



# Enter and View Report

**Sandiway Manor Care Home**

**Northwich**

**20<sup>th</sup> December 2022**



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## Report Details

<b>Address</b>	Sandiway Manor Norley Road Sandiway Northwich CW8 2JW
<b>Service Provider</b>	Cheshire Residential Homes Trust
<b>Date of Visit</b>	20 <sup>th</sup> December 2022
<b>Type of Visit</b>	Unannounced
<b>Representatives</b>	Mark Groves Jenny Lloyd Lesley Gough
<b>Date and detail of previous visit by Healthwatch Cheshire West</b>	5 <sup>th</sup> March 2019

### 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](http://www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view)
- [www.healthwatchcwac.org.uk/what-we-do/enter-and-view](http://www.healthwatchcwac.org.uk/what-we-do/enter-and-view).

### **Purpose of the Visit**

- To engage with people 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) – Voluntary/Not for Profit Owned Registered for a maximum of 29 Service Users

**Registered Care Categories:** \*Old Age

**Other Care Provided:** Convalescent Care, Day Care, Own GP if required, Respite Care

**Group/Owner:** Cheshire Residential Homes Trust

**Person in charge:** Rachel Tucker (Registered Manager)

**Local Authority/Social Services:** Cheshire West and Chester Council

**Admission Information:** Ages 65+

**Room Information:** Single Rooms 29 Rooms with ensuite WC 29

**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, Smoking not permitted, Television point in own room, Wheelchair access

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

## Details of Visit

### Environment

The home is approached by a driveway off the main road and there is a good amount of parking for visitors and staff. The entrance to the care home is clearly identifiable and secure with a doorbell to ring to be let into the home.

Upon arrival Healthwatch were greeted by the duty manager. Signing in books for staff and visitors are clearly visible and we were asked to sign in. A 'compliments, complaints or suggestions' box was located in reception inviting comments from staff, visitors and residents.

The hallway as you enter the home is attractively decorated with seating and an office area to the rear. Christmas decorations were in place at the time of the visit and added to a welcoming and homely feel to the premises.

An information board in the hallway of the main entrance hall was up to date with information about what is going on in the home during the week and other news. Healthwatch posters



were on display, encouraging residents and relatives to provide feedback or share experiences. Throughout the home, there is a feeling of light and space. Many of the rooms have large windows and windows on two aspects providing light throughout the day. No odours were apparent in any part of the building.



## Communal areas

Corridors were well lit and the majority, but not all, had handrails for residents to use. They were clean and clear of any clutter, although walls were sparsely decorated with no pictures or decoration. There are two main staircases and some small flights of stairs within the home. One of the staircases is to be fitted with a stair lift in the near future. There is also a lift for residents.

Healthwatch felt that the stairwells were steep and corridors narrow, and some sloping; understandable given the historic nature of the building. The vast majority of residents are helped to and from their rooms and there is a lift to take them if preferred. Fire evacuation procedures had been thought through and this was explained on the visit. The addition of a stair lift will be helpful too in the event of needing to evacuate the building – currently they would use drag mats to help residents to evacuate if needed.

Throughout the home furniture and furnishings were seen to be in good condition and of a traditional styling that made the rooms feel homely. Christmas decorations were also evident in the main lounge, sun lounge and dining room. The main lounge is a large open space with a high ceiling and feature fireplace. It's a bright room with lots of space for residents to meet and take part in activities. On the day of our visit, they were setting up for Christmas dinner and a visit from Santa.

There is a grand piano in the main lounge and a local pianist regularly visits and plays for residents. At the time of the visit (late morning) several residents were seated in the main room. Staff mentioned the room is used more after lunch when residents come together for conversation or activities. The overall standard of decoration inside the building was good – apart for one stairwell. A scheme of redecoration was planned and the details for this were displayed in the entrance hall. Supplies of PPE were located at regular intervals along corridors.





## Residents' Rooms

Healthwatch were able to access a couple of vacant rooms including the respite care room. Rooms visited were all of a good size with adequate space for a wardrobe, chest of drawers, armchair, bed and television. Furniture in rooms was adequate and well maintained. Residents may bring their own belongings to personalise their rooms, and this was evident in all of the occupied rooms. All rooms appeared well lit and most benefited from large windows and a good amount of natural daylight. Rooms appeared clean and clutter free.

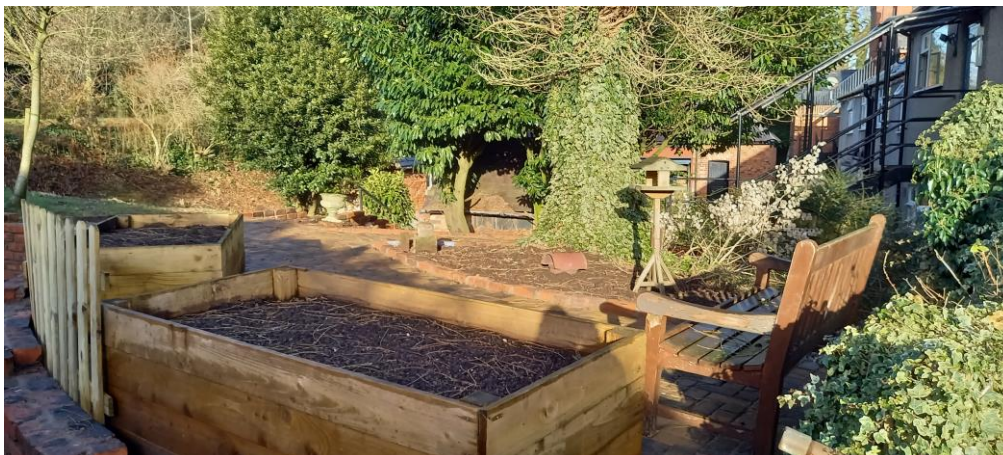
There are call bells in every room which can be taken off the wall and kept by the resident's side if they choose to sit elsewhere. Pressure pads are used where necessary and for all new residents who may be disorientated. All rooms have an en suite toilet and washbasin. Residents' rooms are numbered (this is to be changed to larger numbering), along with a nameplate and a symbol representing an interest of the resident (such as a car).

We were shown two bathrooms which were light and clean and equipped with a lift for the bath. We also saw one wet room/shower which was also well lit and well equipped.



## Outdoor areas

The outside areas were well maintained. There is a gated patio area for residents with dementia. A new seating area has been developed to the side of the property. This has good access via a newly laid pathway and has some raised flower/vegetable beds. Residents reported using the outside space when the weather permits.



## Other Facilities

A hairdresser visits weekly on a Wednesday and there is a dedicated room for this service. The duty manager reported that this is very popular with residents.

A local theatre group attends the home once a month. A local church also attends monthly.

A pet therapy dog attends the home regularly.

The home does not have a hearing loop.

## Food and Drink

Menus are planned with input from residents. The sample menus presented showed a wide variety of food with fruit and vegetables included. The catering manager and chef reported that residents enjoy varied foods including curries. They also organise an occasional takeaway meal. A range of alternative foods including jacket potatoes, sandwiches and sausage rolls is always available if requested.

**Sandiway Manor Winter Menu 2022/23**  
**Week 3 of 4**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Cereals/Toast & Preserves/Porridge/ Fresh Fruit. Tea or Coffee	Cereals/Toast & Preserves/Porridge/ Fresh Fruit. Tea or Coffee	Cereals/Toast & Preserves/Porridge/ Fresh Fruit. Tea or Coffee	Cereals/Toast & Preserves/Porridge/ Fresh Fruit. Tea or Coffee	Cereals/Toast & Preserves/Porridge/ Fresh Fruit. Tea or Coffee	Cereals/Toast & Preserves/Porridge/ Fresh Fruit. Tea or Coffee	Cereals/Toast & Preserves/Porridge/ Fresh Fruit. Tea or Coffee
Chicken Casserole with Seasonal Vegetables & Creamed Potatoes	Sausage, Mash and Seasonal Vegetable	Marinated Chicken Fillet with Savoury Rice	Mince and onion and pie seasonal vegetable	Salmon Hollandaise sauce Seasonal Vegetable New potatoes	Brasing Steak Seasonal Vegetables	Roast chicken Potatoes and Seasonal Vegetables
Manchester Tart	Bread and butter pudding with custard	Syrup sponge and custard	Gooseberry Crumble with Fresh Cream	Chocolate brownie with ice cream	Eggs Custard	Baked apple with custard
Hot dogs	Mushrooms on toast	Fish fingers bread and butter garden peas	Welsh rabbit	Egg and chips	Cheese on Toast	Assorted sandwiches
Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day	Soup of the Day
Jelly & Ice Cream	Apricots with Evaporated Milk	Caramelised Apples with Ice Cream	Strawberry Mousse	Banana in Toffee Sauce	Pineapple sundae	Yoghurts

**NB: All meals are freshly prepared and homemade where possible. All dietary requirements are catered for, and alternatives are available.**

**Sandiway Manor Winter Menu 2022/23**

Residents are asked each morning what they would like for breakfast, dinner and supper. Lunchtime is at 12:00 for trays to be taken to rooms and 12:20 for service in the dining room. The dining room is well furnished – with tables of various sizes. The duty manager informed us that most residents will come to the dining room for lunch and most prefer to have breakfast and tea in their own rooms.

There is clear information of dietary requirements displayed in the kitchen. Resident weights are checked weekly and those who have lost weight noted, so that measures can be taken to boost food intake. There is also information displayed about fluid quantities in various cups/glasses, to help monitoring of fluid intake.

At the time of the visit a Christmas buffet lunch was being prepared including attractive pastries and a fruit punch. It was clear that the chef and catering manager take great pride in the variety and quality of food provided and are keen to receive feedback from residents. One or two residents' visitors will be attending for Christmas lunch.



## Recreational Activities

The activity co-ordinator was present; she works at the home three days per week. She also prepares activities for staff to lead when she is not there. At the weekends, there is a Saturday bingo session and a Sunday afternoon film, which are popular with residents. One resident reported that volunteers from the local library will bring a selection of books once per month and this is appreciated. The library will try and source books on topics or by authors of interest.

A Christmas party was being planned for the afternoon on the day of the visit and gifts were being prepared for all residents. There are one to one visits to the rooms and all residents are given the option of joining in activities – but are not overly pressured to do so.

There are plans for the home to share a mini bus with another home to provide the opportunity for more trips and visits.

In addition to the activity co-ordinator, the provider also has an activity manager who covers all three of the provider's homes.



## Residents

Healthwatch spoke to two residents and their main comments were:

- She has been a resident for four years. Prior to moving here permanently she had been here for a short stay and then somewhere else, but decided to return to Sandiway Manor.
- She reported feeling safe and that the staff are caring and respectful.
- A mix of staff of varied ages is a positive feature and the good rapport amongst staff adds to the homely feel here.
- The home feels homely, and she felt that the care provided is of a unique high standard.

- The resident reported that although she often doesn't join in activities, she is kept informed and not pressurised to join in.
- Noise can occasionally be an issue – if the TV is on quite loud, it can be heard in the neighbouring rooms – but this is the only minor gripe!
- She was happy at the home; the food was good and she felt safe there. She said “very good place this.”

Residents were clean and well dressed. The majority get dressed with the help of a carer each day. There is a monthly residents' meeting attended by managers, chefs, carers and housekeeping where residents share ideas or areas for improvement.

### Relatives and Friends

Healthwatch spoke to a visitor who had been coming to the home for the past three to four years to visit various friends. They said they had all told her they were happy at the home, felt safe and well cared for. The lady they were visiting at the moment said she was extremely happy there and said she was treated well by the staff.

Friends and families are able to visit at any time and can stay for meals (such as Christmas lunch). After 19:00 visitors are encouraged to meet in the rooms downstairs whilst other residents are preparing for bed or asleep. The duty manager reported that, if necessary, an update email will be sent to family on a regular basis. They also send a monthly update to recap how the resident has been doing. There is a monthly newsletter which is sent to friends and family as well as residents. In addition, there are six weekly meetings for residents, staff, friends and family.

### Staff

Staff were friendly, welcoming and happy to answer questions. Many had been working at the home for more than 10 years and there was obvious camaraderie and team spirit amongst the group. The home uses very few agency staff. When they are used it is to cover night shifts.

All staff have appraisals and one to one meetings with their line manager and a programme of ongoing training. Staff have received training from E.O.L.P. (End of Life Partnership).

The staff are very proud of their electronic care planning system which all staff have embraced and find very successful.

### **Promotion of Privacy, Dignity and Respect**

The shift manager said one of the residents is able to wash herself but needs supervision in case of slips or falls. The carer stands just behind the door to give her privacy and she much appreciates this.

Staff receive dignity training, there is also an audit in place and spot checks are carried out on a weekly basis.

### **Safeguarding, Concerns and Complaints Procedure**

There is a feedback folder in the reception area for complaints, compliments and concerns. There is also a box by the front door should people prefer to leave feedback anonymously.

Should there be a safeguarding issue a senior team member would deal with it. The home complies with the local authority safeguarding policy and procedures.

### **Medication and Treatment**

A chiropodist visits every eight weeks. All residents are registered with the local GP; if they prefer residents can remain with their own GP. The home has access to a local dentist. The home has a dedicated optician and hearing aid specialist and uses Boots pharmacy. In addition, Leighton Hospital Diabetic Team visit the home.

### **Care Home Best Practice Initiatives**

The care home uses MUST (Malnutrition Universal Screening Tool). This is part of the resident's care plan where applicable.

MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition(undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

The care home does not use RESTORE2 (Recognise Early Soft-signs, Take Observations, Respond, Escalate).



RESTORE2 is a physical deterioration and escalation tool for care settings. It is designed to support homes and health professionals to recognise when a resident may be deteriorating or at risk of physical deterioration and act appropriately according to the resident's care plan to protect and manage the resident.

The care home does not use RITA (Reminiscence/Rehabilitation & Interactive Therapy Activities).

RITA is an all-in-one touch screen solution which offers digital reminiscence therapy; it encompasses the use of user-friendly interactive screens and tablets to blend entertainment with therapy and to assist patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke and watching films.

## Recommendations

- More visuals on the walls on the corridors. Perhaps historic pictures of the local area or reminiscent images from 1950s.
- Stair gates at the top of the stairs to guard against potential fall hazard.
- More connection and interaction with the local community. One visitor we spoke to mentioned a garden party which used to take place with stalls on the lawn pre-Covid; could this be reintroduced?

## What's working well?

- The care home is obviously a relaxed and tranquil environment which is testimony to the work and dedication of the staff
- The home-cooked food is of a high standard and offers plenty of variety
- The home offers a variety of activities to the residents.

## Service Provider Response

It has been appreciated to hear such positive feedback from this report of which the majority is a credit to the staff who have all worked hard with guidance from the management team over the past five years to improve the service Sandiway Manor provides as a whole for residents and its employees.

Our new redecoration of Sandiway Manor is commencing on 23<sup>rd</sup> January 2023 so we hope this will help bring some character back into the home in regards to the minimal walls etc as noted when the inspection took place. We unfortunately at present do not feel the need to implement a stair gate at the top of the main staircase due to this potentially causing a greater risk to residents with any Alzheimer's related conditions potentially trying to get over it causing a greater falls risk than without a gate/barrier. At present all residents that have rooms on the upper floors are risk assessed for the staircase according to their needs whether it be mentally or physically. Any that are deemed high risk will have all implementations put in place to manage the risk as best possible and are given first refusal when a downstairs room becomes available.

We have addressed strengthening our links with the local community with our activities co-ordinator and activities manager although since restrictions have been lifted significantly, we have seen slight improvement although we would like this to improve to how it was pre Covid.

RESTORE 2 was found by this inspection not to be used in our home to help recognise changes with our resident's care needs. We feel our electronic care plan system has the specific tools which we use alongside our robust updating of our resident's individual care plans by our senior team is helping us gain the best support for our residents on a daily basis. We will however look into using the RESTORE 2 method. At present we have a great relationship with a variety of healthcare professionals and the End of Life team to get the required support we need in order for our residents to live as comfortable life as possible for their individual needs.

Kerrie Owen  
Care Home Manager