



Enter and View Report: Meadowview Care Home

Date of visit: 29th September 2017

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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 they are heard and listened to by the organisations that provide, fund and monitor services. We are a Charitable Incorporated Organisation, with a Registered Charity Number of 1172704.

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, opticians and pharmacies. E&V visits can happen if people identify a problem.

Equally, they can occur when services have a good reputation; enabling lessons to be learned and good practice shared. Healthwatch E&V visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit, Healthwatch Warrington safeguarding policies identify the correct procedures 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 / residents 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 present at the time of the visit. The report has been collated by the Healthwatch Warrington staff team and some of the text has been formatted to allow for easy reading. The essential facts of the visiting team's reports have not been altered. Where information applies to a specific unit within the care home, or is common to both, this will be indicated in the text.

Acknowledgements

Healthwatch Warrington would like to thank everyone at Meadowview Care Home for their welcome, and in particular, Helen Caul (Registered Manager), for making time to share information with the visiting team and answering their questions.

Purpose of the visit

Prior to the visit, Healthwatch Warrington received intelligence suggesting that there may have been issues at Meadowview Care Home relating to staffing levels and capacity (which may have impacted on resident's experiences of care) and that management had taken steps to address these concerns in order to make improvements at the home. As such, our team of volunteers visited the home to gain further insight into these issues, as well as form an impression of how the organisation's values contributed to the lived experiences of staff, residents and visitors to the home.

Details of the Visit

Details of the Service

Meadowview Care Home is run by Ashberry Healthcare and located in a leafy suburb of Penketh. The home has 41 bedrooms (most are currently occupied) and offers specialist EMI and respite care. The Care Quality Commission (CQC) visited the home on 19th and 23rd November 2015 and subsequently awarded Meadowview an overall rating of 'Good' (the home scored 'Good' ratings in all areas). You can read more about this inspection and access the full report by visiting the CQC's website: <http://www.cqc.org.uk/location/1-121455526>

Location, Date and Time

Meadowview Care Home, Finlay Avenue, Warrington, Cheshire, WA5 2PN on Friday 29th September 2017, from 10:00am to 10:45am to 1:45pm

Panel Members

Esstta Hayes - Healthwatch Warrington, Community Engagement Officer and Enter and View Authorised Representative

Louise Murphy - Healthwatch Warrington, Enter and View Authorised Representative

Lynn Duxbury - Healthwatch Warrington, Enter and View Authorised Representative

Provider Staff

Helen Caul - Registered Manage

Spotlight on Values - striving to deliver uncompromising high standards of care in a safe, caring environment

Understanding the values that guide a service are important for a number of reasons - as they should play a meaningful part in influencing how care is delivered and inform how the environment should 'feel' to residents, staff and visitors.

Ashberry Healthcare's objective is to create a safe, caring environment for residents to enjoy their lives to the fullest extent possible, whilst benefitting from high standards of professional care.

In addition to these core provider values, Meadowview Care Home provides specialist EMI care and specifically focuses on providing dementia friendly surroundings. For example, staff receive dementia training and there is a sensory garden which has been design to include a variety of colours, sounds and textures to stimulate residents. Furthermore, the activities planned at Meadowview Care Home are stated to take into consideration resident's interests and preferences - suggesting that being 'person-centred' should be at the heart of life at the home. Meadowview Care Home residents are also encouraged to engage with the local community; with trips being organised to shops, garden centres, theatres and sea side resorts.

As such, our visiting team would expect to see examples of these values and standards being evident in everyday experiences at Meadowview Care Home and playing an active role in shaping its culture. You can read more by visiting Meadowview Care Home's profile on Ashberry Healthcare's website:

<http://www.ashberry.net/meadowview-care-home.html>

Results of the Visit

First Impressions and Entrance Area

Although two large signs are in place near the entrance, it is difficult to find Meadowview Care Home from the main road. The home is located in a nice area and is surrounded by fields and greenery, which contributes to a pleasant, relaxing ambience. There is a small, well-maintained on-site car park (during the visit, one of the bays was taken up by a skip due to refurbishment taking place at the home). As there is no dedicated disabled parking bay, designated spaces are shared with the adjacent school.

The home is surrounded by a range of small gardens (with a blossom tree), which residents can use (a barbecue had recently been held for residents, friends and families). These spaces appear to be secure and kept in good condition; with some nice touches such as an old fashioned red phone box, benching, a bus stop, sandpits for visiting children and a summer house.

The double-door front entrance was free from litter and complemented with cheerful hanging baskets. There is a keypad in place to allow secure access to and from the main gate for staff and another keypad for staff access to the reception area. For security purposes, guests are required to use a doorbell and wait for staff to allow them inside, which was answered promptly during the visit. However, dropped kerbs for disabled access were limited and a sign stating 'reception' next to the entrance to make it easier to find would be beneficial.

The entrance area inside the home was lovely, bright and cheerfully decorated with little flowers and artwork. This space was also free from odours. The reception area had a sign-in book and a sofa for guests to utilise. There was also an information board, notices and service users guide in place, although it was felt that a 'who's who' staff board would have been a useful addition.

Information was displayed that related to events, local organisations such as Healthwatch Warrington, Warrington Speak Up and a copy of the home's latest CQC report. Relevant safety certificates and insurance documents were also on show. Staff informed the visiting team that there is ongoing refurbishment work that will help to further improve the appearance of the home.

Numerous fire exits were clearly marked, including single and double door access/egress. However, the nearest outside fire exit was relatively narrow, especially for wheelchair users.

Helen Caul, Registered Manager, greeted the visiting team and was very welcoming. Once in her office, Helen talked the visiting team through the day- to-day running of the home. Due to the difficulties and concerns that had been raised prior to her appointment, Helen works in every area and has developed a positive 'hands on approach' to management. As such, the visiting team gained the impression that Helen had contributed to a friendly atmosphere and was a people-person who was effectively engaging with staff and residents alike.

Activities and Leisure

Meadowview Care Home employs a full-time Activities Co-ordinator, Sue, who was spoken of by staff members as brilliant and unique, with one staff member saying: "I've never met anyone like her, she's fantastic". Helen has also recruited another full-time Activities Co-ordinator to help undertake more activities and support Sue.

Helen explained that staff aim to help residents to be involved and part of the local community, outside the home as well as within it (residents are regularly consulted on the activities that they wish to participate in). For instance, a couple of residents said that they would like to go swimming and this has now been arranged. Furthermore, residents go shopping for toiletries with their own purses, so they retain a sense of individuality and personal pride by paying for their own items.

Recently, residents went on a trip to Blackpool using the home's mini bus, which included a visit to the Zoo. There are plans to revisit Blackpool when the lights are on display, which will include a meal and invites for family, friends and carers to attend as well.

The home hosts a Tea Dance every week, supported by The Oaks Community Centre and on the last Friday of the month, also hosts an Afternoon Tea in a spacious main lounge area (with a resident playing piano music). During the visit, the residents were preparing for an entertainment session which would involve a singer. In addition, Sue organises seasonal activities such as Valentine card making, Christmas crafts, etc. Residents can enjoy joint activities with the adjacent St. Josephs School such as reading with the children. Penketh High School also come to sing Christmas carols.

Further to the above, the home engages with Penketh School, who undertake a monthly visit - "residents love it", commented Helen. Residents also have access to a salon, with a light up barber pole outside to show when it is busy. Mirrors outside the salon mean that anyone leaving can see their haircut, and have a seat. "What's On This Month" notices and picture cards are displayed, so that residents and visitors can view any activities planned. The dining area also had photos of residents engaging in activities. Residents also had access to a few board games, including buckaroo and puzzles - the visiting team would suggest updating and expanding the range on offer.

Food and Refreshments

Meadowview Care Home has several lounge areas and one communal dining room that are decorated with photos of residents, vintage signs and information. Food menus are formatted with large text, photos and pictorial images, which is helpful for residents with visual issues or dementia.

Though clocks could be seen, they were old-fashioned in style, which though in keeping with the décor and wall signs, may have been difficult to read or see clearly for those with sight issues or dementia.

In terms of dining arrangements, meals are planned on a three week rota and the home offers flexible meal times - Breakfast is served from 7:00am until 10:30am (residents have a choice of a cooked breakfast, crumpets, toast, eggs, etc.), at which time a Kitchen Assistant will ask residents what they would like to have for lunch and tea (there are normally at least two choices and residents are shown pictures of the meal to help with their choice, which is compatible with the home's dementia friendly approach). Vegetarians are accommodated for, as are other special dietary requirements.

Lunchtime is available around noon and a light tea is provided around 5:00pm. Lunch is usual light, with dinner being the main meal. Between meals, residents are offered coffee and cakes and in the afternoon milkshakes with cream, ice cream and fruit. These are freshly made and those who need to gain or maintain weight are encouraged to drink these. (residents are weighed weekly to monitor their health). Supper is also offered later in the evening. Assistance is given to those who need it when having their meal. One resident's son said that his father had never been so well fed and said that his dad had put on the weight he had lost since coming out of hospital. Although the bulk of food is purchased from a wholesaler, in line with Meadowview Care Home's locally-orientated values, supplies are also sourced from a local butcher and greengrocer.

Cleanliness, Infection Control and Medicines Management

Meadowview Care Home works with the local cluster's GPs, nurses and liaises with Hollins Park for medical support. Although the home does not provide in-house nursing care, but can request additional support from external services such as district nurses from Bridgewater Community Healthcare NHS Foundation Trust and the Enhanced Care Home Support Service.

A medication round had just been completed at the time of our visit. Helen explained that due to staff absences, she was helping with the undertaking of the round. Medication is distributed by Team Leaders in conjunction with Well pharmacy. Well pharmacy have provided 3 'Wellpads' (2 pads with one backup pad) - these are electronic tablets that support electronic medicines management. Every medication is scanned and all staff have PIN codes to use the system; the pads are used to register the administering of drugs - boxes are scanned to check the amount due to be given and confirmation is logged once they are taken by residents. If the medication is incorrect, interacts with other medication, or is not due, the pads show an alert, which helps minimise errors. As such there are no Medicines Administration Record sheets, but they can be printed off as required. Regarding the Well pads, one member of staff said that: "they have really helped highlight challenges of medicines management and that they are a fantastic tool". Helen explained that the new drugs system that had been implemented in the last 3 months and that she felt it was working well.

Advanced Care Plans are also used, as needed. DNRs are placed at the front of Care Plans, so resident's notes clearly indicate their wishes in the event of necessary resuscitation. These are shared with the Hospital, in the event of hospital attendance.

Meadowview Care Home has 5 bathrooms and 8 toilets, with handwashing facilities available in bedrooms. The bathrooms which were seen by the visiting team were clean, clear and uncluttered. There were hand sanitisers in all rooms. Although generally the home seemed very clean, some of the communal areas did have a slightly unpleasant smell, but this was not overpowering.

Administration and Admission

The visiting team felt that Meadowview Care Home appears to be well run and management are on top of the issues previously highlighted as problematic areas, such as a focus on progressing with refurbishments to bedrooms and communal areas.

For example, residents indicated that they would like one of the rooms to become a parlour and the staff team are working towards creating this space Helen clearly leads with the belief that “this [Meadowview] is the resident’s home”.

In terms of admissions, residents come from across the North West, including Trafford, Halton, Widnes and Warrington. There are currently 2 bed spaces within the home due to residents being rehoused, but only one is vacant.

A call is usually made to the home first to arrange an admission either by the Warrington Borough Council team, or by an individual. The person is then invited to the home for a visit, to see if they would like to live there. A comprehensive assessment can be completed by the Team Leader or Manager at a potential resident’s home, or where the potential resident is based (such as a hospital) ward, by the Manager or Team Leader. Paperwork is then drawn up and a care plan is developed ready for the resident to be admitted. All members of staff are briefed when a new admission occurs. Meadowview strives to allow patients to remain at the home when their dementia progresses, when possible.

Staffing and Staff Training

Meadowview Care Home is fully staffed (around 50 people) and has 2 extra staff members to help with cover sickness, absence or holiday cover. Helen confirmed that staff retention rates are stable.

Ashberry Healthcare’s Quality Director (Roz) and Managing Director often visit the home and talk with residents, visitors and members of staff. Helen welcomes these visits as they allow for a ‘fresh set of eyes’ to the home, which helps to develop and improve the service. Ashberry Healthcare also runs a sister home in Warrington (Heathercroft), which shares support with Meadowview.

Shifts at Meadowview Care Home are 7:30am - 7:30pm (day) and 7:30pm to 7:30am (night). Some staff work half shifts; 7:30am - 1:30pm, 1:30pm - 7:30pm. The day shift comprises of 5 carers and 2 Team Leaders and the night shift comprises of 3 carers and 1 Team Leader. There are 8 Team Leaders in total.

There is also a Manager, Deputy Manager, and 3 Domestic staff - the home has a deep clean every so often or as needed. The home also has a Chef, a Kitchen Assistant, 2 members of staff in the Laundry room and a Maintenance employee. Another 2 members of staff are due to join the team soon. The newest member of staff has been employed approx. a year, with the longest serving working at the home for over 20 years.

Staff supervision is undertaken every 8-10 weeks. Positive feedback or comments are also recognised during supervisions and in Team meetings. Staff meetings are held every 6 weeks, monthly meetings are difficult to arrange due to availability; these meetings are an opportunity to discuss issues, share views and work together.

Helen recounted that when staff are invited to interview, she observes their interaction with residents once on-site and often finds it is a good indicator of their attitude and values. New staff undertake standard and extra training for a probationary period of 3 months. Training provided is both from Warrington Borough Council (for example, Moving and Handling, COSH, First Aid, Equality and Diversity, Infection Control) and internally (Fire Safety, Health and Safety, etc.). Staff also undertake training around the Mental Capacity Act, DoLs, Record Keeping, Dementia, Nutrition and Challenging Behaviour. In addition, staff are encouraged to identify their own needs and future aims to help direct their training and roles.

Staff are encouraged to move upwards in their training for personal development, for instance, staff with NVQ2 qualifications are encouraged to move up to NVQ3 (4 members of staff have progressed to nurse training). However, if staff do not wish to do so, the Management Team would also support this choice. Helen was mentioned by a staff member, who said; “she is supportive of the staff and is very approachable”.

Helen leads by example and is happy to help out when necessary. Helen is also more than happy to devolve responsibilities to senior members of her team and likes to push her staff to progress, if they want to. The visiting team gained the impression that patients were treated with dignity and as individuals.

For example, a resident's son said that all the staff were very friendly, approachable and that: "you could have a laugh with them". One carer also commented that she liked her job as it was close to her heart, as her grandmother passed away due to dementia. The visiting team were confident that Helen to knew all of the residents and staff and interacts well with them.

Smoking

Staff smoke a good distance away from the home (off premises on a nearby public footpath). The visiting team did not enquire about smoking arrangements for residents.

Privacy, Dignity and Treating People as Individuals

The visiting team noted that staff use resident's personal names, were genuinely caring and appear to treat people as individuals. On more than one occasion they were seen holding residents hands or putting a comforting arm around a shoulder.

A care clinic is held every Tuesday 1:00pm - 4:00pm, where family, relatives and carers can come along and talk through any issues, provide feedback and share their concerns with staff and Team Leaders. Relative and Residents meetings are held on a monthly basis - the latest meeting led to suggestions of extra external lighting around the home's entry point, for the winter period, which is currently being undertaken by maintenance staff. When residents have any choices due re: care or residence, the home undertake Best Interest meetings with staff/family. Care plans are reviewed every month.

Each bedroom has a name and photo on the door to help identify spaces as belonging to individual residents. In addition, each resident's bedroom has an easily visible wall mount with a folder, including "A Day in My Life" record. Residents and families are encouraged to personalise their rooms and many have done so.

All the rooms viewed appeared to be clean and tidy although some needed a little TLC. Residents have the option of bringing a piece of their own furniture in their bedroom and some rooms were ensuite. Furniture, bedding, curtains and carpets looked immaculate. The visiting also noticed that residents' hair looked to be washed dried and their clothes were clean.

If residents wish they can stay in their rooms but most are happy to mix with staff and other residents. If preferred, residents can change rooms if an alternative room becomes available. One resident moved to have views of the horses in the fields, as this reminded her of her daughter and made her feel better settled. Management plans to have memory boxes fitted outside each bedroom, tailored to each individual.

Main areas (for example, corridors) and bedrooms are currently being redecorated to simplified and less cluttered, to better meet the needs of the residents; many of whom have Dementia. Room renovation takes around 48hours to complete. One living area is a Quiet Room, as the main living room is quite full and busy. Clear signage is seen throughout the home, with easy to read text and images. Photos on some of the walls in the home showed nostalgic shots of residents and areas in Warrington, adding to the ambience.

Birthday celebrations are organised to help residents feel more at home. For example, the visiting team spoke with two residents who said that during birthday celebrations, all residents that wanted to could have a shandy. These residents liked their food, but did not like the décor in the dining room. Helen is also working on setting up a sweet shop in the home, so that residents can purchase items themselves and treat themselves when they would like to.

Safety

The entrance to Meadowview Care Home is gated, with press button access for entry and key pad access for exit, which helps maintain security of the home. The main door to the building can only be accessed from inside. Upon entry, the visiting were advised that they were expected and were asked to sign in, indicating robust security arrangements being in place. Numerous fire exits signposted throughout the building, although some may have been difficult for wheelchair users to negotiate. The staff team also work to mitigate risk of falls, and to re-band residents whose needs may have changed. Residents' mobility needs are also clearly marked in their documentation; Red (needing full assistance), Amber (able to be mobile with a walker/frame/stick) or Green (fully mobile). This helps staff to meet resident's needs appropriately.

In addition to the above, residents have the option of a lock on their room door (although staff can still gain access) as this gives some residents a greater sense of security.

Encouraging Positive and Respectful Attitudes

All members of staff seemed very positive and happy in their work. This contributes to a happy atmosphere throughout Meadowview Care Home. Resident's birthdays are remembered and tea parties organised. All residents were spoken to in a friendly manner and called by their first name.

One member of staff told us that she began working at the home as an agency employee, but she "felt the home was different"; "a lot more friendly" and "personal", so she chose to transfer and work for the home full-time. She also spoke about how she and other staff try to meet the individual needs of residents as much as possible, for example their likes and dislikes, as building relationships with residents is important. She said that she: "loved the atmosphere of the home" and that: "a lot of the care staff are very experienced".

Helen explained that there are sometimes incidents of challenging behaviour, due to the complex needs of residents (with many experiencing Vascular Dementia, Alzheimer's and Advanced Dementia), which the home recognises.

Other Comments

Helen told the visiting team she came to the home as an Interim Manager in May 2016, aiming to be at the Home for 2 months. She recounts that she inherited a number of issues with the role and difficulties with staff leaving. At the time, there was an over reliance on agency staff through necessity, and a Local Authority-led Improvement Plan with over 150 listed actions. This is no longer the case; Helen said that staffing levels are now much more consistent and that the Improvement Plan is now very brief. The home is now fully staffed and rarely uses agency staff, and when they are used, Helen tries to maintain consistency of staff - for the benefit of residents.

The visiting team observed that staff were committed and enthusiastic in their work to support all residents to live a happy life in an environment that feels like home. Helen is clearly supportive of her staff and wants to develop their abilities as best she can, which staff clearly appreciate.

Staff and resident interactions were seen to be calm and kind; often with a gentle touch of the arm, hand and a warm smile. All staff (from kitchen to care staff) spoke to residents by their first names, with genuine interest and friendliness. Staff observed at lunch time, in some instances, helped with eating in the living area, which was done with patience and consideration - while other staff helped residents move around in slings or walkers to access the dining room. Again, this was done mindfully, at a pace suitable for the resident, with spoken advice or questions to support them as they required.

Helen's interaction with residents was equally pleasant and personal and she very much 'set an example' throughout the visit. Helen explained that she often tries to match the needs of residents whatever they may. For example, one resident was distressed by the unrecognised presence of the visiting team - this was quickly acknowledged by Helen, who spoke calmly to her, re-introducing the team, explaining the purpose of the visit (which had been done prior to the visiting team's attendance) and gently assuaging her concerns. Helen also invited the resident to speak to the team later on, if she would like a chat with any of the visiting team members about her experiences of the home (which she declined to do).

The visiting team spoke with one resident, who feedback that she often misses her family, who are unable to come and see her at the home very often. However, she does have some friends who are also residents and they keep her company. She is quite a private person and feels that this is respected by the home and staff; though she does not always like to get involved in activities, she can visit her room or other parts of the home if she wants some quiet time. Another resident said that she found the home "ok", and that she can "go for walks" if she wants to enjoy some fresh air in the garden, or outside the home. Another resident had been at the home a few weeks saying she "gets on well with other residents" and felt that the home was "ok".

Moving forward, the home's refurbishment is high priority for Helen - to help the home feels less "institutional", for example, she mentioned that the phone box at the front of the building is currently due to be relocated to a space that is more accessible for residents. Most redecoration is being completed in the evening as to cause least disruption to the running of the home. Helen also wants to maximise space and create uncluttered spaces, to better meet the needs of residents. This is also being completed in conjunction with suggestions from residents, to help better inform design changes.

Recommendations

1. **Improved Visibility from Main Road and Accessibility:** the visiting team found that the home could be difficult to see from the road. The team also noted that there were limited dropped kerb facilities, which are beneficial for visitors with mobility issues. It is recommended that management review the signage and accessible features in place in order to consider improvements (liaising with the relevant third parties, if necessary).
2. **Refurbishment:** The visiting team were encouraged to see that refurbishment is taking place at the home and support plans to carry out further upgrades at the home.
3. **Highlight Successes and Challenges Experienced with the Electronic Prescribing/Medication Management System:** the visiting team were impressed with the use of Well pads in the home and have not yet observed this approach being in use at other homes in the area. The visiting team would encourage the home to share their feedback regarding this approach, with a view to using this as an example of good practice.

Distribution List

This report has been distributed to the following:

- Warrington Borough Council
- NHS Warrington Clinical Commissioning Group (CCG)
- Care Quality Commission (CQC)
- Healthwatch England

Appendices

Appendix A

Response from provider

Thank you for your draft report. The team at Meadowview are delighted with the draft report received, staff have all commented that they felt comfortable when the visit took place, the recommendations are noted and will be implemented within our service. We would like to thank the team from Healthwatch for their visit and working alongside our staff to ensure minimal disruptions to our residents and visitors.

Ms Helen Caul
Registered Manager

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