydration

Nutritional needs are assessed on admission. The staff prepare all meals in the kitchen on site and heated trollies were seen in the main dining room to keep

meals hot. The dining experience looked very good with tables laid with cloths, napkins, cutlery and water glasses.

The ARs did not have time to speak to the catering staff in the visit, however, the online reviews gave overall good scores for the food/meals section. Families and visitors are welcome to stay with notice, to aid the kitchen. People travelling from afar are welcome to stay. A Christmas meal is planned and relatives welcome for a small charge. There are a number of married residents and in February a special Valentines meal was prepared for all those with partners; we saw the photos that were taken at this event. The website states a 5/5 score for good and hygiene. Pictorial menus for the day were in place in both dining rooms (excellent large photos). The staff have handheld record keeping devices that enable them to read and action behaviour and care plans. 'Fluid alerts' can be put on if a resident is required to drink more for example.

8.6.3 Support with general & specialist health needs/Maximising mobility & sensory capacities

The home has access to all primary healthcare facilities – GP, District Nurses, and Dentists etc. There is an in-house chiropodist. There are a large number of falls and safeguarding incidents due to the nature of the residents' conditions, these are reviewed with the appropriate authorities, health practitioners i.e. physio, OT and falls/complex health team. Wheelchairs and walking aids were seen in use during the visit. Some of the walking aids have been personalised as this is said to help people to remember to use and so reduce falls. There is no one dedicated GP practice assigned to the home and as such no routine weekly or fortnightly rounds are carried out, however, the Manager informed us that relationships and confidence with the GPs in CWAC are such that when they do need a GP they get the appropriate responses and actions. The home currently uses 6/7 GPs in the surrounding areas when needed. This issue is being discussed

with the CCG/Commissioners and CWAC. The flu vaccination programme for the residents this winter has been carried out by the pharmacist that does the medication in conjunction with the GPs. Staff have been targeted as well and a second sweep for vaccinations is planned to increase uptake from 42%. The Manager stressed the importance of the vaccination programme (from experience) and speaks at training sessions to promote the message.

8.7 **Social, emotional and cultural welfare**

8.7. 1 Personalisation & personal possessions

All residents are encouraged to have their own belongings, small items of furniture, photos, Christmas trees and personal items in their rooms. The rooms we saw from the corridor looked spacious, clean, tidy and comfortable.

8.7.2 Choice, control & identity

All residents are assessed for capacity and decision making on admission. All residents have a Standard Deprivation of Liberty Safeguarding (DOLS) application in place. Some residents have an Authorised Application due to the level of restrictions in place for that individual. Door sensors, bed rails, box sensors in the rooms and 1:1 care provision are all restrictions. Sensor mats are not generally used as some residents with dementia do not like them and try to step over them.

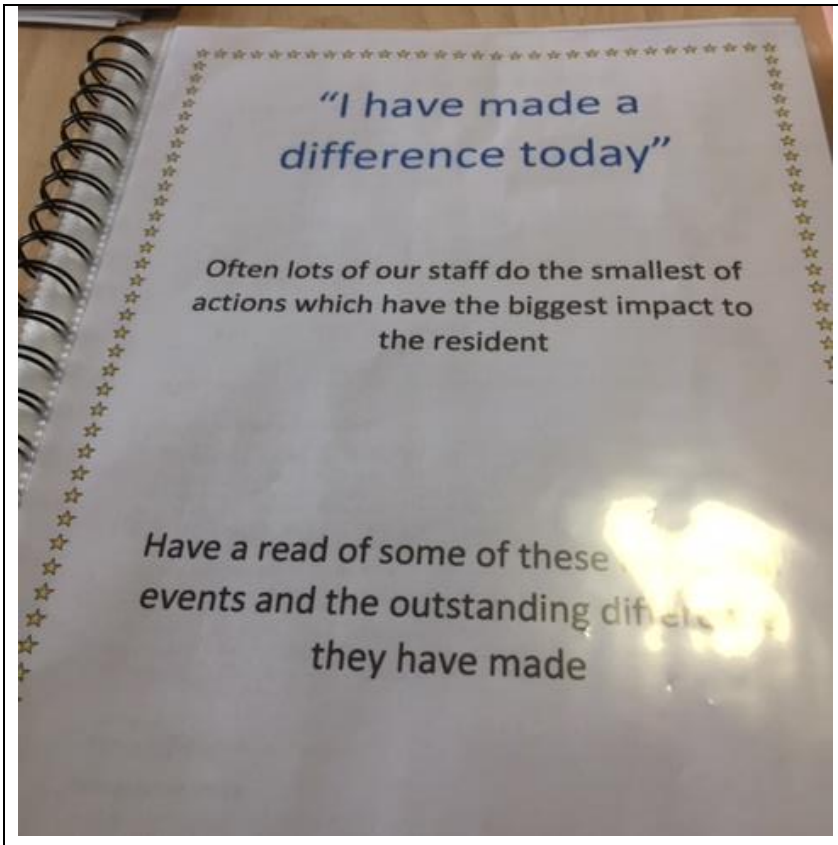
Choice - all residents were offered the flu vaccination; two refused and this was respected.

Identity – A new initiative is being considered where everyone is asked to wear a name label, this will help the residents communicate with each other and with the staff and visitors.

All residents have a memory board box outside of their room which has all the important messages about the person that a visitor, staff etc could use to start a conversation with them and know a little bit about them; these were excellent.

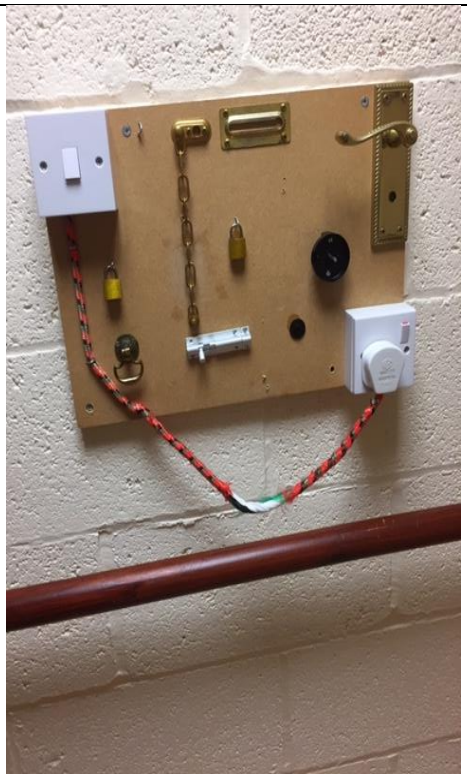
8.7.3 Feeling safe and able to raise concerns/complaints

Earlier this year a concern was raised and investigated by the CQC and local authorities. It was noted that there was no concern regarding safety. There was a process issue identified regarding the notification of someone dying in hospital when transferred from the care home, this was addressed and the lessons learned shared wider as potentially not an isolated issue. There is an open-door policy for everyone to raise any issues.



8.7.4 Structured and unstructured activities/stimulation

There is a team of activity personnel led by Lesley. It was a joy to talk to Lesley, her enthusiasm for her job and the passion she has for the residents and home is infectious. Examples of the work that is done and carried out was shown to the ARs. Lesley has a folder of evidence current for 2019, which is informative and creative.



A Valentines lunch was organised for all couples and was a great success. The ARs followed a group of nursery children into the building on the morning of the visit. They had come to put on a show they had been practising. This was a new initiative and loved by all. The ARs saw a number of wall mounted 'fiddle' boards with keys, chains and other things to do on them so that residents could spend time doing this if they wished. We saw no one engaged in this activity during the visit. There are pictorial weekly timetables on display for everyone. The team get together to populate this a week in advance and it can be flexible if the residents want to change things at short notice.
Lesley had organised lots of events, singing, bell ringing etc over the Christmas period for the residents and families to enjoy. A newsletter is produced seasonally to highlight what has been taking place and what has been planned; this includes events, news, congratulations etc. Visiting animals including ponies, goats and dogs are very popular with the residents. Residents can access the dementia café at the nearby zoo.

8.7.5 Cultural, religious/spiritual needs

There is regular input from the church with holy communion being held on a 1:1 basis if required; one lady goes to church with her family. There is no one at the home with other spiritual/cultural needs of a different faith.

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

Gardens are spacious with plans to develop a wildlife corner and we discussed ideas about sensory gardens including plants, lights, water features, smells etc. Residents are encouraged to participate in the warmer weather and to pot plants/use the greenhouse.

9. Observations
9.1 Elements of observed reported good practice
• **Community Involvement** with school children from the ages of 4 to17. An article in the school newsletter highlighted their input into the home. Kings School support with their Care in the Community project. There are links with the Women's Union. • **Dementia friendly** and the application of research and best practice for people with dementia was discussed and seen during the visit. • **Staff** complete a written record highlighting how they have 'made a difference' in the work and interactions they carry out. • **Valuing staff initiatives** - employee of the month, CHAPs/practitioner development. • **Residents Advocate** is part of the activities team. They spend time with those residents who do not have visitors and carry out 1:1 activities and give a voice to these people. The ARs liked the sunscreen station in the lounge leading to the garden with information and cream dispenser. • **Staff training** - the Manager spoke of Montessori training that is giving staff new ways of thinking and working ideas that need to be embedded in culture. Senior staff have undergone LGBT training that has been cascaded to staff, this is an important area given the changes in society and acceptance for adjustments in care provision so that people's needs can be met.
9.2 Other observations / findings of note applicable
The Manager reported that the home is often asked to pilot initiatives in the locality and to carry out training. The home attends the Care Home Forums to share and discuss practice.
10. Comparisons
10.1 Comparisons of observations against providers website
The care home has a website which is clear and user friendly.
10.2 Comparisons with previous Healthwatch visit (s) where applicable
Previous Healthwatch visit October 2017.
11. Recommendations
• The home has lots of neat, clear and appropriate noticeboards providing information to both residents, staff, visitors and families. There are plans to extend the reception area and a suggestion was made to consider the use of technology and screened messages sharing photos, events, notices etc. • Consider development of a sensory garden including lights, smells, planting, noises, water features etc. • Feedback on the use of the Red Bag Scheme was not very positive as to its

use in practice. To follow up with the CCG as part of overall Healthwatch feedback.

- Consider the development of IT provision for the residents with computers and iPads etc, especially as the age range and society behaviour moves on (college students and volunteers could help with this).

- Staff were observed using handheld devices as part of the care process. Whilst this is a great example of using technology it could also provide a visitor with the impression that staff are constantly on their personal mobiles. Would it be feasible to display poster/signs to highlight this initiative and dispel any negative judgement?

Additional

It was a pleasure to talk to such enthusiastic staff. It would have been great if the ARs could have spent time with more residents and staff but there wasn't the time on this visit. It is a large home and more representatives could capture more feedback in the next visit.

Feedback from Provider of Service
Healthwatch informed us to expect a visit soon and provided us with information regarding what to expect. The representatives who visited us were professional, friendly and knowledgeable and the visit went very well. P12 (9.1) staff training – the managers had attended a Montessori training however it is currently not a method used in the home. All staff complete mandatory training and are activity encouraged to attend training on key subjects, most recently oral hygiene training. P13 (near the end) staff observed using handheld devices. There are posters throughout the home informing visitors that our staff our using handsets possibly this was not seen by the visitors on the day. The report gives a good overview of our home and highlights the positive aspects we are achieving here at Orchard manor. Healthwatch is a great resource for the public to read and the visits are conducted in a friendly and professional way.