

Enter and View Report:



Meadowview Care Home

Date of visit: 14th January 2019

Report published: (date) **Draft**

List of Contents

Background

- What is Healthwatch Warrington?
- What is Enter and View?
- Disclaimer
- Acknowledgements
- Purpose of the visit

Pages 3 - 4

Page 3

Page 3

Page 3

Page 4

Page 4

Details of the Visit

- Details of the service
- Location
- Date/Time
- Panel Members
- Provider Service Staff

Pages 4 - 5

Page 4

Page 5

Page 5

Page 5

Page 5

Results of the Visit

- Spotlight - Activities Programme & Person-Centred Approach
- First Impressions
- Entrance and Reception Area
- Activities and Leisure
- Food and Refreshments
- Cleanliness, Environment Infection Control
- Administration
- Admission
- Staffing and Staff Training
- Privacy, Dignity and Treating People as Individuals
- Safety and Security
- Other Comments

Pages 6-16

Page 6

Page 7-8

Pages 8-9

Pages 9-11

Page 11-12

Page 12-13

Page 14

Page 14

Page 14-15

Page 15-16

Page 16

Page 16

Recommendations

- Distribution List
- Appendices

Page 16-18

Page 17

Page 18

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.

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 E&V 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 Adrienne Roberts 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 Meadow View Residential Home for their welcome, and in particular, Louise Corris (Manager) and Steve McCarthy (Deputy Manager) - who made time to share information with the team and answer questions.

Purpose of the visit

In January 2019, Healthwatch Warrington visited Meadow View Residential Home to conduct an announced Enter and View. The team was welcomed to the home and offered an escorted visit of the property.

Healthwatch had previously visited the premises on 29th September 2017 and this report was subsequently published 22nd November 2017. At the time of that visit Helen Caul was the registered manager although she has now left Meadowview. The visiting team was told by Louise Corris, that she has been unable to register as the manager at Meadowview. This was because Carole Everton, one of the previous managers, has not removed herself as the Registered Manager. Louise is in the process of changing the registration with the CQC.

Details of the Visit

Details of the Service

Meadowview Care Home is run by Ashberry Healthcare and located in Penketh, a suburb of Warrington. The home provides personal care and accommodation for up to 41 residents with only one vacancy at the time of our visit.

The Care Quality Commission (CQC) visited the home recently and are yet to publish their report. Their most recent published report relates to a visit 19th and 23rd November 2015 and the report is dated 8th January 2016. The overall rating that Meadowview was awarded is 'Good' (the home scored 'Good' ratings in all areas). The CQC report can be accessed by visiting the following website: <http://www.cqc.org.uk/location/1-121455526>

Location, Date and Time

Meadowview Care Home, Finlay Avenue, Warrington, Cheshire, WA5 2PN on Monday 14th January 2019, from 2pm to 4pm.

Panel Members

Adrienne Roberts - Healthwatch Warrington, Enter and View Visit Lead

Lauren Roberts - Healthwatch Warrington Authorised Representative

Jim Sinnott - Healthwatch Warrington Authorised Representative

Provider Service Staff

Louise Corris - Manager

Steve McCarthy - Deputy Manager

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 care for the Elderly with Mental Infirmity (EMI) 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

Meadowview Care Home is situated in a semi-rural residential area located off a small single-track road. The home is located in a nice area surrounded by fields which makes for a very pleasant environment. The visiting team are of the view that it could be helpful to have a sign at the beginning of the lane, as there seemed to be no indication that Meadow View was at the bottom of the lane, past the school.

There is an on-site car park although at the time of the visit it was clear that there is only a very limited amount of parking. There is a primary school situated next door to the care home and the team had to park in one of their spaces as the parking on site for the home was full. There are no dedicated disabled parking bays on site therefore designated spaces are shared with the school.

The visiting team were informed that the school complain when people from Meadow view use their parking spaces, but when the spaces at the school are all taken, they use the spaces at Meadow view.

The fire assembly point is located to the front of the building and is clearly identifiable using a sign.

To gain access to the building there is a magnetic security gate on the entrance to the court yard. The team were required to press and hold a button to the right of the gate and simultaneously push the gate which proved to be tricky when carrying something. There was a member of staff in the area at the time who helped them to access the building. There is also a keypad in place to allow secure access from this gate. Similarly, there is a key pad for secure access to the reception area of the building. There is a doorbell at the front of the building which guests are required to use to gain entrance to the building. The entrance to the building is on one level and no steps.

The approach to Meadow View was clean and tidy and clear of any litter. There are plant pots situated to the front of the building and an old-fashioned red phone box which brightens up the area and gives in a fun and nostalgic feeling.

There was a sign outside with an arrow making it clear to visitors where reception is. This is something that was missing at the time of the last Healthwatch visit so it is fantastic to see that this has been actioned.

Entrance and Reception Area

Upon arrival the team was greeted by Louise Corris, the manager of Meadowview, who gave the visiting team a warm welcome. The team were required to sign in for security purposes. Louise showed the visiting team into the office which is located next to the front door where they also met with Steve McCarthy, deputy manager. Louise and Steve were both very welcoming and were open to all our questions.

Louise advised that they had the CQC in for an inspection for 2 days before Christmas which seemed to go well and advised that their report is yet to be completed.

Louise became manager at Meadowview in June 2018 and at the time of our visit she had just arrived back from holiday. The team mentioned to Louise and Steve that they ideally would like to speak to some residents about their time at Meadowview but also to ask some specific questions were in relation to oral health and dentistry which is one of Healthwatch Warrington's priorities for 2019. Louise agreed that there are big gaps in dentistry and oral health generally across care homes and she welcomes our questions to residents in this regard.

Upon entering the building, it was clear that the entrance area was nicely decorated and cheerful with a bright and colourful mural of a tree and in front of it was a comfortable looking sofa. There were solid floors throughout the building, and it was free from unpleasant odours.

The sign in book was located just to the right of the entrance doors. There was an electronic device situated by the sign in book which shows the time, but the screen was dark and unlit at the time of signing in, the screen only illuminated and showed

the time by pressing the screen. There is hand sanitizer located next to the sign in book. There is also a notice board in this area with details of their complaints procedures and how to make any comments, concerns and compliments. Details of their insurance policy is also on display along with their certificate of registration and their current CQC rating of 'Good'. They also had their newsletter on display, a notice regarding valuables and zero tolerance of abuse, along with employee of the month. Just around the corner is a "meet the team" board.

Activities and Leisure

The visiting team were taken through to the dining room and were advised that this area had recently been redecorated. It had been painted a soft, warm shade of green. The walls were relatively bare, but this was because the room was not yet finished.

The lounge areas were accessed via the dining room. There were plenty of chairs that seemed to be ideal for the residents, many of which were raised in order to make it easy for residents to get out of the chairs independently. There were a lot of residents seated in the lounge area and they all seemed to be content. There was a large television on the wall.

There were photographs displayed in the lounge showing residents participating in a range of activities, including wearing party hats and holding balloons.

One member of the visiting team spoke with Sybil, the activities supervisor who had been in the position for just under one year. She was a very enthusiastic individual who clearly enjoys her role within the home. She said that she enjoys building up bonds with residents and she is hopeful that they will be taking on another member of staff in relation to activity co-ordination so that she would be able to spend more time one on one with residents, particularly one on one with those who have very limited mobility and spend all of their time in their bedrooms. With those residents she tries to spend time with them and show them the scrap book. For other residents who are more mobile, activities include dominoes, play your cards right, chair-based exercises, quizzes, bingo one a month. They play with extra-large

dominos which they were playing at the time of the visiting teams' arrival and saw that many residents were very happy and keen to take part in. They often take residents on trips out, including to the Crown and Cushion for afternoon tea in the warmer months. Other trips include to the Blackpool illuminations, Knowsley Safari Park and to a local garden centre which also has an aquarium. They use the homes minibus to take 6 residents and are escorted with two carers plus Sybil.

Sybil told the visiting team that on birthdays she puts up banners, plays music and disco lights to make it special for the residents. She works five days per week 9am - 4.30pm and does some additional duties, including assisting two residents to eat their meals.

Meadowview also has a nail technician that comes in every so often and a hairdresser in two days per week. There is a small hair salon on site which was not in use at the time of the visit but appeared to be clean and tidy and free from clutter. The nail technician was set up during the visit and was helping a resident to choose a shade of pink. The visiting team were advised that most of the residents can opt to have their nails painted, but those with poor circulation must have clear nails.

The visiting team were given the opportunity to walk around the outdoor area. The area was wheelchair friendly with ramps leading from each of the doors and the path was even making it easy to negotiate.

To the rear of the premises is a picturesque field with horses which the team are told many of the residents enjoy looking out on during the warmer months. There were attractive bird feeders right the way around the premises with the occasional birth bath and bird table. There is also a lovely bus stop and bus shelter that has been created which is a lovely touch and a convenient place for residents sit if they would like or need to.

There are lots of items used for reminiscence therapy, both inside the home and in the grounds. The activity worker is very keen to increase the use of reminiscence therapy and was proud to show us some of the things that she uses. She has

recently obtained a wash-tub so that she can talk to the residents about how they used to lauder their clothes.

One member of the visiting team had the opportunity to speak with one resident about his views about Meadowview. He has been there for over two years and it was clear that he had a very good relationship with Sybil and was very complimentary of her and the staff generally. He said of them *“If I ever need anything, they will get it if they can”* and he said that sometimes he will have a walk to the shop with a member of staff. He prefers to spend most of his time at the home in his room and his son comes to visit him every other day and often takes him out, but whenever there are any activities taking place in the lounge, Sybil always goes to his room to ask him if he would like to join in which he is appreciative of and sometimes he will.

Another resident said, *“I get involved in anything that’s going.”* The residents that the visiting team spoke with came across as happy, cheerful, smiley and contented. There seemed to be a relaxed and genuinely caring atmosphere. One resident commented that she enjoys doing jigsaw puzzles and walking around the grounds outside.

There were other nice touches throughout the home including a piano in one of the lounges and there were some decorative hats hanging on one of the corridor walls.

The team observed some residents holding dolls and therefore it was clear that doll therapy is something that they offer to residents.

Food and Refreshments

The visiting team spoke with several residents, all of whom were complimentary of the food, with one saying, *“the food’s lovely - I like my food”* and another said that he liked that they always get two options to choose from the menu at meal times. He enjoyed the Christmas period and the residents were treated to some bucks fizz, weak punch or baileys which was well received.

It is understood that there are two options on offer to residents at meal times and they have a daily menu. If a resident doesn't like either option, they will come up with an alternative.

They have set meal times and the visiting team saw that they are very prompt. Visitors can come whenever they like and if they arrive during meal times, they will be offered a meal and they do not have to pay for it.

The kitchen is made aware of any allergies and residents are accommodated accordingly. Louise advised the visiting team that they do not have any residents with any specific cultural dietary needs.

They have some residents who spend meal times one to one with a member of staff due to difficulties eating. Some of the residents have a swallowing assessment by the SALT team (speech and language team) at Bridgwater. The visiting team observed a member of staff helping to feed a resident in a gentle, calm and very patient manner.

There is a water cooler plumbed in which is located in the dining area which residents have access to at any time.

Cleanliness, Environment and Infection Control

At the time of the Enter and View there was some refurbishment taking place, but it was clear that disruption was kept to a minimum with only small areas being worked on.

Generally, the communal areas visited were clean, free from obstructions and had a pleasant odour. The visiting team were able to view toilets and bathrooms, which were clean and clutter free. There are assisted bathrooms/toilets with hoists/aids and all rooms are well stocked with soap, handtowels etc. Some of the bathrooms were noted to be rather 'blingy' with glittery butterflies being attached to the tiles.

The visiting team noted that the premises was dementia friendly in many respects, such as handrails a contrasting colour to the walls and similarly with toilet seats.

The toilets and bathroom doors are all painted yellow and have a 'toilet' or 'bathroom' sticker on, along with a picture of a toilet or bath as appropriate, making it as clearly identifiable and possible to residents with dementia. Bedroom doors were labelled 'bedroom' and had a picture of a bed on. Each bedroom door had the name and photograph of the resident which makes it as easily identifiable as possible for residents with cognitive impairment and helps them to be as independent as possible. Some of the 'staff only' doors were accessible by the uses of a coded lock.

The visiting team was invited into a couple of bedrooms and the rooms were clean, well maintained and contained personal items, including pictures, ornaments and bedding. It was noted that the building generally was kept at a warm temperature but wasn't hot. All bedrooms have a sink and are single rooms.

The corridor areas were nicely decorated with various themes throughout the building. One area was themed with Coronation Street and pictures of the characters over the years. One corridor was themed 'memory lane' with old adverts for products such as pears soap and His Masters Voice as well as an old-style telephone which is on display as part of reminiscent work. There were also old photographs of Warrington displayed in some of the corridors which was a nice touch and gives residents a talking point and a chance to reminisce. One of the murals was of a sweet shop in Warrington from many years ago which was nice to see. The visiting team were told by Louise that they intend to set up an old-style sweet shop in the home.

It was observed by the visiting team that there were 'no smoking' signs displayed on the walls of the building. Louise advised that there is only one resident who is a smoker and the team observed that he was able to smoke at the rear of the building.

There were clocks mounted on the walls at several places around the home, but unfortunately some of them did not appear to be working although this is obviously something that can very easily be rectified. There weren't any calendars on display in any of the communal areas, so it may be worth meadow view considering having a dementia friendly clock on display showing the day, date and time. There is also

what appears to be a payphone in one of the corridors that no longer works and if it is not intended for use, it is recommended that it is removed.

One member of the visiting team used the staff toilet facilities during the enter and view and noted that it was spotless in every way, free from odours and was well stocked with toilet paper, hand towels and liquid soap.

Administration

The home appeared well organised. Staff members, although busy, were helpful and friendly and were more than happy to speak with the visiting team.

Admission

The visiting team were advised that there was just one vacant room at the time of the enter and view.

Staffing and Staff Training

Louise and Steve were not aware of the Healthwatch posters that had been sent to them ahead of the visit. Louise was off on holiday in the days leading up to the visit and Steve said that all post had been passed on to someone to open but it had not been flagged to him.

The visiting team were advised that there were five male residents and the rest are ladies. In terms of care staff, the only male is Steve at the time of the visit. They did previously have a male carer although he was dismissed in 2018 shortly after the change of management. Louise stressed that she is not averse to male carers and would be happy for a male carer to join the team. They are due to interview a male activities co-ordinator in relation to the current vacancy that they have.

Staff include 5 carers, 2 team leaders, 1 manager, 1 deputy manager, 2/3 cleaners, an activities supervisor, laundry staff, a cook, maintenance staff and administrators.

Staff work 12 hour shifts for 4 days and have 3 days off.

The visiting team spoke with Nicola, one of the team leaders who has worked at Meadow View for 5 years. She said that she really enjoys her work and was upbeat and open about her role and the home as a whole. She has almost finished her NVQ level 4. A training company comes to Meadowview every 6-8 weeks which is facilitated by her employer. As far as she is aware no-one is doing CHAPS training.

Nicola said that she is happy with the staffing levels. Sometimes when someone calls in sick and they can't get someone to cover, they will use an agency but sometimes it is too short notice which makes things more difficult.

They have one resident who tries to walk but is unable to, so they have her on a one to one whenever possible in order to prevent her from falling.

There are no nurses at Meadowview as it is a residential home only. Medicine management training is provided as part of the NVQ training. Meadow View continues to use 'Well Pads' for medication dispensing and the staff find it to be a user-friendly system. They have a visiting pharmacist.

Meadow View has a sister care home, Heather Croft in Woolston. There is a lot of communication between the homes and sometimes they will hold training at one of the sites and staff from both sites will attend. Nicola has worked at Heather Croft when needed.

Nicola said that there is always someone around to call upon if necessary and said that Steve even works weekends.

It was observed during the visit that staff wore name badges.

There are fire extinguishers and a map of the fire safety zone and fire escape routes and there was also a sign on the wall about fire marshall training that was due to take place 28th January 2019.

One of the residents that the visiting team spoke with said of the staff and management *"best you can have - nothing's too much trouble"*.

Privacy, Dignity and Treating People as Individuals

The visiting team observed interactions between staff and residents, and it was apparent that residents were treated with respect. Most of the residents appeared to be happy and comfortable.

One resident invited a member of the team into her bedroom where she had a sheet titled 'My daily routine' which contained information about her and her likes and dislikes, meals and activities. It demonstrated that the lady's choice and preferences were being considered. It would be great to see more detail added to the information. One resident invited a member of the team into her bedroom where she had a sheet titled 'My daily routine' which contained information about her and her likes and dislikes, meals and activities. It demonstrated that the lady's choice and preferences were being considered.

A member of staff was observed knocking on a resident's door before entering and all residents were addressed by name. This demonstrated a respectful attitude towards privacy and dignity.

A local non-denomination church comes in to Meadow View every week. They also come in for end of life visits and to read last rights.

Safety and Security

All visitors are asked to sign in/out before entering and leaving the home. The door is locked from the outside and visitors are required to ring the bell to gain access.

The visiting team observed members of staff opening fire escape doors to allow a resident to go outside to smoke and watched him from inside. Other fire doors on site were also opened during the visit and it was noted that they were not alarmed.

There were several fire extinguishers throughout the building. It was also observed that there were several first aid kits mounted on the corridor walls.

The staff room is locked and has a key pad to prevent resident access.

The visiting team were advised that there are call buttons in the bedrooms and bathrooms, but none sounded during the enter and view.

Other Comments

Unfortunately, there were no relatives for the visiting team to speak with at the time the Enter and View was carried out.

Recommendations

1. **Signage:** If possible, it would be ideal to have another sign on the approach to Meadow View to make people aware that it is situated at the end of the lane.
2. **Limited parking:** If possible, it would be worth creating a few more parking spaces for visitors, although it is appreciated that there is very limited space in which to do so.
3. **Telephone:** There was a payphone mounted on one of the corridor walls. The phone did not work and if it is not intended for use, it is recommended that it is removed.
4. **Clocks:** It is noted that there were clocks in the communal areas that were not working. It is advised that this is rectified so that the clocks show the correct time.

Distribution List

This report has been distributed to the following:

- Warrington Council
- Warrington CCG
- Care Quality Commission
- Healthwatch England

Appendices

Appendix A

Response from provider

