



## Enter and View Report: Best Practice Three Elms

Visit: 15<sup>th</sup> November 2016

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# Background

## What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure that are heard and listened to by the organisations that provide, fund and monitor services.

## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people identify a problem but equally, they can occur when services have a good reputation enabling lessons to be learned and good practice shared.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Warrington safeguarding policies identify the correct procedure to be followed.

## Disclaimer

Please note that this report relates to the findings observed on the specific date of the visit. This report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time. Wherever possible the report below is in the words of the E&V team members who were present at the time of the visit. The report has been collated by Jackie Le Fèvre as the visit lead and some of the text has been formatted to allow for easy reading. The essential facts of the team's reports have not been altered.

## Acknowledgements

Healthwatch Warrington would like to thank everyone at Three Elms for their welcome and in particular Lindsey O'Neill, Claire McPartland and Louise Derbyshire; all of whom made time to share information with the team and answer questions.

## Purpose of the visit

In November and December 2016 Healthwatch Warrington embarked upon a series of Best Practice Enter and Views visits. Three Elms had been identified by the Local Authority and partners as undertaking particularly noteworthy work around 'Positive Improvements'. The purpose of the visit was to explore what that work looked and felt like from the perspective of a lay person and to see if transferrable lessons could be identified to strengthen practice in other providers in the future.

In the last few years poor practice in health and social care setting has often been ascribed to the presence of a 'toxic' culture and absence of person-centred values. Part of the Best Practice approach is to pay conscious attention to the expressed and embodied culture and values of providers.

## Details of the Visit

### Details of the Service

Three Elms is a home which provides residential, respite, day care, dementia or end of life care and has 60 bedrooms over two floors. Three Elms is part of the Minster Care Group - its website is <http://www.minstercaregroup.co.uk/homes/our-homes/three-elms>

### Location

Station Road, Penketh, Warrington, Cheshire, WA5 2UG

### Date/Time

We visited on Tuesday 15 November 2016 from 11.30am until 1.30pm

## Panel Members

Jackie Le Fèvre - Healthwatch Warrington, Enter and View Visit Lead

Clare Screeton - Healthwatch Warrington Finance & Office Coordinator

Catherine Bamber - Healthwatch Warrington, Enter and View Panel Member

## Provider Service Staff

Lindsey O'Neill - Manager

Claire McPartland - Administrator

Louise Derbyshire - Activities Coordinator

# Results of the Visit

## Spotlight - Positive Improvements

A thorough improvement process is well underway at Three Elms. The upstairs accommodation now gives a material sense of how the whole building will be in due course. Rooms and corridors are light and airy but still on a scale that feels comfortable as opposed to clinical. Features we particularly noticed included:

- New bathrooms being fitted with variety of different bathing options from walk in showers to riser baths that can still accommodate a deep soak and bubbles
- A vibrant activities programme with a variety of group sessions ranging from Bingo and Chair Badminton to Quizzes and Christmas Garland Making - importantly there were also low key individual opportunities such as taking Scooby (the resident collie) for a walk
- Specialist wallpaper to create true to scale views of scenes from everyday life such as; the entrance to the Red Lion pub, a Bobby on a bike
- A great range of pictures and artefacts used to decorate corridors from large movie posters, photographs of stars including Marilyn, Bogart and Chaplin to prints of Warrington in earlier times and artwork by residents.

Observed staff and resident interactions were all warm, friendly and supportive.

## First Impressions

The front entrance has a choice of access by ramp or steps, both with robust rails to aid those with mobility/sight issues. This leads up to the reception door from a car park surfaced in loose chippings - this is perhaps not that easy to walk on if you use an indoor walking aid to walk.

In the reception area there were two well-designed easy chairs for those who may be less mobile, a table with a signing in area for staff (book and touch screen system) and a book for visitors to sign. On the main notice board near the managers/admin offices there was a copy of the complaints policy and the latest CQC report.

We were welcomed by the Administrator, Claire, and after signing in went through to the reception office to meet Lindsey, the manager. Lindsey explained that we would be shown around by Claire who had been at the home in various capacities over a number of years.

Immediately opposite the office is the quiet lounge, a pleasant room with a large colourful feature wall. The lounge has French doors leading out to an enclosed garden area, which also hosts a smoking area here with tables and chairs. The care home's dog Scooby has a kennel within the garden and there are pet rabbits that the residents can feed/stroke. There is a paging system on the wall outside to alert the staff if a resident has pressed their paging system, so that the staff respond promptly.

## Activities / Leisure

Three Elms has two activity co-ordinators, one of whom who was in the building on the day of our visit, called Louise Derbyshire. Louise joined the company about 4 months ago and has a wealth of experience. She clearly enjoys her post and appears to have hit the ground running. Activities are planned a month in advance and there is a dedicated actives room with activities on offer seven days a week. The coordinators have a budget from management, used to run the activities.

Evidence of the work undertaken by Louise and her colleague was visible within the home; lovely displays of resident's art work were on some of the notice boards and walls and a photo gallery of residents enjoying various activities act as reminders for residents and aid recall when talking to staff and family. Louise came across to the visiting Team as very dedicated to the residents and very good at getting them involved in activities - she even goes to resident's rooms to play quizzes and do arts and crafts on a 1 to 1 basis if they don't feel like participating in group activities. Louise showed the Team some of the memory plates that residents had painted on - she is going to get them varnished and has offered them to the families of the residents, as keepsakes. One lady was so inspired by this activity that she went on to create a much more detailed memory book to share with her family.

Louise described, unprompted, how she chats to residents about what they have found enjoyable about different activities and what they might like to try next; actively seeking suggestions to inform the content and approach of the activities programme; there is an emerging interest in basket weaving. One resident asked Louise if she was familiar with a particular craft skill which she was not - as a result, the lady will be teaching her skills to Louise, who hopes that the resident may ultimately be persuaded to help teach other residents as well.

Around the home there was general information on notice boards about future events e.g. lunch at the local pub, though some notices were out of date. There were also posters from the local church inviting residents to services and events. The home has a flexible pet's policy and there is a resident dog which goes out with the activity coordinator and a resident each day (weather permitting). One of the smaller lounges is also home to a Love Bird and Canary, in separate cages. There is a hairdressing room where the hair dresser visits twice a week (though this is sometimes three days a week during busy periods) - it is hoped this room will be updated soon.

Off one corridor, there was a secure outdoor area and another off the dining area with a ramp for wheelchair users. Both had a variety of chairs, benches and covered parasols (as it was November) and bird tables. Local farmer, Ray, is employed part time to maintain the garden.



## Food / Dining

The ground floor dining room is lovely; light, airy, clean, modern and well maintained. Claire said that during refurbishments she had gone out and obtained several wallpaper samples and put them up to enable residents to be included and choose the design that they liked the best. There are menus on the notice board - residents have a choice of two hot meals, while sandwiches are also available.

It was great for the Team to see two members of staff assist one resident from her wheelchair into a chair at the dining table, instead of leaving her in the wheelchair for her meal. This is good for her pressure relief and mobility but also helped her to feel included.

Lunch was observed by the visiting Team in the upstairs dining/lounge area. The menu was hand written on big white board (unfortunately, this was not that easy to read) and staff were observed asking residents what they would like to eat in an encouraging and friendly manner. Though pictures are not used to help residents to make meal choices, food available is present and can be seen. Sandwiches are available daily for those who don't want to eat a hot meal or are better with finger food - there were also two choices of pudding. The team observed that the residents appeared to be enjoying their meal and there was a good atmosphere. This room is one of those which has undergone refurbishment and the dining chairs were robust, functional (arm rests/waterproof) and attractive. In one of the seating areas downstairs the Team observed that a jug of juice was available but no glasses/tumblers were provided at the time, so residents would have been unable to help themselves to a drink.

The home has plans to upgrade the downstairs dining area (as previously mentioned) - the tables in this room are not very big and the chairs are not the best for residents whose balance may be impaired or those who need to use chair arms to move from a sitting to a standing position.

## Smoking

There is a designated and secure smoking area located in the garden. This can be reached by going out through the patio doors from the lounge.



### Staffing / Staff Training

Throughout our visit, we observed smiling, positive and friendly interactions between staff and residents.

At one point, we were passing a dining room and there had been a small spill of food close to the entrance doorway. The Chef was on his hands and knees clearing up this spillage and one lady was waiting to enter the room. Two care staff were supporting the lady and chatted with her about the scene in front of us saying: “a man with a dustpan and brush, you don’t see that very often, I should have brought my camera, what do you think?” When it became clear that it would take a few minutes for the floor to be suitable for walking upon, one of the carers fetched a wheel chair and asked the lady if she would like to sit down; the carers could then take her safely through into the dining room. This exchange demonstrated the relaxed rapport that staff enjoy with residents and the respect that staff have for the resident’s wishes, in a given situation. Staff use resident’s names and on our guided tour, Claire was clearly on first name terms with many of the residents. One lady wanted us to know that: “Claire is ever so good”.

### Access to Medical Care

Medication is kept in an unmarked, locked room and is only delivered by senior care staff.

### Cleanliness

In the lobby area, a wall-mounted hand sanitiser dispenser is available. There is a slight odour in the downstairs corridor, which is waiting for refurbishment. This corridor was a little untidier than the upstairs area. However, we saw domestic workers busily going about their work, as well as chatting to residents, as they strived to get things shipshape after the morning activities of getting up and dressed. One of our team spoke with a member of staff who was just about to tackle cleaning up a stain on the carpet. The staff member explained that a couple of days earlier, their ‘Rug Doctor’ cleaner had broken and that today a new replacement machine had arrived. She was looking forward to putting it through its paces on the stained carpet.

## Bedrooms

There are 56 occupied bedrooms in the home, all of which are en suite.

Most residents have their picture on the door of their room. They also have a few pictures of their likes, hobbies or places that they have visited in the past. Members of staff can assess potential residents in their homes, before they are admitted, so that staff can have a better understanding of them and their needs. Staff also go through a potential resident's care plan and speak to individuals and their relatives about their likes/dislikes. Staff take the time to find more about their residents; so that they can make the transition as easy as possible. Staff also welcome families being able to decorate the resident's room in any fashion that they like; if they think that it will make residents feel more at home.

We were shown one room, which was very comfortably furnished and decorated with a tartan upholstered chair. The room also had colour coordinated curtains hanging on a wooden pole, along with throws and cushions.

### Furniture and décor

The lounges had noticeboards that inform residents about what day it was and easy-to-read clocks to help them to keep track of the day and time. Seating was a mixture of single chairs, of different designs, and a few two-seater sofas. These were interspersed with coffee tables and occasional tables; enabling residents to have a drink, book or other personal items close at hand.

In the home, there are several large and engaging murals on the walls. These murals catch your eye and can serve as a talking point.

One mural at the end of an upstairs corridor is of a baker and his van. This mural has a chair near it and this could be developed to make it a quiet sitting area, perfect for when residents need a bit of time out. Another mural in one of the lounges is of a pub called the 'Red Lion' and gives a very social feel to the sitting area.

The downstairs dining area is going to be changed and the home has already taken delivery of new armchairs and tables for the lounges. This area has a lovely homely feeling; helped by the retention of old features such as the fireplace and an old dresser. Residents are also encouraged to bring in small items from their home. Several families have decorated and provided soft furnishing for their relative's rooms in order to help them feel more at home.

### Corridors

The upstairs corridors have a totally different feel to those downstairs, which have not yet fully benefited from the ongoing refurbishment.

Due to the refurbishment, dementia friendly flooring has been used upstairs; with minimal thresholds at door ways to help those who often have depth of perception problems and difficulty interpreting the environment around them. The upstairs corridors had rails on either side for those who need a bit of support, or those who need to orientate themselves.

There were nicely framed large posters along the upstairs corridor which could be used for reminiscence - as they were from the era when residents would have been going to the films, or buying records, etc.

Some walls had activity type boards on them, though none were being used by residents during our visit. There were several 'Thank You' cards displayed on the notice board, however, none had a date on them. Corridors are wide enough for two people to walk comfortably down, side by side.

### Privacy and Dignity

All staff were seen to be friendly and courteous towards the residents that they were interacting with. The visiting team also spoke with two separate relatives. These relatives said that staff were always the same, whenever they visited.

One relative was extremely pleased with the way that their resident relative (receiving respite care) had settled in the home. They could not too highly of the experience. Another visitor who had been visiting their parent in the home for the last four years, commented on the staff's lovely, caring attitude and also remarked how the staff: "really look after people, they go the extra mile"

One resident receiving respite care said that although she did not like being there, the food was good and she felt safe.

Another resident also commented that the food was very good and plentiful. However, she was frustrated with issues such as who held the remote control for the television located in the main lounge.

The upstairs bathrooms were being upgraded during the visit. The home plans to have some bathrooms as wet rooms and others will have baths; giving residents a choice of bathing arrangements.

Resident's clothes are labelled as to ensure they are returned to the correct room after laundering.

The doors to resident's rooms all had numbers on them. However, only some had the person's name or their picture on them, therefore missing an opportunity to help residents find their room and orientate them. The team were told that this issue is being addressed in the upgrade. However, in the meantime, perhaps a simple temporary sign could be used.

### Other comments

Every 3 months, there are meetings held for residents, staff and their families. Residents and families are encouraged to tell staff if they have an issues, complaints or feedback. There are also resident feedback forms available from the notice board.

The building is a bit tired in places, but it is clean and staff are clearly working on making improvements. The team felt that if the standard visible in the upstairs areas is maintained in the future works, it will be a very comfortable home indeed.

One of our team commented: “I feel that the staff here value their residents and give good care. The whole place has a feel of a home. The residents all appear happy and the few that I spoke with said that they felt safe there. Claire was passionate about the place and the residents and they all seemed to love her. She had a lovely way of talking and having a laugh with them”.

When we asked Lindsey what makes her job as Manager worthwhile, she replied: “seeing happy residents” and Claire told us: “it’s like coming to another part of your life and what’s great is that residents do come and say what they like and what they want”.

According to the mission statement for Minster Care Group, they are working to ‘provide a home that feels like home’: on the occasion of our visit, we got the feeling that in very many respects, they are achieving precisely that.

It would seem that the core values of the group: Respecting personal dignity; Encouraging freedom of choice; Prompting independence; Providing a caring homely atmosphere; are very much front of mind for all staff.

## Recommendations

1. Ensure staff are aware of the very positive comments made by relatives during the Healthwatch Warrington visit. Smiles and chatting between residents and the staff very much evident during our visit and lovely to see.
2. Continue refurbishment to same standard as those seen during our visit in November 2016.
3. That management continues to support the Activity Coordinators in the excellent work that they do.
4. Improve signage on the doors of resident's rooms, to help guide them to the correct rooms in the short term; while waiting for further refurbishment.

### Distribution List

This report has been distributed to the following:

- Warrington Borough Council, Adult Social Services
- NHS Warrington Clinical Commissioning Group (CCG)
- Care Quality Commission (CCG)
- Healthwatch England

## Appendices

### Appendix A

#### Response from provider

Thank you for your report, I have no amendments, these were your findings on your visit and I fully appreciate the feedback from yourself and colleagues

Kind regards

Lindsey O'Neill (Manager)



