



Enter and View Report

Astbury Lodge Care Home

22nd August 2022



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Report Details

Address	Randle Meadow Hope Farm Estate Great Sutton Ellesmere Port CH66 2LB
Service Provider	Minster Care Group
Date of Visit	22 nd August 2022
Type of Visit	Announced (See methodology on page 5)
Representatives	Mark Groves Pat Clare Lesley Gough Grace Owen
Date and detail of previous visit by Healthwatch Cheshire West	20 June 2018

Acknowledgements

Healthwatch Cheshire West would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View Programme.

Disclaimer

This report contains information gathered by Healthwatch Cheshire Authorised Representatives (ARs) whilst undertaking an Enter and View visit on the date specified above. It provides an account of what was observed and presented on the day, including information gathered during conversations with residents and/or staff and/or family members/friends.

Where relevant additional information will be included from residents and/or staff and/or family members/friends collected through surveys and/or online feedback prior to or post the site visit.

What is Enter and View?

Healthwatch Cheshire is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England.

Under the Local Government and Public Involvement in Health Act 2007, local Healthwatch have the power to carry out Enter and View visits as part of their scrutiny function. This legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. This includes:

- Health or care services which are contracted by local authorities or the NHS, such as adult social care homes and day-care centres.
- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists.

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act

2007 and supplemented by Regulation 14 of the 2013 Local Authorities regulations.

At Healthwatch Cheshire, the Enter and View programme is conducted by a small team of trained staff and volunteers, who are prepared as “Authorised Representatives” to carry out visits to health and social care premises to find out how they are being run and, where there are areas for improvement, to make recommendations.

Following an Enter and View visit, a formal report is published where findings of good practice and recommendations to improve the service are made. These reports, which include feedback from the service provider, are circulated to the service provider, commissioner and the CQC and are made publicly available on the Healthwatch Cheshire websites:

- www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view
- www.healthwatchcwac.org.uk/what-we-do/enter-and-view.

Purpose of the Visit

- To engage with service users of the named service and understand how dignity is being respected in the care home environment
- To observe the care provided at this home, looking at a number of key themes; Environment, Food & Drink, Safeguarding, Staffing and Personal Care
- To observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change.

Methodology

This Enter & View visit was carried out with prior notice.

A visit with prior notice is when the setting is aware of a timeframe within which we will be conducting an Enter & View visit, but an exact date and time are not given.

To enable us to check that there are no health outbreaks at the premises that would prevent the visit taking place for infection control reasons, this Care Home was made aware that we would be coming on the morning of the visit.

Preparation

In preparation for an Enter and View visit the Authorised Representatives who will be carrying out the visit conduct research that involves reviewing:

- The latest CQC report from a routine inspection of the service
- Any previous Healthwatch Cheshire Enter and View reports
- The Care Home's information held on the Carehome.co.uk website
- Entries on social media platforms
- Comments held on Healthwatch Cheshire's feedback centre
- Information received by Healthwatch Cheshire as a result of undertaking surveys.

On the day of the visit the Authorised Representatives hold a briefing to discuss findings from their individual preparation, and decide as a team how they will carry out the visit, and any specific areas of focus based on this prior knowledge.

Description and nature of service taken from Carehome.co.uk

Type of Service

Care Home only (Residential Care) – Privately Owned Registered for a maximum of 41 Service Users

Registered Care Categories*

Dementia, Old Age, Physical Disability *Registered with regulator 'Care Quality Commission (CQC)' to provide these categories of care

Specialist Care Categories

Alzheimer's

Other Care Provided

Convalescent Care, Day Care, Own GP if required, Palliative Care, Respite Care, Separate Specialist Dementia Care Unit

Group/Owner

Minster Care Group

Person in charge

Deborah Ellis (Manager)

Local Authority / Social Services

Cheshire West and Chester Council

Admission Information

Ages 55+.

Room Information

Single Rooms 39 Shared Rooms 1 Rooms with ensuite WC 3.

Facilities

Close to Local shops, Gardens for residents, Lift, Near Public Transport, Own Furniture if required, Pets by arrangement, Residents' Internet Access, Residents' Kitchenette, Television point in own room, Wheelchair access.

Details of Visit

Environment



Astbury Lodge is located on the outskirts of Ellesmere Port and sited in the centre of a large residential housing area known locally as the Hope Farm Estate. The home is well signed from the road and has adequate car parking at the front and side of the building.

On arrival Representatives were met by the Deputy Manager, who was very welcoming. He confirmed he had received the Healthwatch Enter and View letter and was expecting Healthwatch to visit.

This report will detail our observations and findings of our visit.

Visitors to Astbury Lodge enter the home via a small reception area which is clean and has seating for visitors. The reception area has a visitors' book for signing 'in and out'. Hand sanitiser was in place and a sign encouraged its use. There was a small notice board on which was displayed a Healthwatch poster encouraging residents and family and friends to give feedback. The Healthwatch letter of notification of an impending Enter and View visit was not displayed.



We were pleased to see that there was a consistently high standard of cleanliness throughout the home and all areas were free from unpleasant odours. Some areas looked a little tired and could do with a refresh.

Astbury Lodge has two floors. The ground floor is residential whilst the upper floor provides a dementia household. There are secure doors and a key code lift to each floor. This has helped residents to move around freely and therefore, remain calmer. Unfortunately, on the day of the visit the Activity Coordinator was on annual leave and so we could not discuss her role and the activities she provided. However, we were able to view the activity calendar.



There are several lounges within the building, and these were furnished with well-maintained furniture and comfortable chairs. All included side tables with ornaments and pictures to make the space look homely.

Televisions were in use in two areas.

Ian, the Deputy Manager, mentioned that since Covid, the residents don't use the lounges as much as previously – and they are trying to encourage further use. One of the upstairs lounge areas was in use by around six residents at the time of the visit. Others were less well used or empty at the time of the visit.

The dining rooms were well equipped and light and bright. Smaller and larger tables were available. Menu choices were well displayed.



Throughout the building, pictures were displayed. Victorian era local scenes were on display downstairs, and a lot of photographs and items of interest from the '50s and '60s which would be of interest to residents.



The building corridors were quite narrow and potentially would be quite hard to navigate. Handrails were present throughout. The corridors in the upstairs section of the building, which is the EMI/dementia area of the

home, were decorated to create the impression of a street with shop front murals, 'brickwork' wallpaper and even some hanging baskets which created a cosier ambience. Room doors were 'front door' style with resident's name and a picture (presumably of their choice). Only one small seating area was observed upstairs (though the structure of the building with quite narrow corridors limits the opportunities for chairs/rest stations for residents). The deputy manager reported that a monthly check is carried out on the building to identify any maintenance work, but a redecoration/refurnishing programme for residents' rooms was not mentioned.

The home is adequately furnished however the Representatives felt that some of the furniture, whilst fit for purpose, could do with upgrading. On the top floor the corridor was well lit, free from trip hazards and there are hand rails and some seating along each corridor. They have been decorated with various themes.

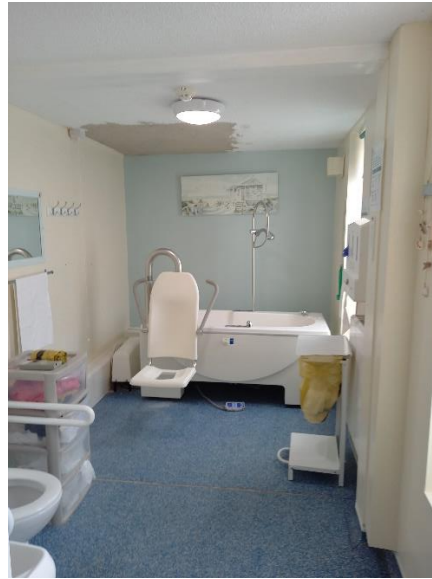
Communal areas

From our observations, it was felt all of the communal areas are clean and tidy and adequately furnished with several high-backed chairs in each area. There is a homely feel throughout the premises with lots of attention to details.

Each floor has a large lounge with a dining area. The upper floor has lots of natural lighting.

Residents' Rooms

We did not enter any of the occupied residents' rooms, however we were shown two unoccupied rooms.



They appeared a little small; all had good sized windows and were clean and tidy. Only three rooms are en-suite – others are equipped with a wash basin.

Residents can personalise their rooms to their taste by decorating them with personal effects and bringing in their own furniture if they wish.

Most rooms have large windows which make them feel light and bright. In general, the rooms are quite small with limited space for residents own furniture. Most residents had decorated the rooms with their own pictures and photographs but other personalisation was lacking. The decoration was variable – a couple of the rooms would benefit from redecorating.

Outdoor Areas

The home is fortunate to have two garden areas to the rear and side of the premises. We saw raised beds to enable residents to partake in gardening. These were obviously untended and required weeding and some new plants. There is some outdoor seating and tables, however these are in need of some painting.

This garden area includes a tree planted for the Jubilee, a lawn, seating area, a chicken run and several plant containers. A resident previously enjoyed cutting the grass. The area is pleasant and sheltered but could benefit with some general tidying. Some of the pots could be a trip hazard.

One garden area was closed – awaiting some maintenance including levelling of the flagstones.



The gardens were looking a little tired and required weeding and tidying.

Other Facilities

The home has a hairdresser who attends weekly. A Chiropodist attends every six weeks. An optician every three months.

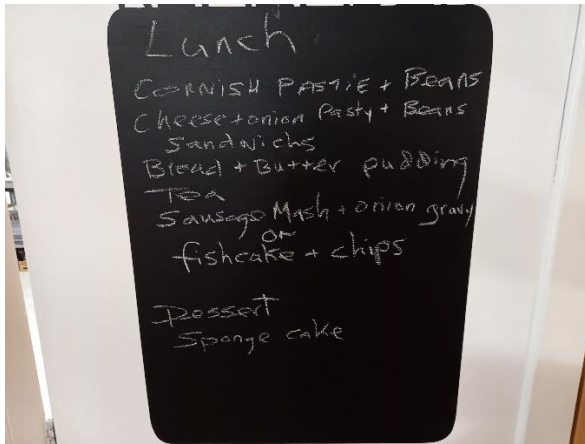


As previously mentioned, the home is divided into two floors and in addition to the residents' rooms, lounge and dining areas there are a range of facilities that can be used by all residents, these include:

- Nail bar and hair dressing salon
- Bathroom with accessible bath on each floor
- In house shop where the residents can purchase shampoo, sweets and crisps etc.

Food and Drink

Astbury Lodge has a dining room on each floor and these are well set out. The home employs two cooks and all meals are cooked on the premises. There is a daily menu displayed in the restaurants which offers several choices. There are set meal times to establish routines, however, if a resident wants to eat outside these hours, we were told that it is not a problem.



Cereals and drinks could be on a serve yourself basis if preferred. Vegetables/salads served with the meals weren't highlighted on the menu boards. A Locum chef was working on the day of our visit. The menu seemed to lack fresh vegetables and fruit but we didn't see the meals being served. It was noted that the main meal of the day was served at tea time.

Some residents have their meals tailored to meet their needs under the guidance of the dietician, using the MUST (Malnutrition Universal Screening Tool – which is a five-step screening tool to identify adults who are malnourished, at risk of being malnourished or obese).

For those residents who have dementia, there is specialist crockery and cutlery to support them.

Recreational Activities

There is an activity co-ordinator for three days a week and a further two-day post is being advertised. At the time of the visit the co-ordinator was

on leave and there was no evidence of any activities being run during the week.



A programme relating to the two previous weeks was displayed showing activities planned for Monday, Wednesdays and Fridays. We agreed that some of the planned activities such as the 'nail bar' will not be of interest to some of the residents and sessions could benefit from being described more specifically to draw interest – for example the 'arts and crafts' session.

The Deputy Manager reported that patients with dementia are encouraged to join in simple housekeeping tasks and activities are tailored to their needs.

The home has regular visiting entertainers and a recent quiz evening was well supported by residents, family and friends.

The options for trips out of the home are just local – for example local coffee mornings or trips to local shops. There is no minibus, and trips further afield organised by the home are not planned.

A local school visited the home for the Jubilee party and helped plant a tree. They have also visited to sing carols.

A local minister visits and a fortnightly C of E service was advertised for residents.

Residents

During our visit we noticed that all the residents we saw appeared clean and well cared for.

There are 37 residents at the present time (4 under full occupancy). Most of the residents were in their own rooms at the time of the visit and those we spoke with seemed happy and content to be at Astbury lodge.

The staff are trying to encourage residents to use the shared spaces more and engage in activities. Some activities take place after mealtimes to encourage residents to stay and join in. The 37 current residents include one married couple who have two rooms between them.

Relatives and Friends

During our visit we did not see any friends and relatives at the home however we were told that they are welcome to visit at any time. (Numbers of visitors at any one time are still restricted).

Friends and relatives are encouraged to be part of the home.

There is a card system for friends and family feedback and the Healthwatch feedback centre poster was on the reception noticeboard.

Staff

The manager has been in post for 12–13 years and is highly regarded by everyone. We met with her Deputy at the visit due to annual leave.

Currently there is one staff vacancy and two new staff have recently been recruited to replace two existing staff. Agency staff are not used. The home will sometimes take on untrained staff and put them through an in-house training programme. Covering holidays and sickness leave is difficult – especially over the summer.

Staff wear their own clothes rather than a uniform. We couldn't easily identify staff from other visitors in the home – and name badges weren't evident.

The Deputy Manager reported that the owner, Minster Care, is supportive and helpful.

Astbury Lodge is not unique in facing challenges since the pandemic concerning the recruitment and retention of staff. Those members of the team we did speak to said they liked their work.

Promotion of Privacy, Dignity and Respect

All interactions between staff and residents appeared caring and respectful. Staff knew all of the residents by their names and were very patient at all times.

Residents all have their own room and can choose whether they want their door open or the privacy of the door closed.

Safeguarding, Concerns and Complaints Procedure

The home has a safeguarding officer and log; all issues are reported to the local authority.

Medication and Treatment

The home accepts patients being discharged from hospital who are not ready to return home (respite). One resident is currently staying before returning home.

The GP practice is next door and lists of patients requiring attention are sent across to the home. A nurse practitioner will then assess the resident and determine whether a visit from the doctor is required. The home also links to the Hospital at Home service and this is found to be useful.

An optician visits periodically. Accessing dental care is very difficult.

Families will usually take residents for appointments but if they have no regular dentist, finding one is a problem. One resident currently has a dental problem and is now under care of the max fax service at the Countess of Chester hospital.

Recommendations

- Embark on a programme of replacing the rotten wooden window frames with double glazed one
- Make the second garden area safe for residents by levelling the flagstones
- Tidy the garden areas and repaint or replace the garden furniture
- Recruit an additional Activity Coordinator to enable more creative ideas to stimulate the residents, especially those with dementia.
- Improve the activities available in the care home to the residents
- Arrange trips out for the residents both locally and further afield
- Improve links and interaction with the local community
- Ensure all staff wear name badges.

What's working well?

- Residents seem happy and well cared for
- During the recent heatwave the home altered its style of meal delivery to cold meals such as salads and bread and butter. They also visited the residents regularly with ice lollies, water melon and iced water.

Service Provider Response

**Were you happy with the arrangements/requests prior to the visit?
Please feel free to comment as appropriate.**

Yes, I had advance notice of the plan to visit in August.

Please use this space to outline any positive aspects of the visit e.g. feedback from staff or patients.

It is always good to receive feedback from fresh eyes, and to have clarification that hopefully you are getting it right, and if not, it gives you the chance to change it.

Regarding the recommendations,

The windows that are referred to in the report had been listed for replacement before your visit, they were in the process of being made, and are due to be fitted in the coming weeks. We had already identified the need for replacement when we completed our 6 monthly premises audit. The flagstones that require work, at the time of your visit we were waiting for delivery of materials to re-lay them, this is now in progress.

We have already successfully recruited a second Activity Coordinator, we are just waiting for all recruitment checks to be completed. Once she is in place, she will work closely with our existing coordinator to complete a more in-depth activities programme, but staff do also complete activities with residents on a daily basis.

I do feel that we have excellent links with the community in place, and we always endeavour to expand this.

Regarding the staff not wearing their name badges on the day of your visit, I am monitoring this daily, and badges have been requested for our new staff.