healthwatch Cheshire West

Enter and View Report

Willows Care Home, Blacon

24th January 2023

Contents

Report Details	Page 3
What is Enter and View	Page 4
Methodology	Page 5
Details of visit	Page 8
Recommendations and what's working well	Page 17
Service Provider Response	Page 17

Report Details

Address	Willows Care Home Nevin Road Blacon Chester CH1 5RP
Service Provider	N Hussain
Date of Visit	24th January 2023
Type of Visit	Unannounced
Representatives	Grace Owen Jem Davies Sue Aucutt Pat Clare
Date and detail of previous visit by Healthwatch Cheshire West	14th November 2018

Acknowledgements

Healthwatch Cheshire West would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View Programme.

Disclaimer

This report contains information gathered by Healthwatch Cheshire Authorised Representatives (ARs) whilst undertaking an Enter and View visit on the date specified above. It provides an account of what was observed and presented on the day, including information gathered during conversations with residents and/or staff and/or family members/friends.

Where relevant additional information will be included from residents and/or staff and/or family members/friends collected through surveys and/or online feedback prior to or post the site visit.

What is Enter and View?

Healthwatch Cheshire is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England.

Under the Local Government and Public Involvement in Health Act 2007, local Healthwatch have the power to carry out Enter and View visits as part of their scrutiny function. This legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. This includes:

- Health or care services which are contracted by local authorities or the NHS, such as adult social care homes and day-care centres.
- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists.

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act

2007 and supplemented by Regulation 14 of the 2013 Local Authorities regulations.

At Healthwatch Cheshire, the Enter and View programme is conducted by a small team of trained staff and volunteers, who are prepared as "Authorised Representatives" to carry out visits to health and social care premises to find out how they are being run and, where there are areas for improvement, to make recommendations.

Following an Enter and View visit, a formal report is published where findings of good practice and recommendations to improve the service are made. These reports, which include feedback from the service provider, are circulated to the service provider, commissioner and the CQC and are made publicly available on the Healthwatch Cheshire websites:

- www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view
- www.healthwatchcwac.org.uk/what-we-do/enter-and-view.

Purpose of the Visit

- To engage with service users of the named service and understand how dignity is being respected in the care home environment
- To observe the care provided at this home, looking at a number of key themes; Environment, Food & Drink, Safeguarding, Staffing and Personal Care
- To observe residents and relatives engaging with the staff and their surroundings
- To capture the experience of residents and relatives and any ideas they may have for change.

Methodology

This Enter & View visit was carried out with prior notice.

A visit with prior notice is when the setting is aware of a timeframe within which we will be conducting an Enter & View visit, but an exact date and time are not given.

To enable us to check that there were no health outbreaks at the premises that would prevent the visit taking place for infection control reasons, this Care Home was made aware that we would be coming on the morning of the visit.

Preparation

In preparation for an Enter and View visit the Authorised Representatives who will be carrying out the visit conduct research that involves reviewing:

- The latest CQC report from a routine inspection of the service
- Any previous Healthwatch Cheshire Enter and View reports
- The Care Home's information held on the Carehome.co.uk website
- Entries on social media platforms
- Comments held on Healthwatch Cheshire's feedback centre
- Information received by Healthwatch Cheshire as a result of undertaking surveys.

On the day of the visit the Authorised Representatives hold a briefing to discuss findings from their individual preparation, and decide as a team how they will carry out the visit, and any specific areas of focus based on this prior knowledge.

Description and nature of service taken from Carehome.co.uk

Type of Service

Care Home with nursing – Privately Owned

Registered for a maximum of 73 Service Users

Registered Care Categories*

Dementia and Old Age

Specialist Care Categories

Alzheimer's

Other Care Provided

Day Care, Own GP if required, Respite Care, Separate Specialist Dementia Care Unit

Group/Owner

N Hussain

Person in charge

Laura Blythe (Manager)

Local Authority/Social Services

Cheshire West and Chester Council

Admission Restrictions

No restrictions apply, admission is decided on a case-by-case basis. Ages 18+.

Room Information

Single Rooms 65

Shared Rooms 4

Rooms with ensuite WC 26

Facilities

Close to Local shops, Gardens for residents, Ground Floor Accommodation only, Near Public Transport, Own Furniture if required, Television point in own room, Wheelchair access.

Details of Visit

Environment

Willows Care Home is a single-storey, purpose-built home which is situated in a densely populated area in Blacon with high rise flats directly opposite. It is relatively easy to find (using sat nav) and there was ample parking in a private car park in front. The building appeared to be a little tired from the front and there was some rubbish in the grass.

We were welcomed by the Compliance Manager (the Manager of the Home was on annual leave). Both members of staff have been appointed recently. The Compliance Manager was very welcoming and asked us how we would like to conduct our visit. It was decided that one of us would sit and chat with her and the others would be shown around the home by a Senior Health Care Assistant, thus allowing us to talk to residents and staff during the visit.

This report will detail our observations and findings from our visit.

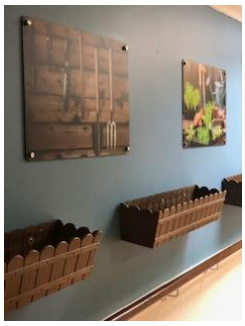
The building is secured with keypad entry, doorbell and cameras. All visitors are required to register their arrival and departure in a book kept at reception. Internal spaces are also secured with keypads to ensure resident safety as most have a diagnosis of dementia.

The home was designed to be operated as three distinct areas (residential, nursing and dementia care) and has a capacity for some 77 residents; currently there are 36 residents. One wing for 21 patients was completely closed as, due to the number of staff they currently have, it would not be safe to accept more residents, despite daily requests for discharge beds. We were told at the time of our visit that they had one empty discharge bed and would be open to having more if they had the correct staffing levels.

The remaining residents use the other two wings. Each one is named after local areas - Handbridge and Upton. Handbridge provides residential and general nursing care and Upton provides EMI (Elderly Mentally Infirm) nursing care.

The general upkeep of the building and property is good but the Deputy Manager stated that a refurbishment plan is planned for the coming year. The corridors are wide with handrails and lots of natural light and the generous windows look out onto private gardens. There is a wide variety of interesting pictures and activities displayed along the corridors to evoke memories and stimulate residents.

The flooring throughout was laminate wood effect and appeared to be in good condition and was being cleaned as we visited. Seating is provided along all the corridors, again this has been carefully designed – there are several 'Bus Stops' with comfortable seating to take a rest or have a chat.



We were pleased to see that there was a consistently high standard of cleanliness throughout the home and all areas were free from unpleasant odours. The building felt warm but not uncomfortably so.

Communal areas

All the furniture we saw appeared to suit the residents' needs e.g., the chairs are comfortable and assist residents with standing. All the areas appeared homely and were decorated with wallpaper. Areas were free from obstacles allowing those residents who can move unaided to do so without fear of hazards. Each corridor has separate bath and shower rooms.

There is a lot of 'bringing the outside in' within the design of the building and all rooms, whether residents' or communal areas, have large windows with natural lighting. However, mindful of the increasingly warm summers, all the communal rooms now have air conditioning.

Residents' Rooms

Rooms are a good size and are comfortable and clean. The rooms we saw had plenty of natural lighting. Some rooms have ensuite facilities. Residents can personalise their rooms to their taste by decorating them with personal effects and bringing in their own furniture if they wish. Each resident has a personalised name plate on their door which is designed with them in mind. One resident had worked as a postman so his name appeared alongside a post box. The door sign of another resident who used to play the guitar was decorated with lots of photos of guitars.

Outdoor Areas

The Willows is fortunate to have a number of outside areas. These are enclosed. The areas can be accessed from several points within the home and there are no steps thus allowing easy access for those who may require a wheelchair. There are raised beds, which will allow residents to participate in gardening in better weather. Unfortunately, there were a lot of cigarette butts on the ground.

Other Facilities

The home has a hair salon and is open once a fortnight. A Chiropodist also visits the home regularly.

Food and Drink

The home has its own catering staff however a member of the team is off long-term sick. The dining areas were laid out nicely with tablecloths and placemats. Residents are asked what they would like in the morning, but can change their minds at the point of service. We were told that the meals are on a two-weekly rotation and saw picture menus to help residents make an informed choice.

There are the options of a cooked breakfast in the morning or cereals and toast and several choices at lunch, including sandwiches, and two choices of evening meal, but if residents want something else, there is always something available. The night staff will serve supper around 9pm in the

evenings. We were told there are residents who will request things such as a McDonalds meal or a Gregg's sausage roll and staff will go out and pick them up for the residents.

Most residents have their meals in the dining room and enjoy socialising at mealtimes, however some do eat in their rooms. Staff will always encourage residents to have at least one meal in the dining room each day. Relatives are welcome to sit with and support residents at meal times. The husband of one resident came on Christmas day to have dinner with his wife. Drinks and snacks, such as cake and fruit, are available throughout the day.

Recreational Activities

They currently have two Activities Coordinators; one works two days a week and the other four. However, the Coordinator who works four days a week is off long-term sick so they only have an Activities Coordinator for two days a week. The home is currently recruiting another part-time Activities Coordinator. Currently, there are also two students at the home who run activities for residents.

Activities tend to be fitted around where the residents are and there are ample resources – we saw the store room with games such as dominoes and plenty of art resources. The room did need re-organising. If residents cannot or don't want to participate in any pre-planned activities, staff will make sure they spend time with them in their room, chatting or giving a hand massage.

At present the home has no links to the local community. However, they are hoping to make connections with the likes of local primary schools. Staff

take residents out into the community on trips to the local shops and one lady likes to visit her husband's grave daily.

We were not able to have any meaningful discussions with residents due to the nature of their conditions so were unable to determine how relevant the activities are to their needs.

Residents

We saw several residents in the communal areas; all appeared clean and well cared for. We observed carers ensuring they had things that they needed or wanted. For example, one of the residents wanted one of their dolls from their room; a member of staff went and got it and carefully gave it to the resident, ensuring they treated the doll with care acknowledging how much it means to the resident.

They have a "Resident of the Day". This means each month residents will have their care plan reviewed and staff from different services, such as maintenance and the kitchen, will speak to the resident to ensure they are happy with everything. Residents' relatives will also be called to ensure they are happy with the care their loved one is receiving.

On residents' birthdays staff put up banners and make a fuss of the resident and will sing to them. Residents are also allowed pets in the home. They currently have a cat that visits and a staff member brings their dog to the home, which the residents love.

We were told residents are supported to follow all religions or none. The home has a Jewish resident and when they came to the home staff were prepared to ensure his needs could be met but they no longer practice their religion. The home is also arranging for a local church to do a regular communion at the home.

Relatives and Friends

During our visit we did not see any friends and relatives visiting their loved ones. We were told residents' relatives and friends are welcome at any time; they are not required to book. There is no designated space for visiting and visits take place in residents' rooms or any of the lounges. We were told that during illness outbreaks they do not stop friends and relatives from visiting. If overnight stays are required these can be facilitated for loved ones to visit their relatives. They have a pull-out chair bed for family and friends of those who are receiving end of life care.

The home has a Facebook page to help keep friends and relatives up to date. There has not previously been residents, friends and relative meetings but these are to be started on a monthly basis.

Staff

The staff we met were in uniform and had their names on view. They looked smart and tidy and they were also extremely pleasant and forthcoming. They were seen to interact with residents in a caring and empathic manner, often asking them if they were alright or if they needed anything. Staff have regular supervisions and appraisals as well as training. Management is going to arrange for staff to receive dementia training updates.

Willows is not unique in facing challenges concerning the recruitment of staff. They ensure they are never understaffed and, where they use agency staff, they block book; one member of agency staff has been at the home for 18 months.

The Senior Health Care Assistant who showed us around, told us that she started working at the Willows about 2.5 years ago. Initially she was a member of agency staff during Covid. However, after six months she was asked if she would like to join as a permanent member of staff. Since then,

she has been able to complete professional development, and thus her current position.

They do have lots of long-standing members of staff. Several members of staff have been there 12 to 14 years. We spoke to the maintenance man – he wears his own clothes. He has been in post for 17 years. Both the Compliance Manager and the Care Home Manager have been at the home since August. Staff told us there has been a marked improvement in the leadership since the new appointments, not only in the running of the home, but in investing in staff. When we spoke to management, they shared that one of their biggest successes to date is the relationship they have built with the staff.

Management at the home told us they feel supported by the owners and the Area Manager visits the home regularly. The owners agreed to employ more staff to ensure residents receive person-centred care.

Promotion of Privacy, Dignity and Respect

During our visit we noted staff speaking with residents and we observed they were gentle, courteous and caring. Staff knew all of the residents by their names and were very patient at all times and residents appeared to respond well to them. The home was peaceful and all residents appeared calm. The Compliance Manager explained that she completes a dignity audit every two years.

Safeguarding, Concerns and Complaints Procedure

The management told us residents and relatives will raise any concerns verbally which the Manager will take seriously and addresses early to avoid escalation. The Compliance Manager also told us their complaints procedure and whistleblowing policy are displayed on a notice board for everyone to see.

The Compliance Manager told us they do not have a designated safeguarding lead but she handles all safeguarding matters.

Medication and Treatment

The home is linked to The Fountains Medical Practice, the doctor visits weekly and there are two nurses who attend regularly to support the medical needs of the residents. Residents are able to choose not to register with the Practice and keep their GP, however all residents choose to move over to The Fountains Medical Practice due to the regular round. Prescriptions are ordered and managed by a designated pharmacy in Birkenhead.

Willows residents are also dental patients at Chester Community Dental Service – Fountains Health Centre. They take residents to the service; however, they will do home visits if needed. They are linked to an optician who is working with them to put new signage up around the home.

The home also works closely with District Nurses, Dieticians and the Incontinence Team. Hospital at Home have visited the home several times and the service has worked well for them.

Care Home Best Practice Initiatives

Willows Care Home uses MUST (Malnutrition Universal Screening Tool) which is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition(undernutrition), or obesity. It also includes management guidelines which can be used to develop a care plan.

The Home does not use Restore2 (Recognise Early Soft-signs, Take Observations, Respond, Escalate) which is a physical deterioration and escalation tool for care settings. It is designed to support homes and health professionals to recognise when a resident may be deteriorating or at risk of physical deterioration and act appropriately according to the resident's care plan to protect and manage the resident. However, the Compliance Manager has used it in other Care Homes and plans to implement it in the near future.

They also do not use RITA (Reminiscence/Rehabilitation & Interactive Therapy Activities) which is an all-in-one touch screen solution which offers digital reminiscence therapy. It encompasses the use of user-friendly interactive screens and tablets to blend entertainment with therapy and to assist patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games, karaoke and watching films. The Compliance Manager had not heard of RITA and is going to look into having it at the Home.

Recommendations

- To continue with the recruitment of an additional Activity Coordinator as well as other necessary staff.
- To continue with the set-up of resident and relative meetings.
- To continue with the home's refurbishment plans.

What's working well?

There appears to be a genuine desire to do the absolute best for the residents at Willows Care Home. There was a feeling of calm throughout the home during our visit. All staff we spoke to said they were happy in their job and said that recent changes in the home were a positive move forward. It was good to see a focussed approach to both care and supporting/developing staff. The home has a new Leadership Team and there is a clear focus and strategy to resolve any issues they currently face.

Service Provider Response

At the time of publication, no response had been received from The Willows.