



# **Enter & View Report**

Name of service: Sherdley Manor,

Mill Lane, St Helens, WA9 4ET

Date & time: Wednesday 27<sup>th</sup> July 2022 at 10.30am

Authorised Representatives: Gail Aspinall

Support Team Members: Ann Bridge, Judi Lunt

### **Acknowledgements**

Healthwatch St Helens would like to thank the staff and residents at Sherdley Manor Care Home for their valuable time and hospitality during this visit.

#### What is Enter & View?

Part of the local Healthwatch duty is to carry out Enter & View visits. Local Healthwatch representatives carry out these visits to health & 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 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices and dental surgeries. Enter & View can happen if people tell us there is a problem with services or, equally, if services have a good reputation so we can learn about them and share good practice from the perspective of the people who experience the service first hand.

Healthwatch Enter & Views are not intended to specifically identify safeguarding issues; however any safeguarding concerns which arise during a visit will be reported in accordance with Healthwatch safeguarding policies. If, at any time, an authorised representative observes anything that they feel uncomfortable with they should tell their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

#### About the service

Sherdley Manor is part of the Chestnut Healthcare Group and has been a care home for approximately 12 years. It is a single storey facility with 23 single rooms. There are no double rooms. All rooms are en-suite, some are equipped with showers and there is a communal bathroom.

### Purpose of the visit.

To engage with residents and staff

- To observe care at the point of delivery
- To identify good working practice
- To identify areas for improvement

This was an announced visit, arranged with the Manager a week beforehand.

#### Methods used

Observations made by the visiting team might be based on instinct and not on something that is visible or measurable.

# Summary of findings

The Home is a converted school situated near a busy roundabout close to Sherdley Park, Sutton, St Helens. There are car parking spaces next to the Home, with overflow parking facilities on the other side of the road. The Home stands in small but pleasant grounds and has a summer house which is very popular with residents, as they can use this facility to view the garden.

#### Results of visit

# First impressions

We were asked to wear masks before we undertook our visit for the protection of the residents, as cases of Covid are reportedly on the rise. There are no cases of Covid at Sherdley Manor. We were welcomed by the Manager and asked to sign the visitor's book. The front door is kept locked and is alarmed. The reception area is plain but functional. There were no unpleasant smells anywhere in the Home. The visiting team agreed that the Home was very warm on our visit. It was commented upon that the décor is rather dark in some places. Sherdley Manor is currently at full capacity. The Manager explained they rarely have vacancies, and there is no waiting list. Every resident in the Home has dementia. The rooms that we visited were spacious, very clean and homely.

#### Staff

The home is run by Linda Campbell, who has been Manager for 8 years. There are currently 25 staff working at Sherdley Manor, this includes domestics, cooks, laundry

staff and handyman. Staff were busy working during our visit with a couple on their break. Whilst on our visit, we saw the Activities Co-ordinator encouraging residents to join in chair based exercises. The staff consists mainly of women with just one male working night shifts.

### Staff training

There are some training refresher courses completed yearly, including the moving and handling course. There is internal training available, along with online training that ensures continuity of training and qualifications amongst staff. The Manager informed us that she has an 'open door' policy for staff. Supervisions are undertaken on a quarterly basis.

#### Recreation & leisure

There are books and magazines around the home for the residents' use and newspapers are delivered daily to the Home. There is a large television in the main lounge which is on throughout the day. Although there is no shop in the Home, the Manager will either inform family if the resident requires items, eg, toiletries, or she will order them on the shopping order. There is an Activity Co-ordinator who is employed for 20 hours a week. There are activities such as bingo, arts and crafts, baking and music for residents who wish to participate. Singers often come into the home to entertain the residents. Alcohol is allowed in moderation in the Home. A hairdresser comes into the Home on Mondays but they are trying to be 'Covid aware' and keep the number of visitors lower than pre-pandemic.

### **Smoking Policy**

Residents and staff are allowed to smoke in an outside designated smoking area.

#### Food & refreshments

The Manager and the Cooks plan the menu, this is changed on a 4 weekly basis. We were told that the residents tend to enjoy 'traditional' food, but they recently tried a 'taster session' of different foods with the residents, and it was well received. The menu is displayed in the dining area in the form of pictures, so that meals are easily recognised by residents. The visiting team spoke to one of the residents who told us that the food is 'nice'. It was really good to see the 'hydration station', which consisted of a table with fruit juices, water and a selection of snacks. The residents are encouraged to help themselves. We spoke to a gentleman at the hydration station and he informed us that he liked the juices. The visiting team noted there was information around the home that prompted staying hydrated and eating well. There is a whiteboard in the kitchen with information of dietary needs of each patient. Meals served are breakfast, lunch, dinner and supper and snacks and tea/coffee/juice etc are available throughout the day. The Manager informed us that residents prefer a lighter lunch and dinner is the main meal of the day. Dietary requirements are catered for. The residents have a choice of where to eat their meals, most eat in the dining room, but a couple of residents prefer to eat in their

rooms. Some of the residents are weighed weekly, and some are given health supplements.

### Privacy & dignity

Religious and cultural differences are respected with Sister Eileen visiting the home to give Communion and one resident, who is a Jehovah's Witness, is accompanied by a carer to his place of worship twice weekly. Each of the residents' rooms are numbered and each have a small photograph of the resident and a memory box outside. Residents and families are encouraged to bring personal belongings and even items of furniture in order to make their room feel like home. Dentures, hearing aids and glasses are kept in the residents' rooms. Each resident has a 'profile file', which is very useful for new staff or handover etc. We chatted with some of the residents who informed us they were quite happy in the Home.

### Hygiene & cleanliness

The home was very clean and we noted Domestics working as we did our visit. The floors looked like wooden laminate throughout, with tiles in just the main lounge. The rooms are cleaned every day and are deep cleaned on a regular basis with residents' families being informed when this is happening. A mattress audit is completed and any issues addressed. The rooms that we visited were clean, tidy and had the 'homely' feel about them. There are lots of anti-bacterial wipes and sprays situated around the Home both on the walls, and tables. There are information posters on infection control throughout the building. The laundry is done every day and clothes are labelled with tags (including name and room number) or permanent marker. There are two permanent laundry workers who steam/iron the residents' clothes before returning to the individuals' room.

# Safety & security

The main door is kept locked and alarmed and we were asked to sign in when we arrived and out when we left. All the fire doors are kept locked and we noted a member of staff locking the door behind her when she had finished her break. There are lots of safety rails on the walls.

# Access to care and medical care (including the Red Bag Scheme)

Most residents are registered with Four Acre Surgery and a GP from this surgery attends the home every other Monday. A book is used to record any non-essential matters for the GP to attend to when he visits. A chiropodist attends the Home every 6 to 8 weeks as well as other professional bodies including the LLAMS team if needed. The Manager informed us that the red bag scheme is no longer used as they found that the bags were not being returned from the hospital, in fact, there were no bags left in the Home. This is not unusual as we have found that this is the case in most visits we undertake.

#### **Additional Comments**

The décor in the home is quite dark, with some walls being painted in navy and deep purple colours. However, the visiting team really liked the sensory wall, which was brightly coloured panels, each with a different 'feel'. There are also lots of framed newspaper cuttings and articles from yesteryear which again, is a great tool in connecting with people living with dementia.

#### **Recommendations:**

- For the company to decorate the Home
   The Home is comfortable but some of the walls and rooms are quite dark. The visiting team felt that an improvement in décor could enhance residents' mood.
- To keep up the good work and seek continuous improvements and new opportunities etc

### Response from Provider:

"I am in receipt of your report for which I thank you.

This was a very positive report and we have noted your additional comments with regard to the decor and will address this within the next few weeks.

I would like to thank you and your colleagues for the visit."

(Healthwatch England guidance states that we can ask providers for their comments within 20 working days of the draft report being sent.)

### HwSH will share Enter and View reports, as appropriate, with:

- The provider
- Healthwatch England
- The Care Quality Commission
- Commissioners
- St Helens Council Quality Monitoring Team
- The public
- St Helens Council Safeguarding team

#### Disclaimer

Please note that this report relates to findings observed on the specific date stated. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

It is important to note that Healthwatch St Helens approaches Enter & View from the community prespective and its remit is very different from organisations such as the Care Quality Commission and local authority Quality Monitoring Team.

