

Healthwatch Cheshire West

Enter and View Report

Enter and View
Visit to

The Old Hall
Old Hall Street,
Malpas SY14 8NE



Date and Time

15th November 2017 arriving at 2.00 pm

Authorised
Representatives

Rhiannon Wilson, Neil Garbett and Rachel Cornes

Staff Present

Mary Friend - Owner/Manager

Background

Healthwatch Cheshire CIC is the consumer champion for health and care services. It works as an umbrella organisation for both Healthwatch Cheshire East and Healthwatch Cheshire West and Chester. We gather the views of local people and look at information about how well local services are performing. We then use that information to assist residents and communities to be listened to by the organisations that provide, fund and monitor services.

What is Enter & View?

Enter and View is part of the local Healthwatch Cheshire CIC programme. The Health and Social Care Act (2012) grants local Healthwatch representatives powers of entry, allowing them to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, dental surgeries and GP practices.

Purpose of the visit

As part of the work plan agenda for this year Healthwatch Cheshire CIC continue their work in monitoring Nursing and Care provision across the area.

This work has the full support of Health and Local Authority commissioners.

With this in mind, throughout the year, we visit a number of establishments with the intention of observing settings from a family perspective and gathering feedback from service users, relatives and staff. This report is based on these observations and conversations.

Highlights from the Visit

- Staff appeared caring and responsive to resident's needs

General Information

Located in the large Village of Malpas, The Old Hall is an established building located near the village centre and originally constructed in 1768.

A residential care home The Old Hall provides a home for up to 16 individuals and registered for the categories of old age, dementia, physical disability and sensory impairment.

The home is one of only two providing residential care within the village of Malpas. The home offers eleven single and two double rooms - all with en-suite bathroom facilities.

Inspected by CQC on 6th, 13th and 26th September 2017 the home was given an overall rating of Inadequate. In their [report](#) CQC identified areas including Safety, Responsiveness and Leadership as Inadequate with the headings Effectiveness and Care graded as requiring Improvement.

At the time of our visit the home had 11 residents.

Environment

First impressions on arrival were that the entrance hall was quite dark. We were asked if we would like to sign in and it felt like that was option rather than a mandatory request. The main door had a key coded lock on and when walking around these locks were also observed on other external door.

The Owner/Manager, Mary Friend showed us around and it was evident that areas of the building such as corridors /laundry /other communal areas needed to be refurbished. The bedrooms were functional and clean but would have benefitted greatly from further decoration and general updating.

Two Representatives were shown around the upstairs on arrival by a member of staff while the manager had her break. The third Representative visited the lounge to speak with the residents.

We were shown into several bedrooms which were sparsely decorated. At the time of our visit every resident was downstairs in the lounge. We were advised that residents were not encouraged to bring in their own furniture due to health and safety concerns, however they were allowed TV's and photographs if they wished.

There is no lift to access the first floor however there is a stair lift present on the main staircase.

After viewing the upstairs, we were taken through the laundry and out into the garden. This was quite open to the elements and varied in levels. The main road was easily accessible which raised concerns. One Representative queried the proximity and access to

the road in terms of safety and we were told that residents are never out in the garden unaccompanied. From the absence of garden furniture and benches it appeared that garden was rarely used.

A serviceable piano in the main hallway was out of tune and indications were that it not been played for some time.

We were told that there is no general refurbishment programme planned although there is work currently taking place to replace the conservatory roof with a tiled roof to allow the space to be used all year round. The manager Mary Friend discussed the cost of managing Old Hall and felt presently more refurbishment was not possible due to the costs involved.

We acknowledged there was work in progress in the conservatory which was having a new roof. However, throughout the home it was felt that the fabric of the building had a 'run down' feel and lacked the vibrancy of other establishments visited.

The lighting throughout was generally quite dull. Representatives feel that improved bright modern lighting would enhance the environment and also add to safety.

The manager's office; in which we sat for some time; seemed quite chaotic and crowded. There were a number of items of furniture in the including a clothes maiden with wet clothes on. Every surface appeared to be covered in paperwork. In addition, when we arrived to the manager's office the drugs trolley was in there, however, it was very quickly removed to the laundry where it is kept.

Main Lounge-This was In the process of refurbishment. A conservatory being rebuilt to the rear of the property meant that some windows in the lounge were boarded preventing most of the natural light entering into the room and giving this a very 'gloomy' feel. At the time of our arrival all the Residents were sat around the room in different states of alertness. As well as all the eleven residents and staff, two visitors were present both of whom were spoken to by Representatives.

Observations - Over the two hours of our visit, very little interaction was observed between the residents and the three staff on duty. Initially all the staff seemed in same place (lounge).

Some reading material was available but only one resident was observed reading the paper. Representatives were able to engage with a number of residents while in the lounge and one commented that they would like to do more but felt that they were not up for it now. When asked if they ever played cards or dominoes the comment received was, *"That would be good. We never do this."*

One lady who was walking about quite a lot with a walking frame needed some assistance while in the lounge. She tried to leave the on her own on several occasions and succeeded once although she came back in with encouragement from staff.

Staffing levels in the lounge varied over the one and half hours we were visiting. As representatives sat and observed the staff numbers varied between three to none although only there were only no members of staff present for for brief seconds while the main door was answered. Later in our visita gentleman (understood to be a Co-owner) arrived and stayed in the lounge. He spoke to residents and helped supporting the "wandering" lady.

Initially, in the lounge, both TV and radio were on however the radio was subsequently turned off by a member of staff.

The furniture in the lounge is old and although substantial nothing matched and created a tired image.

Dining Room - This is adjacent dining room and was three tables were set for mealtime. Through the duration of our visit this room was not used. One representative was told evening meal was scheduled for 5.00 pm however everyone attending the visit was surprised that as they left (4.10pm) no preparation had begun in kitchen for the evening meal.

Health and Wellbeing

The home has no dedicated respite beds although we were informed that they do provide a respite service if required.

Staffing- The manager/ owner told us that she has found it very difficult to recruit staff in the past and her description of the staffing organisation sounded chaotic when she described which staff worked and when. She tries to accommodate staffs family commitments within their hours as well as taking into account the hours each member of staff needs to work.

Care Planning - We were told that the home keeps a daily record sheet for each resident; however, the manager admitted that care plans are not always kept up to date. She said that having delegated this task to a staff member in the past, she had reluctantly had to take this task back because it wasn't being done correctly. She also said that she feels there has not been enough time to update care plans in the past - e.g. when medications have been changed by the GP.

The manager told us that she uses a book to enable staff to record any changes for individual residents and takes her lead from the notes and her own experience of working on a regular basis with the residents. Representatives discussed this with the manager - suggesting that she needed to work with and staff and complete the training required and that regular staff meetings would enhance this programme of training to support the resident's needs and the managerial expectations of staff.

At the moment we understand staff meetings /supervision is not happening on a regular basis.

Mealtimes - We were told that Breakfast is 7am onwards although we were told that it varies and that sometimes the night staff will bring people down early if they are awake. Lunch is 12.15 pm onwards and is generally a cooked meal or sandwiches. There is no menu available however the manager told us that she would make anything for anyone. Evening meal was either 5pm or 5.30pm and we received mixed information regarding the time. They are currently trialling doing lighter options for this meal such as soup & sandwich, quiche and sandwich as they were getting a large amount of waste providing a second hot meal. We discussed the importance of a menu which provided choice and rotated to offer fresh local produce. This menu would be for residents and visitors to see. The manager said she would think about providing a menu. There is currently no cook or chef employed and presently the manager and staff carry out this role. We didn't see any evidence of food preparation taking place at all during our visit apart from afternoon tea and cake that was served individually in the lounge around 3.00 pm. We were advised that for lunchtime two carers on the morning shift stop work at 11.00 am to then go into the kitchen to prepare the food. At the time of our leaving 4.10 pm no preparation appeared to be underway for the evening 'tea' at 5.30 pm.

Activities and Community Links - There is currently no Activities Coordinator employed and there were no activities taking place when we visited. There was also none planned and no programme of activities displayed. We were told that activities are delivered on an ad hoc basis and depend on what people want to do at that particular time. The manager said, ***“When staff have time they do activities.”***

The garden is presently not being used due to conservatory building works but we saw no garden furniture - tables and chairs for sitting out and due to the closeness of the road and possible risk, the manager said residents would only go into the garden with a member of staff. There are no trips out organised, no community /school involvement and no regular volunteers who help out. The manager was seemingly unaware of what was available in terms of volunteer support in the local area. We were told that a hairdresser and podiatrist do visit on a regular basis.

The manager told us that no formal staff, residents or family meetings take place and nothing is particularly recorded although any requests or concerns could be raised directly with her and resolved.

Feedback

- A female resident told us, ***“I would like to go out more.”***
- **Visitors** - Two visitors seemed happy with the care at the home although when asked they had never been in any other care homes to compare it to. They said that each time they came things were pretty much the same. When asked if they had seen planned activities going on they both said, ***“No.”*** One of the visitors said she visited regularly (once every 1 - 2 weeks) ***“I feel that everyone was always settled, but it’s always pretty much the same.”***
- The manager discussed the CQC recent report which is on the website and she felt it was disappointing overall.

During our discussions with the manager, Mary Friend, one representative spoke about the Social Prescriber in Malpas who could visit and have a discussion about supporting resident’s needs maybe in regards to activities. They could also assist in maybe involving the local community for activities and volunteers etc. The manager was keen to meet with the social prescriber.

Following our visit Healthwatch spoke to an individual, with direct contact with the home, who had heard about our visit. The individual raised a number of concerns in relation to current care provision at the establishment.

Suggestions for improvement

- Development of an activities programme for the residents.
- An improvement in lighting and decoration throughout the property to include colourful displays and reminiscence pictures/artefacts.
- Development of staff training particularly in relation to care planning and the effectiveness of these.
- Encourage and nurture the links with outside agencies to bring stimulation and interest into the home for the residents i.e. local schools, ‘Bright Life’

Feedback from Provider of Service

At time of publication - no feedback received.