

healthwatch

Cheshire West

Enter and View Report

Daneside Court Care Home

29th September 2022



Contents

Report Details	Page 3
What is Enter and View	Page 4
Methodology	Page 5
Details of visit	Page 5
Recommendations and what's working well	Page 16
Service Provider Response	Page 17

Report Details

Address	Daneside Court Care Home Chester Way, Northwich, Cheshire, CW9 5JA
Service Provider	HC-One
Date of Visit	29 th September 2022
Type of Visit	Unannounced
Representatives	Mark Groves Grace Owen Esraa Jaser Diane Brown Sue Aucutt
Date and detail of previous visit by Healthwatch Cheshire West	22 nd August 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 relates to findings gathered on a specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the residents and/or staff and/or family members/friends but does provide an account of what

was observed and presented to Healthwatch Cheshire Authorised Representatives (ARs) at the time of the visit.

This report is written for Healthwatch Cheshire West using the information gathered by the Enter and View Authorised Representatives named above who carried out the visit on behalf of Healthwatch Cheshire West.

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 that we will be conducting an Enter & View visit, but an exact date and time is not given. A letter is sent to inform the establishment of the period during which the visit will take place. However, to enable us to check that there were no Covid-19 outbreaks at the premises, this Care Home was made aware we would be coming on the morning of the visit.

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

Type of Service

Care Home with nursing – Privately Owned Registered for a maximum of 64 Service Users

Registered Care Categories*

Old Age

Specialist Care Categories

Cancer Care, Hearing Impairment, Speech Impairment, Stroke, Visual Impairment

Other Care Provided

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

Group/Owner

HC-One

Person in charge

Samantha Farahat (Home Manager)

Local Authority / Social Services

Cheshire West and Chester Council

Admission Information

Ages 65+

Room Information

Single Rooms 64

Rooms with ensuite WC 64

Facilities

Close to Local shops, Gardens for residents, Lift, Near Public Transport, Own Furniture if required, Phone Point in own room/Mobile, Residents Internet Access, Residents Kitchenette, Television point in own room, Wheelchair access.

Details of Visit

Environment



Daneside Court is a two-storey home which is situated just off a dual carriageway which did make accessing it slightly problematic for a first-time visit. It is close to Northwich Town Centre and is in a pleasant and quiet spot. The car park appears to be split between two homes - (Daneside Court

and Daneside Mews) but there seemed to be adequate spaces. The building appeared to be in good condition and the entrance was very prettily decorated with flowers.

We were greeted by a member of staff who asked us to sign in. The Manager, Samantha Farahat, then introduced herself and asked if we could all wear regulation masks. It was then decided that we would first have a look around the home thus allowing us to talk to residents and staff during the course of the visit and then sit and chat with the Manager.



Visitors to Daneside Court enter through a small glazed entrance hallway. When we visited, there were delivery boxes in the entrance which may have just been delivered and therefore staff had not had time to remove



them. A number of notices were displayed in the reception area including hot weather advice (although the heating was now on throughout the building) and a number of thank you cards from relatives. There was also a large board explaining the role of the Inside Falls Protection Team.

The letter we sent prior to the visit was not displayed.

There are also some sofas, tables, chairs and drink making facilities in reception. During our visit, we did not actually see anyone using this area. The manager told us this area often gets busy when the hairdresser is in as the salon is off the reception. There are secure doors and a key code to each floor.



On the ground floor there are 28 bedrooms that are a mix of residential and nursing care. Upstairs there are 36 rooms that are all nursing. At the time of our visit 56 rooms were occupied.



The furnishings are effective and serve their purpose but seemed well used. The corridors are well lit, free from trip hazards and there are hand rails. They are also decorated with large photos of local and Cheshire landmarks

which makes a familiar environment for a lot of residents. We were pleased

to see that there is a consistently high standard of cleanliness throughout the home and all areas are free from unpleasant odours. The home overall looks well cared for, however there were a few areas that could do with a refresh, for example a paint touch up in the downstairs bathroom and areas on the corridors. The building felt warm but not uncomfortably so.



Communal areas



Downstairs there is a large living room furnished with a TV, a small sofa and several chairs for residents to sit. There is then a dining room and a separate garden room which felt as though the outdoors had been brought inside and is a great place for residents to meet with family and friends. Attached to the garden room is a small dining room with a large table; during our visit the table was being used by lots of residents making cupcakes.



There is lift access to upstairs; the lift had a very sticky floor and was in need of redecorating. Upstairs there is a large living room with a TV, the seating in this room was positioned along the walls which made the layout quite unsociable and didn't feel as homely as the lounge

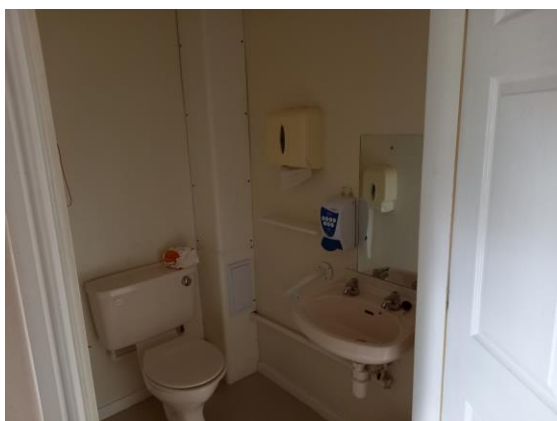
downstairs. There were also some hoists stored in a space off the lounge which spoilt the possible ambiance. The dining room upstairs had several tables but very few chairs. We were told residents sometimes choose to dine downstairs which may be why there were chairs missing. There is also an activity room upstairs that seemed slightly cluttered but well used; we were told resources are moved to the activity room downstairs when needed. Several cupboard doors needed replacing in this room as they were missing. Each floor has two accessible bathrooms, one with bath and the other with a shower. Downstairs staff told us residents prefer to have a shower so the bathroom does not really get used.



Residents' Rooms



The residents' rooms are off the corridors; most had their doors open and appeared a good size, and in most cases, they contained personal possessions and televisions. All rooms are en-suite and have a toilet and sink. All but one that we saw were bright and welcoming. Many of the residents' ground floor rooms had full length windows which looked across the garden. We were told that one resident wanted her room to be all pink and went out with staff to buy accessories accordingly. All rooms had colourful, personalised name plates outside.



Outdoor Areas



There is a large garden area to the rear overlooking the river which is accessible through the Garden room/lounge and large patio doors; there are plenty of areas for the residents to sit here.

The garden appears well maintained with lawns, a pergola, smoking area and other items of garden furniture. We were told that residents sit outside a lot in the summer. However, it was felt that more could be made of this area.



Other Facilities

In addition to the residents' rooms, lounge and dining areas, there is also a hairdressing salon which is open once a week and the manager told us that this creates a lovely buzz amongst residents.

We were told there is a Christian minister who attends regularly to assist residents to continue to practice their religion.

Food and Drink



The dining area downstairs is very spacious with tables with white linen table cloths and set places. We didn't see any menus displayed and the Manager apologised and said that they are normally displayed. Menus are also distributed to residents the night before for them to select their

meals.

The Manager told us residents still get a choice at the point of service in case they have changed their mind. The menus run on a 6-weekly cycle. Tea, coffee and juice trays go to all rooms in the morning, afternoon and early evening. Residents also have juice and water in their rooms. The Manager told us residents have their meals tailored to meet their needs and they use MUST (Malnutrition Universal Screening Tool).



One resident told us that the food was very good and that she can choose what she wants and she can change her mind the next day.

The Wellbeing Coordinator was taking a cookery class which she takes most days. Five ladies were taking part and all agreed that the cookery classes were welcome. Shortbread and chocolate strawberries had also been made that week.

Recreational Activities



There are two Activities Coordinators at the home. We met Sharon who works Monday to Friday 8am until 4.30pm. Her colleague works three days a week 9am until 3pm. The Manager told us that going forward she would like to have an Activity Coordinator at the weekend.

There was a full list of daily activities upstairs that covered up to 23rd September (the day of visit was 29th September). The Manager assured us that residents were aware of activities. Activities on display appeared to be

mainly on site indoors and outdoors. The Manager did say that trips out of the home were arranged when appropriate and there will often be trips to local cafes and, if a resident would like to buy something in town, staff will take them. Trips further afield happen less frequently as they share a mini bus with four other care homes.

Downstairs there is a 'Bored Board' with word searches, quizzes, monthly apps (apps residents can download on their digital devices), and colouring pages for residents to help themselves to. One resident said that she knows the Activity Coordinators well and they will



come and chat to her and see if there is anything in particular that she would like to do. Upstairs in the activity room there was lots of evidence of arts and crafts activities as well as an extensive collection of board games and jigsaws.

The Manager suggested that there were quite a few personal requests that they tried to arrange, such as going to the Tate in Liverpool and archery lessons which they have just arranged for a gentleman.

Residents

During our visit we noted that all the residents we saw appeared clean and well cared for. It felt unusual to see no residents outside of their rooms, other than those taking part in the cooking activity. When asked, the Manager suggested that most residents like to stay in their rooms.

The residents can have a personal allowance account to purchase goods locally, this is done via internal banking systems with families. Residents are not encouraged to have money in their rooms. An inventory is taken of

all belongings and it is advised that if residents wear expensive clothes that family members take them home to wash them.

Both a resident and the Manager spoke about the “Resident of the day” system which enables staff to thoroughly go through individual care plans and ensure they are up to date; both residents and family can have an involvement in the care plans. On this day the residents will also have their room deep cleaned and maintenance also visits to see what needs repairing. We could see that residents’ birthdays are celebrated. The Manager told us she has never had a request for pets from residents but there is a cat that lives in the home.

A resident who had been there for 5 years felt that the staff really cared; she felt safe there. She said that although she only had a toilet in her room, she had access to showers whenever she wanted and her dignity was always preserved.

The Manager told us that the home used to hold monthly resident/relative meetings; these were suspended and have just been reinstated and were becoming active again.

Relatives and Friends

During our visit we did not see any friends and relatives visiting their loved ones. One resident and the Manager suggested that family could come and go at any time. Relatives and friends are kept up to date via emailed newsletters with information about what the home and its residents are doing.

The Manager encourages all relatives to sign up to the mailing list for this.

The ‘You Said – We Did’ board was informative, it mentions improving communication by working on a



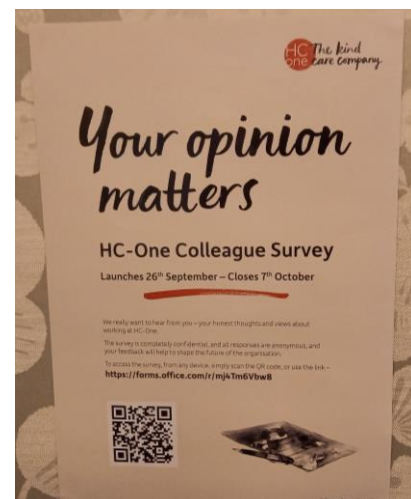
newsletter, better activities by introducing a Wellbeing Programme and being more involved by re-introducing a residents' meeting

Staff

The staff we met were in uniform and looked smart and tidy, they were forthcoming and were seen to interact with residents in a caring and empathic manner, often asking them if they were alright or if they needed anything. It was clear staff enjoyed the environment.

The Manager has been in post for 3 years and the Deputy Manager has been there for nearly 16 years. We also met staff who had been there for over 20 years. The Manager suggested that staffing was adequate and that they tried not to rely on agency staff. However, it was mentioned by a couple of members of staff that although they were able to care well for residents, they didn't have enough time to give them 1:1 attention and, if they had more staff, they would be able to do this. One member of staff said that as she was so busy Care plans would often have to be updated on her days off. One member of staff told us staff often multi-tasked and will help each other when they were short on numbers.

The Manager talked about training, supervisions, and appraisals. She confirmed that they did not have residents with Dementia diagnoses but staff undergo first level Dementia training so they are theoretically able to identify and de-escalate potential dementia episodes and report accordingly. Staff meetings are held monthly. 1:1s and supervision are held as applicable and appraisals are completed annually. There is also an annual Colleague survey and staff are encouraged to complete it.



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. Staff also appeared to be attentive and responsive, room call bells seemed to be responded to promptly. There was no evidence of hearing loops which could lead to exclusion.

The home is currently trialling the 'Expert Resident' and we were informed by the Manager that one resident who has Parkinson's disease and his wife are giving a talk to staff about their experiences of the disease and their personal challenges and how they overcome them.

Safeguarding, Concerns and Complaints Procedure

The management told us they have an open-door policy and often residents and relatives will raise any concerns verbally. The Manager is the Safeguard Lead and the home follows the local authority Safeguarding procedure and therefore commissioners and regulators are informed in a timely manner. A full investigation would also always be held internally.

Medication and Treatment

There is a medication audit every day with staff held accountable. The home is linked to Danebridge Medical Practice and a GP visits twice a week; on a Tuesday and Wednesday. Residents have the choice to stay with their own GP. They use the community dentist in Winsford for most residents, however some still have their own dentist. The home also uses Restore2.

Recommendations

- The lounge upstairs to be made more homely to encourage residents to use it.
- Continue to include residents and staff in meetings with regard to the culture and running of the home. Although up and running again those meetings perhaps need more structure and inclusivity for residents and their families.

- As mentioned by the Manager, using the Hairdresser appointment day as an opportunity to bring residents together for a chat and a cup of tea.
- For staff, if at any time it is possible check on residents and have 1:1 time with them e.g., to read to or just talk to.
- Cupboard doors to be replaced in the activity room upstairs.
- Give several areas a fresh coat of paint where there are marks and scratches.

What is working Well

- The newsletter for residents and relatives and the informative notice board in reception and a 'You Said/We Did' board.
- The 'Expert Resident' initiative to educate staff and other residents of certain conditions residents live with.

Service Provider Response

No response has been received