



## **Cartref Care Home**

Widnes

14<sup>th</sup> December 2016



**Enter & View report**

---

## ACKNOWLEDGEMENTS

---

Healthwatch Halton would like to thank the management, staff and residents at Cartref for their time and consideration during our visit.

---

## WHAT IS ENTER & VIEW

---

People who use health and social care services, their carers and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is to consider the standard and provision of local care services and how they may be improved and to promote identified good practice to commissioners and other providers.

---

## VISIT DETAILS

---

Centre Details	
Name of care centre:	Cartref Care Home
Address:	61 Derby Road Widnes WA8 9LQ
Telephone number:	0151 424 4775
Email address:	Alverant61@gmail.com
Name of registered provider(s):	Alverant Limited
Name of registered manager (if applicable)	Michelle Harper
Type of registration:	Residential
Number of places registered:	24

The Enter and View visit was conducted on 14<sup>th</sup> December between 10.15am and 11.40am.

The Healthwatch Halton Enter and View Team were:

Dave Wilson, Matthew Roberts, Irene Bramwell

### Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

---

## SUMMARY

---

Cartref Care Home is situated in Farnworth which is a quiet residential area of Widnes, and provides care for 24 older people.

The Home provides care for older people requiring residential, personal and dementia related care.

While visiting the Home we observed staff treated residents with dignity and respect at all times. The residents seemed content and well looked after and there seemed a good relationship between the staff and residents.

The flooring in many of the bedrooms was being updated which was good to note. Certain aspects of the décor at the Home are in need of updating as they look slightly jaded.

---

## OBSERVATIONS

---

### **Location, external appearance, ease of access and parking**

Cartref Care Home is situated in Farnworth which is a quiet residential area of Widnes, and provides care for 24 older people. The signage for the Home was clearly visible from the main road. It is close to the local shops and has a bus stop immediately outside.

The Home provides care for older people requiring residential, personal and dementia related care.

The external impression of the Home is that it is not a modern establishment and appears as a rather large two storey house. There is a large car parking area at the front of the Home, with spaces for people with disabilities that were clearly visible. The Home does have wheelchair access via a purpose built ramp at the side of the building. The team observed that the outer area of the Home and buildings are clean and maintained to a good standard.

### **Initial Impressions (from a visitor's perspective on entering the Home)**

On arrival at the Home the reception area was accessible by ringing a buzzer to open an exterior gate which was answered promptly. On entering the Home, the visiting team were welcomed by a member of staff. We introduced the team members and explained the purpose of our visit. The staff member informed the manager, Michelle Harper, who promptly came into the reception area.

We noted on entering the Home that the reception area was odour free. There was a notice board providing information on a number of issues including the Complaints Policy

& Procedure and Dignity in Care. In addition a signing-in book, and pen, was available, and a comment box for staff and visitors to use within the reception area. We noted that the generic Healthwatch Halton poster, sent to all Homes across Halton, requesting feedback regarding care provided by the Home was displayed.

A member of the team highlighted the purpose of the visit and the role of Healthwatch. Michelle invited us to her office located on the upper floor. We asked Michelle if a member of staff could give us a guided tour of the Home which was welcomed and the team were introduced to Kelly a senior carer.

### **Facilities for and involvement with family / friends**

Minutes from a September Residents & Families meeting were displayed on the notice board. Michelle also informed us that the Home had carried out a Friends & Family survey which had been posted out to all family members.

Details of the Home's complaints process was included in each resident's user guide, located in each room. Family members were also free to speak with Michelle if they had any issues or concerns they wanted to raise.

### **Internal Physical Environment**

Two members of the visiting team were given the opportunity to view the Home with Kelly, while the remaining team member spoke with Michelle Harper, manager of Cartref.

Accommodation at the Home consists of 24 single rooms, five bathrooms plus additional toilets, two lounges, a quiet area and a dining room. There are no en-suite facilities. There is a garden with patio area to the rear of the premises and a courtyard area to the side.

During the tour of the Home we viewed a smaller lounge on the ground floor that residents and families can use during visits. Kelly explained that some residents will use the small lounge to sit quietly and read as the small lounge contained a bookcase with a wide range of books. Kelly further explained that the lounge is also often used by visiting professionals such as social workers and GP's.

Access to the bedrooms and corridors on the upper floor are designed to care for residents with dementia related illness. Therefore this area is accessed through a keypad.

Throughout the Home, corridors leading to various parts of the Home were clean and appeared wide enough for wheelchair access. The temperature in the Home felt comfortable, and odour free. We noted that although Cartref is a welcoming environment there were some areas that appeared a little jaded and in need of decoration.

There was a certain amount of clutter at the bottom of one of the staircases, the one with the stairlift. Kelly said that most residents prefer to use the lift rather than the stairs.

We noted that the communal lounge areas located on the ground floor were bright, warm and of a good standard and with comfortable seating. Televisions were on at the time of the visit and the volumes were at an appropriate level.

A member of the team checked in several toilets. They were all very clean. The equipment in one bathroom was outdated, but Kelly informed us that it never got used as there is a walk-in bath in another part of the Home.

The dining room located on the lower floor was clean and clutter free and tables were set for lunch.

We suggested to Kelly that residents would benefit from staff developing dementia friendly photograph menus to support residents in choosing their meals and snacks. In addition, Kelly said that the Home also provides finger food for residents diagnosed with dementia, who struggle to remain seated long enough to eat meals.

During the tour of the Home we were told by Kelly that residents can furnish their rooms to their own personal taste. New laminate floors had been laid in several of the bedrooms, which were very nice. They are working their way around the Home, however if a resident prefers carpet their flooring will not be changed. Whilst the visiting team did not enter residents' rooms, we were able to view a room which the team noted was clean and included a wash basin.

Communal bathrooms and toilets are accessible on both floors for residents to use however, we noted that residents' names and photographs were not on display on personal room doors or dementia friendly signage on communal bathrooms. The team felt signage would aid orientation and dignity of residents as well as aiding memory and the perception of self for residents experiencing dementia related illness.

We enquired about laundry services at the Home and were provided with the opportunity to observe the laundry room which is located in the basement of the Home. The laundry room was clean, uncluttered and very well organised. Kelly explained that residents' clothes are marked with names to avoid mixing them up. At the time of the visit one of the tumble dryers had broken.

Views of the well maintained garden were visible from the windows on the upper floor, and dining room. Kelly explained that residents like to take advantage of the garden area during warm weather. Residents we saw appeared relaxed, well cared for and dressed appropriately.

## **Staff support skills and interaction**

At the time of the visit Kelly told the team that the Home is registered to care for residents diagnosed with a dementia related illness. We were told that the Home is registered to care for 24 residents. At the time of our visit there were 21 residents living at the Home with another resident currently in Whiston Hospital. During the morning the Home had 1 senior carer and 3 carers on duty as well as a cook from 8.00am to 2.00pm and a cleaner from 10.00am to 3.00pm. In the afternoon 1 senior carer and 3 carers were on duty, while at night time 2 carers were on duty.

We were informed that all staff undertake mandatory training which is carried out by an outside provider. New staff are shadowed by senior staff. We were also informed that all staff are aware of the local safeguarding procedures and policies.

The team enquired about fire safety, we were informed that there is a personal evacuation plan for each resident and that the home carries out regular weekly fire alarm tests, these are normally on a Monday but are sometimes varied to ensure all members of staff have the chance to take part.

Throughout the visit we observed that interaction between staff and residents was calm and friendly. We observed staff members treating residents with dignity and respect, highlighted by a conversation between two members of staff and a resident where they spoke very kindly with the resident and then brought her a blanket and tucked it around her.

We also spoke with a gentleman who was visiting his mother who had recently moved into the Home. He said *"It's been a very difficult time. The Home have been brilliant."*

## **Residents' social and emotional and cultural welfare**

We discussed the social welfare of residents with Michelle. She informed us that the Home doesn't employ an Activities Coordinator, we were informed that staff members take turns to help with the activities. There was an activities board displayed in the Dining Room with details of the social activities. As well as group activities such as skittles, films, sing-a-longs, dominoes and reminiscing, one to one activities take place such as hand massages and reading. Local schools also visit the Home to entertain residents through singing. Children from St Bede's School had visited the Home a few days prior to our visit to sing carols, which had been a great success.

We heard that family members will take their relative out on trips, whilst one resident who is quite active has the opportunity to go out on a weekly basis through a local agency carer.

The Home doesn't have a visiting hairdresser but was in the fortunate position of having a couple of hairdressers located in the local shops. The Home arranged weekly visits to the hairdressers. One resident had a visiting hairdresser which had been arranged privately.



Michelle informed us that residents spiritual needs were met with lay readers visiting the Home each Sunday. In addition the Home had monthly visits from a local priest and church parishioners.

The team enquired if the Home had a room for relatives to use if a resident was seriously unwell or dying. We were told they were looking in to converting an attic room into an overnight/visitors room. Michelle said that the Home will always support family members in this situation, they generally found that most family members wanted to stay in the same room as their loved one.

### **Residents' physical welfare**

Throughout the tour residents appeared comfortable with staff and the team discreetly observed staff treating residents with dignity and respect, when supporting residents in the communal lounges, staff wore uniforms so were easily identifiable. The residents we spoke to seemed content. We learned how one resident had been unable to walk when they first arrived at the Home, but following support from the staff was now walking with support.

We were told that the Home caters for all dietary needs and residents have a choice of menu and alternative choice of meals within reason.

We were informed that the administration of medicines is undertaken by the manager and senior care staff. Staff receive training from a local Pharmacy based in Hale Village who the Home have a good working relationship with. Residents at the Home who originally lived in Widnes can use the GP's they were registered with before arrival at the Home. Other residents are registered with a local GP practice.

We heard that the Home has visits from chiropodists and opticians quarterly, although the Home can call them out to visit if needed.

Routine dental treatment is carried out by the Community Dental Service. Residents also have an initial oral health assessment when they arrive at the Home.

We were told by Michelle that care plans are reviewed annually, although informal reviews are carried out each month, to ensure residents are receiving the correct support for their needs. Families can be involved in the care review, however many are happy to be consulted by telephone as they are reluctant to come into the Home for reviews.

We spoke with Michelle about issues around residents being admitted and discharged from hospital. Michelle explained that the Home informs family members when residents are being admitted to hospital. Carers do not go with residents to the hospital as the duty of care is passed on to the ambulance service once they pick up the residents. We were told that the Home has had no issues with residents being discharged from hospitals at inappropriate times. There have been a few occasions when residents medication arrived by taxi after the resident had been discharged back to the Home. Michelle informed us

that at a recent Care Providers Forum meeting a new discharge form was shown, which would make it easier for Homes to raise any issues they may have regarding hospital discharge.

At the end of our visit we thanked Michelle, Kelly and the rest of the staff and residents at Cartref for answering our questions and showing us around the Home.

---

## RECOMMENDATIONS

---

- 1.** To engage with Healthwatch Halton when any health or social care issues arise for staff and residents.
- 2.** Signage: It was felt by the visiting team that refurbishment would benefit residents if it included dementia friendly signage throughout the Home such as a calendar, dining room, menu cards, communal toilets and bathroom to aid the orientation of residents diagnosed with dementia.
- 3.** Décor: It was pleasing to see that the Home was carrying out refurbishment of the flooring in some bedrooms. We'd encourage the Home to continue with the improvements and look to update the décor of certain parts of the Home.

Healthwatch Halton has statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

Providers and commissioners of health and social care services are required to respond to our requests within 20 working days by:

Acknowledgement of receipt of the report or recommendation in writing;

Providing (in writing) an explanation of any action they intend to take in response, or if no action is to be taken, to provide an explanation of why they do not intend to take any action.

Healthwatch Halton are required to report if any providers/commissioners have not provided a response within the required timeframe; this information will be included in our Annual Report.

---

## SERVICE PROVIDER RESPONSE

---

The following response was received from Michelle Harper, manager of Cartref Care Home:

I feel the report does portray the Home and that the visiting team felt the staff demonstrated dignity and respect for all of our residents. That the staff showed they had a good relationship with our residents, who are well looked after and are contented.

The home will be acting upon the visits recommendations as follows:

- To use clear signage around the building and to have the date clearly shown to aid orientation.
- To continue with the programme of refurbishment within the home, new flooring within the bedrooms and updating of the decor.
- To keep in contact with Healthwatch Halton and inform them of any health or social care issues.

# your **voice** counts

**We want to hear about the treatment and care you receive from our local health and care services**

Hospitals, GP's, Dentists  
Opticians, Social Care  
Non-emergency services

Whether you've had a positive experience or there is room for improvement, have your say on the Healthwatch Halton website today.

**You can even leave feedback anonymously**



Leave feedback now:  
**[www.healthwatchhalton.co.uk](http://www.healthwatchhalton.co.uk)**

Telephone: 0300 777 6543 Email: [enquiries@healthwatchhalton.co.uk](mailto:enquiries@healthwatchhalton.co.uk)  
Healthwatch Halton, St Maries, Lugsdale Road, Widnes, WA8 6DB

