



Enter and View Report

Applecroft Care Home

31st August 2022



Contents

Report Details	Page 3
What is Enter and View	Page 4
Methodology	Page 6
Details of visit	Page 8
Recommendations and what's working well	Page 16
Service Provider Response	Page 17

Report Details

Address	Applecroft Residential Care Home 48-50 Brunswick Street Congleton CW12 1QF
Service Provider	Mr & Mrs R Duggal
Date of Visit	31st August 2022
Type of Visit	Announced (See methodology on page 5)
Representatives	Mark Groves Grace Owen Alison Langley Philippa Gomersall
Date and detail of previous visit by Healthwatch Cheshire East	5 TH December 2019

Acknowledgements

Healthwatch Cheshire East 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 23 Service Users

Registered Care Categories*

Dementia, Mental Health Condition, Old Age, Sensory Impairment.

*Registered with regulator 'Care Quality Commission (CQC)' to provide these categories of care

Specialist Care Categories

Alzheimer's, Hearing Impairment & Deafness, Parkinson's Disease, Speech Impairment, Stroke, Visual Impairment.

Other Care Provided

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

Owner

Mr & Mrs R Duggal

Person in charge

Donna Hopson (Manager)

Local Authority/Social Services

Cheshire East Council

Admission Information

Ages 65+.

Room Information

Single Rooms 21

Shared Rooms 1

Rooms with ensuite WC 18

Facilities

Close to Local shops, Gardens for residents, Lift, Minibus or other transport, Near Public Transport, Own Furniture if required, Pets by arrangement, Phone Point in own room/Mobile, Smoking not permitted, Television point in own room, Wheelchair access.

Details of Visit

Environment



Applecroft Care home is located on the outskirts of Congleton on a residential street. It is a three-storey building.

The outside looked a little unwelcoming and ill-kept, with lots of weeds and overgrown bushes in the small driveway, and an old plastic table.

Also noted was that the entrance for cars to get on and off the car park is small and tight, and the parking area had small pot holes and an un-even surface. Street parking was available.

The entrance reception hall was small and dark and had untidy notice boards and signs which were not properly attached to the wall or had curled flyers on them. A board with staff photos was in the reception area. A flyer about Healthwatch was noted but the letter notifying the care home of Healthwatch's visit was not displayed even though this is requested in the letter.

The Manager was welcoming and led us to her office. She has worked at Applecroft for



nineteen years but has only been in the manager's post since July 2022. She seemed open and happy to answer questions and confirmed that they had had the letter informing the care home of our visit.

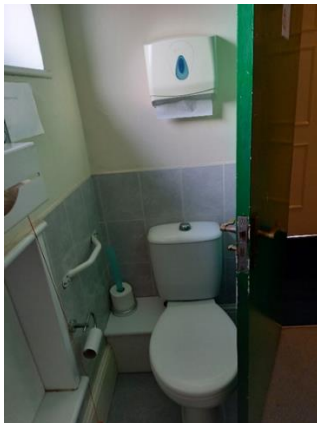


We were pleased to see that there was a consistently high standard of cleanliness throughout the home and all areas were free from unpleasant odours. Some areas looked a little tired and could do with a refresh.

Applecroft is a residential house style care home with narrow corridors. On the ground floor there is a lounge area, small dining room, very small kitchen, and bathrooms and bedrooms. The upper two floors have more bedrooms and bathrooms (1 an attic floor

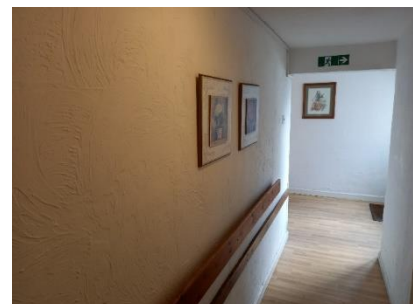
where 2 gentlemen resided).

There was a small lift, operated with a key, which staff and residents on the attic floor have access to. The lift was very tired and needs a refresh.



The bathrooms looked adequately clean, with hoists in place, but were dark and in need of a re-fresh. There are pictures on the doors of the bathrooms to assist residents.

Pictures hung on the walls were mostly small and uninspiring, apart from a large colourful mural wall of a waterfall in the lounge area.



The first floor had a narrow, carpeted corridor running alongside resident bedrooms; this could potentially be difficult for people with walking aids or wheel chairs. A handrail runs along the wall. A short set of stairs leading down to the laundry was noted on a small landing down from the Manager's office which was felt to be dangerous as the space was small and opened out to a doorway on one side and a stair drop on the other.



Communal areas

The downstairs had utilitarian vinyl flooring, and everywhere looked in need of a lick of paint.

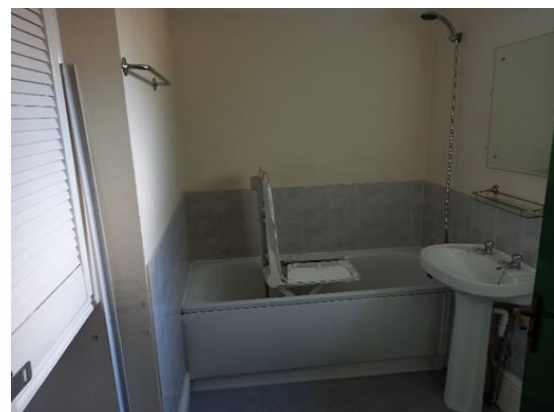


The lounge chairs looked comfortable and were of a raised height to make standing easier for residents. There is a TV in the lounge which was not on during our visit. No newspaper or games were noted, just a busy board that a resident was using, a few books on a shelf at the back of

the lounge and two old-looking scrap books. Chairs were arranged around the outside of the lounge so that residents were facing each other.

Residents' Rooms

Some rooms are en-suite and there are baths and showers available on each floor. Assistance is given with bathing but personal choice is observed. The home keeps an eye on residents who are reluctant to bathe and encourage at least weekly bathing.





Bedrooms are light, clean and an adequate size, quite utilitarian looking with hospital-style bedside cabinets, but many with large windows. We were told residents can bring in their own furniture, etc. to make their rooms more homely. There did not appear to be many personal photos or pictures in the bedrooms we viewed. Some had their own TVs and they all have call bells in bedrooms, and a sensor system. Bedrooms had the resident's name on the door, sometimes with a photograph.



The rooms are being redecorated slowly by a painter/decorator so that

residents can move around while this is being done. This was noted at the last inspection 20 months ago.

Outdoor Areas



There is a pleasant enclosed courtyard with a table and chairs and a smoking point with a butt full of cigarette stubs. The residents can access this courtyard from the main building but it is secure so that they cannot leave

the premises via the garden, nor can anyone from outside access the garden. The garden did look a little tired and general maintenance and planting would make this a lovely area to relax for the residents. There was nobody sitting out despite it being a fine August day.



The front and parking area was very neglected and overgrown with dead geraniums in pots and a lot of weeds including a rather prickly bramble at the fire assembly point.

Other Facilities

A hairdresser visits the home every week and a barber visits every six to eight weeks. The chiropodist also visits every six to eight weeks. No pets are allowed to live in the home but they can visit.

Food and Drink



Applecroft does not have a chef but has a food hygiene rating of 5. In the morning residents have a choice of cereal, toast, egg on toast, etc. which is prepared by the senior member of staff on shift. They use Apetito, Wiltshire Farm foods as the provider for pre-prepared meals which are eaten at lunch time.

There is a choice of two meals at lunchtime and residents decide what they would like to eat just before it is served meaning they don't have to make decisions in advance. In the evening a light dinner is served, e.g., soup and sandwiches, sausage and chips, and this is prepared by a senior member of staff.

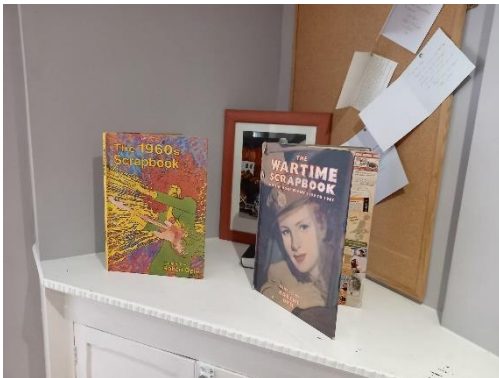
Residents can eat in rooms as per personal choice but are encouraged to eat in the dining room. Meal times at Applecroft are protected.

There are no dedicated drinks or snack rounds, but the home encourages hydration and will prepare snacks and drinks when a resident asks. There is no opportunity for residents to make their own snacks or drinks despite some residents being independent and the manager mentioning they like to promote independence. During the heatwave a risk assessment and hot weather plan was in place which included extra drinks, ice lollies and ice cream.



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).

Recreational Activities



There is currently no activities coordinator in post despite the home trying to recruit for the last 8 months. Staff do what they can to offer activities. At the time of our visit, staff were in a lounge area, music was playing and staff were interacting with residents. People's interests are noted and included in care plans. The Manager told us that one resident goes for walks himself and another wanted to go to the nearby park, so a member of staff came in early to take him. There are no group trips and there did not appear to be any interaction with the local community.

Residents

There are currently sixteen residents (six under full occupancy) of which 80% have some form of dementia. Residents have an individual care plan

in place which is updated every month or sooner if care needs change and family are encouraged to be involved in updating them.

During our visit we noticed that all the residents we saw appeared clean and well cared for. One resident told us moving in was the best thing she had done. Another resident said 'Living here is just wonderful'.

It was one resident's birthday and she had several cards, her family were taking her out for the afternoon and she was having a cake. Some residents have very few visitors and staff will sit and talk to them if they seem very isolated. Pastoral visits can be arranged if requested.

Relatives and Friends

There is open visiting for friends and family, though protected meal times are in place. At the time of our visit, two women were visiting their friend. They arrived just before us and it was noted that when they rang the doorbell it was answered quickly, they were greeted in a friendly manner and were asked to sign in. A resident's friend told us 'She has only been here 3 weeks but the staff and care have been so lovely, everyone is so friendly.'

Staff

Staff appeared generally happy and approachable. All staff had name badges and wore a uniform. Staff are provided with training including end of life care and dementia training.

Staff were observed helping residents to the dining room at lunch time. Staff asked if residents were ready for lunch, offered support with walking aids where needed and did not rush residents. One member of staff was observed to patiently stand back and give a resident with reduced mobility time to ease out of his chair and stand and hold on to his Zimmer frame without the staff member rushing him on or jumping in to offer support, thus promoting independence.

Applecroft is not unique in facing challenges since the pandemic concerning the recruitment and retention of staff. The Home tries to avoid agency staff and the Manager told us she has only used agency 2-3 times this year. They are currently recruiting for several positions including a chef and an activities co Ordinator. Those members of the team we did speak to said they liked their work. The current manager has been in post since July 2022, but has worked at Applecroft for 19 years.

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 chose whether they want their door open or the privacy of the door closed. Resident's choices and beliefs are respected, for example pastoral visits will be arranged if requested. Some residents are resistant to care and this is respected. End Of Life care is carried out with help from District Nurses and other agencies.

Safeguarding, Concerns and Complaints Procedure

There is currently no safeguarding lead; the Senior Carer is taking on this role. There is a complaints procedure in place which is displayed in the dining room. The home log all issues that are reported to the local authority.

People can speak to the Manager by phone or email with any concerns or concerns or opinions can be raised at the residents' meetings which take place every 8-10 weeks. The manager will speak one to one to residents who don't want to take part. Feedback forms are given to friends and family annually.

Medication and Treatment

The local GP works Monday to Thursday and visits regularly; district nurses visit the home as needed. We spoke to one resident who had her legs

dressed by the District Nurses. The home does not have any links to a local dentist and families tend to arrange treatment and check-ups as required. The chiropodist visits every 6-8 weeks. The manager is aware of Restore2 (a physical deterioration and escalation tool for care/nursing homes) but the home chooses not use it.

Recommendations

- The whole building generally would benefit from fresh paint, new furniture and fixtures, bright pictures, etc.
- Tidy the garden areas. If efforts were made to plant some flowers or even a few salad vegetables to improve the courtyard, residents could be involved and encouraged to use it more. There are a lot of groups that run these types of projects.
- Recruit an Activity Coordinator as soon as possible
- Improve the activities available in the care home to the residents
- Arrange trips out for the residents both locally and further afield
- Increased activities - there is an empty area on the first floor that would make an excellent activity room and perhaps residents could paint or make things that could be displayed, or there could be exercises, singing or music in the lounge.
- Improve links and interaction with the local community
- Take steps to maintain residence independence within the home.

What's working well?

- Residents seem happy and well cared for. They like the staff and seem content.
- The staff are kind and respect the residents' wishes.

Service Provider Response

No response has been received despite two requests by Healthwatch.