



# Enter and View Report

**Redwalls Nursing Home**

**Sandiway, Northwich**

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



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## Report Details

<b>Address</b>	80 Weaverham Road Sandiway, Northwich CW8 2ND
<b>Service Provider</b>	Kingsley Healthcare Group
<b>Date of Visit</b>	19 <sup>th</sup> December 2022
<b>Type of Visit</b>	Unannounced
<b>Representatives</b>	Jenny Lloyd Alison Langley Philippa Gomersall Sue Aucutt
<b>Date and detail of previous visit by Healthwatch Cheshire West</b>	20 <sup>th</sup> February 2020

### 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 with nursing – privately owned. Registered for a maximum of 44 service users.

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

**Other Care Provided:** Convalescent Care, Palliative Care, Respite Care

**Group/Owner:** Kingsley Healthcare Group

**Person in charge:** Beverley Davies (Home Manager)

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

**Admission Information:** Ages 50+

**Room Information:** Single Rooms 40, Shared rooms 2, Rooms with ensuite WC 36

**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

Television point in own room

Wheelchair access.

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



# Details of Visit

## Environment

Redwalls Nursing Home is situated in a pleasant village close to amenities. The home is well signposted and easy to find with adequate parking, set in attractive mature gardens.

The building was an Edwardian family home and has been extended over time but maintains many original features.



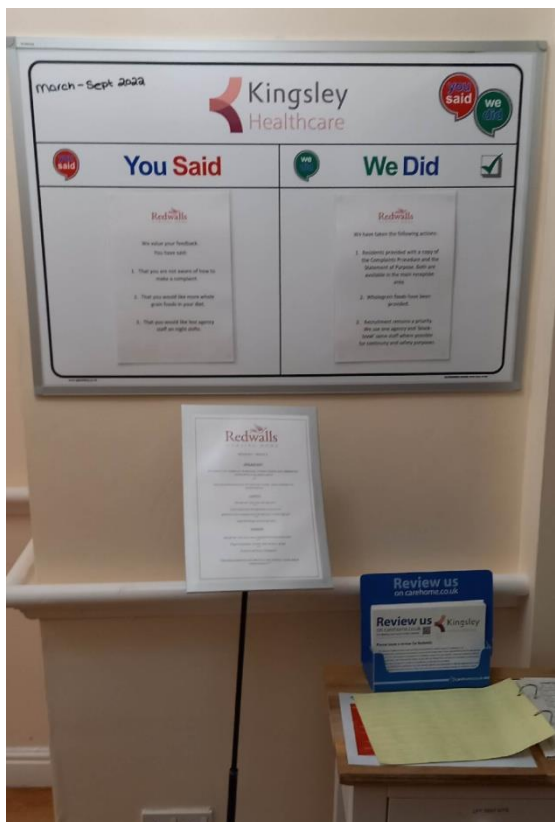
The entrance is secure with a coded key pad and visitors are required to sign in on arrival and out on departure. Healthwatch were warmly welcomed by the Hospitality Manager, Helena, who acts as a liaison for the home for residents, relatives and visitors and is a general problem solver. The role was new when Helena joined 18 months ago and she has been a valuable addition to the team.

Displayed on the wall in the entrance is a chart with the names and photos of all team members.





A suggestion box and a 'You Said We Did' board are on display in the reception area too.



The home is on two levels with staircases and a lift for residents, visitors and staff. It appeared well maintained, clean, with lots of natural light and a warm and comfortable ambient temperature. It has 42 bedrooms, all but two are ensuite, and 36 were occupied during our visit. Residents are a mix of local authority and privately funded individuals.

## Communal areas

The ground floor consists of a hall, library, lounge, a dining room and conservatory. At the time of the visit Christmas decorations and trees gave the home a festive feel and the gas fire in the hall was lit making a cosy and warm atmosphere.

There are attractive displays on the walls including rainbow cut outs of residents' hands and photos of the therapy dog who visits regularly. The dog was owned by one of the residents who particularly enjoys the visits. There is also a board detailing the weekly activities on offer. Areas are well signed with pictorial and written signage. All stairways are gated and secured to prevent falls.



Floors are wooden and many sofas and chairs are leatherette making them easier to keep clean. The furniture is in keeping with the period home as well as being practical and modern. Downstairs the corridors are of a good size to allow the use of walking aids and wheelchairs, with a hand rail running alongside.



The library has a good selection of books for the residents and plenty of seating available. The area can also be booked out for relatives if they would like a private space to meet for specific occasions such as birthday celebrations.

The downstairs dining area is particularly attractive with well laid tables with linen napkins, wine glasses and fresh flowers. It overlooks the front gardens and has a pleasant atmosphere.



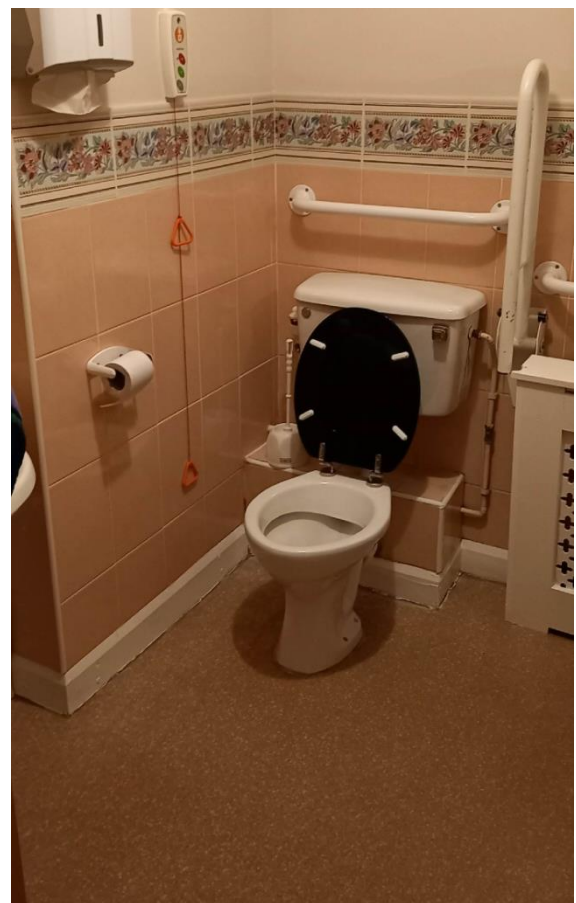
## Residents Rooms

The majority of residents' rooms are located on the first floor. They are a good size, with large windows, most overlooking the gardens and trees with access to natural light. The rooms are personalised and comfortable, one with a dressing area, and others with seating spaces and a sofa. All rooms have call bells and floor sensors are available if required. Outside the rooms are personalised name plates with resident's name and a photo.

On the first floor in the older part of the building the corridors are narrow and floors are slightly uneven with graduations, which is understandable given the age and history of the building. The bedrooms in the Listed part of the building have no ensuite so are mainly reserved for bedbound residents.



There are two bath and shower rooms on each floor which were clean and fit for purpose with bathing aids. There is also a small dining room and lounge upstairs so residents can choose to eat and relax there rather than heading downstairs.



## Outdoor areas

The garden area to the back of the building is secure, has mature trees and plants and appears well maintained. We were told it is well used by residents in the summer months. It has a greenhouse and raised beds for residents who enjoy gardening.

The front garden is attractive, has a spacious lawn bordered by trees and shrubs but is not secure.



## Other Facilities

The home has its own hairdressing salon area and a hairdresser visits every Monday.





## Food and Drink

Food is cooked in house by one of two Chefs and a Kitchen Assistant, and snacks and drinks are offered throughout the day. Healthwatch spoke to the Kitchen Assistant who said “there was plenty to go round” and menus change every three weeks. The new head Chef is committed to only serving fresh food prepared daily onsite.



The Malnutrition Universal Screening Tool (MUST) is used to monitor and manage residents' care. Residents are weighed monthly or more often if needed, or for those less mobile, other measurement tools are used to monitor weight. Meals can then be fortified if necessary.

Residents have a choice of eating in the dining room or in their rooms. During the visit we saw residents both in the upper and lower dining room sitting at the table to eat. Relatives are welcome to join for meal times and to assist with feeding. Protected mealtimes are encouraged. The Manager told Healthwatch that residents' preferences are taken into account.

A menu is displayed in the dining room each day and orders are taken in the morning; however, residents will be accommodated if they change their choice come meal time. Residents have a choice of two dishes.

Breakfast is served at 08:00 and mostly taken in residents' rooms; however, it can be served in the dining room if preferred.





Lunch is served around 12.30 and is the main meal of the day. Healthwatch saw the food which was about to be served which smelt and looked appetizing, with a choice of shepherd's pie or smoked haddock. We also saw some attractively presented soft diet food about to be served.

Tea is served around 17:30- 17:45. The day of our visit the choice was fishfingers and chips or sandwiches, and snacks and drinks are offered throughout the day.

One resident Healthwatch spoke to said the food was lovely, that there was good

choice and that she was always being offered drinks and cups of tea.

We also saw two home-made Christmas cakes on display ready for Christmas day. Staff told us that the company hold a Christmas cake competition each year and that they have won on many occasions.

## Recreational Activities

The home has an Activities Coordinator who works 30 hours per week over three days and a new full time Activities Coordinator is due to start after Christmas. Activities will then be provided seven days a week. Currently additional activities are covered by the hospitality member of staff.

The home has lots of activities including manicures, art and crafts, visits from a therapy dog, baking, flower arranging and a recent outing to a local Christmas fair amongst others. A keyboard and an activity screen are also situated in the lounge where residents can play games, quizzes and jigsaws. Local fundraisers raised the money for the games screen and one lady told us how she enjoyed doing jigsaws on it. For those bed bound the Activity Coordinator will offer one to one activities such as reading, playing games or simply spending time to chat over a cuppa.

Residents are encouraged to keep mobile with regular exercise classes and a local cycle company recently brought in static bikes for them to use.



The home doesn't have their own transport but can access village amenities and the local church by walking/using wheelchairs or the home will pay for residents' transport if needed.

The local Anglican Church is in walking distance and staff often take residents to attend the Sunday service. The vicar also holds a service in the home every two weeks.

We spoke with a resident who said she enjoys the activities and has been involved in making Christmas cards recently. She very much enjoys the interactive screen on which they have quizzes and do jigsaws.

## Residents

All residents appeared suitably dressed and well cared for. On the morning of our visit most residents were in their rooms and many greeted us as we passed by. By 12.30 there were six people in the downstairs dining room and four in the one upstairs.

Residents have personalised care plans which are updated each month electronically and more frequently if required. Relatives are included in care planning and nurses are responsible for their updates. The home also operates a 'resident of the day' system where an individual's care is reviewed monthly, their rooms are deep cleaned and toiletries checked and replenished. The resident can also choose their favourite activity that day.

There are bi-monthly resident and relative meetings but they are not well attended. The Manager said she has an open-door policy and the Hospitality Manager is in regular contact with relatives and friends so feedback is gathered on an ad hoc basis.

Special events are celebrated and relatives can book the downstairs library or conservatory to have private time with residents.

Pets cannot live at the home but can visit.

We spoke with a woman watching TV in the lounge. She said she was very happy at the home. She had lived locally and had no family in the area anymore. She said the staff were friendly and she felt well looked after.

### **Relatives and Friends**

Visiting is open and relatives and friends can join in meal times, sit in social spaces, the garden and residents' rooms. The Manager operates an open-door policy and keeps relatives informed of any changes in care by phone, in person and by email. Outbreaks of illness are well managed; all infection control measures are adopted and relatives kept informed by phone and email. In this case visiting may be restricted to care givers and can only take place in resident's rooms.

There are no specific relatives' rooms allocated for overnight stays, but relatives are accommodated in spare rooms in specific circumstances such as during end-of-life care and this can be arranged with the Manager.

### **Staff**

Staff were welcoming, well presented and friendly, introducing themselves as we conducted our visit. We spoke to several members of staff who all mentioned how much they enjoyed working in the home, felt supported and that it was very much a team approach. They said they would feel comfortable reporting issues they weren't happy with or thought were a risk to resident safety. Staff will double up and help out with different roles if required. For example, nurses will cover carer shifts and the hospitality member of staff will cover activities if needed.

Staff were seen to interact with residents and family members in a friendly, helpful and courteous way.

There are 55 staff members, each day shift has three nursing staff and seven support staff and the night shift has one nurse and four support staff.

The Manager has been in post for 12 months and was previously a Regional Manager so has lots of experience in the sector. Other members of staff had been there for many years. Staffing had previously been a problem but agency staff use has been much reduced and staffing was now at a good level.

Kingsley (the owner of the care home) offers a £500 cash incentive to existing staff if they refer a friend to work there and new staff receive a sign on bonus of £1000. Their hourly rate is the living wage rather than the minimum wage. This is in order to attract staff to recruit and retain. The group also offers pastoral care and staff support and staff can apply for hardship funds.

Regular online statutory and mandatory training is in place with a current 96% compliance rate. Face to face training is in place for lifting and handling and fire safety. The Manager told us about weekly fire drills and monthly fire evacuation drills, as well as emergency face to face first aid training. They had recently had a fire safety visit and had completed any recommendations. They were also investing in new fire evacuation mattresses in the new year.



An 'Employee of the Month' board was on display and staff also told us about their Kingsley Hero party where staff and residents celebrated together and staff were given chocolates or a bottle of wine. Staff spoken to said they felt supported and could express any concerns.

Staff have daily meetings and supervision four times a year. The Manager volunteered that this was a little out of date but they would be back on track in the new year. Staff can attend funerals of residents and are offered support during end-of-life care and following bereavements.

## Promotion of Privacy, Dignity and Respect

Dignity and respect are upheld through personal care undertaken in the resident's room, regular update of care management via the care plan and staff understanding the importance of dignity and respect when caring for residents.

## Safeguarding, Concerns and Complaints Procedure

The home complies with the local authority safeguarding policy and procedures. Should there be a safeguarding issue, the Deputy Manager or Manager would take it forward and notify the relevant parties. All staff members have also had safeguarding training.

The Manager has an open-door policy and aims to resolve concerns or issues as they are raised. They are also shared at the daily meeting with staff members to help continually improve the care provided. The Manager also holds evening surgeries for relatives; attendance is low but she continues to offer this as a channel for communication.

Formal complaints are directed to the Manager who provides a written response within 48 hours and a formal response to the complaint within 28 days. The complaint is logged in their electronic governance system and reported to Head Office.

### **Medication and Treatment**

Danebridge Surgery has a named GP who visits the home every Thursday and more often if required. The home has a good relationship with Frodsham Pharmacy who supplies medicines. Specsavers Optician visits to do eye and hearing tests. Physiotherapy, language therapy, mental health services also work with the home when required and referred by the GP.

A private chiropodist also visits once a week which residents can pay for, otherwise an NHS Chiropodist will visit as required.

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

The care home uses MUST, the 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 home has their own electronic system to record changes in residents' health and the weekly GP visit allows staff to raise concerns quickly.

## Recommendations



Whilst there are pictures decorating some of the walls, photos of local history or reminiscent images could enhance the interior and become talking points for residents.

The floor upstairs is slightly uneven and signage could be considered to help prevent trips or falls.

The menu was displayed in written form. Photos of the food could be used to help

stimulate residents' desire to eat and understand what's on offer.

A relative recommended the staff provide additional information to relatives when the resident arrives at the home, particularly explaining jargon or phrases used within the care sector. An example was 'essential care giver' which the relative was categorised as. She was unsure what this meant within the context of the care home setting. As a newcomer to this setting, she felt more explanation would have helped her to understand her role and that of the different staff on site.

She also suggested the staff liaise more with relatives when treating symptoms. She said this already happens but sometimes when administering to minor ailments the relative may know what's worked well for the resident in the past.

## What's working well?

The owners of the care home, Kingsley Healthcare Group, appear to support their staff well and invest in the care home. They will soon be purchasing some new furnishings and curtains and the manager said she felt able to approach them if improvements need to be made.

The management and staff appear to work very well as a team and the atmosphere within the care home was friendly, positive and calm. The experience of the Manager was apparent and she came across as warm and motivated to create a caring and homely environment. Since the Manager's arrival the turnover of staff and the need for agency cover has reduced.



The building, with its large ornate windows and historic features is very attractive and the quiet mature grounds provides a peaceful setting for residents. The bedrooms are spacious with natural light and views of nature. The dining room was particularly appealing with beautifully set tables and high ceilings.

## Service Provider Response

Thank you for the report relating to the visit completed in December. All residents, staff and relatives spoken to agreed that the visit was positive and supportive.

We have welcomed your recommendations and will endeavour to include these within our home going forward.

Beverley Davies  
Home Manager