

# Chestnut House Care Home

## Enter and View Report

<b>Contact Details</b>	69 Crumpsall Lane, Crumpsall, Manchester M8 5SR
<b>Visit Date and Time</b>	08/03/2023 10:15am-11:15am
<b>Healthwatch Manchester Representatives</b>	Thomas Carr (HWM Staff) Judith Bridgehouse (HWM Staff) Lyndsey Norman (HWM Staff) Zahra Mulla (HWM Volunteer) Katie Sell (HWM Volunteer)



### Disclaimer

This report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

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## Recommendations

The outdoor space should be properly attended to and in doing so the area should be cleaned in order for it to be used safely by residents. This includes removing the plastic sheeting left out in the garden leaning against the building.

At the entrance to the care home, names and job titles should be displayed under the pictures of each member of staff so visitors and residents can identify each staff member's name and role.

Information about which staff are on shift at that current time should be visible in the care home's public areas for visitors, staff members and residents to read.

Handrails should be installed throughout the building; this includes upstairs along the walls to support the movement of residents as opposed to only having hand rails downstairs.

Staff should wear identification badges at all times which contain both their name and job title to assist residents, visitors and other staff members in identifying those who work there.

The visitors' lounge area should be clear and available for use at all times, meaning a separate storage space is required to keep any packaged furniture and other deliveries rather than leaving them to take up space in the visitors' lounge.

There should be a contingency plan in the care home for when agency workers do not arrive at the start of their shift as expected. This would guide the remaining staff on duty to reallocate duties effectively, reducing the pressure on them and ensuring the residents' care is prioritised.

## About us

Healthwatch Manchester is the independent consumer champion for health and care. It was created to listen to and gather the public's and patients' experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care.

Emerging from the Health and Social Care Act 2012, a Healthwatch was set up in every local authority area to help put residents and the public at the heart of service delivery and improvement across the NHS and care services.

As part of this role Healthwatch Manchester has statutory powers to undertake Enter and View visits to publicly funded health or social care premises. These visits give our trained authorised Enter and View representatives the opportunity to observe the quality of services and to obtain the views of the people using those services.

## What is Enter and View?

Local Healthwatch representatives carry out Enter and View visits to health and 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 2012 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, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

In addition, if any member of staff at the healthcare service being visited 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.

## General information about the service

Name of the Care Home: Chestnut House Care Home

Type of Care: Residential

Number of Residents: 18

Description of Facility: 'We focus on providing a safe, homely environment where each resident is treated as an individual, with their social, spiritual, cultural, emotional and physical needs being assessed and met by a competent and well-trained care team'.

Specialism: Nursing and Respite care

CQC Rating: Requires Improvement (Published [here](#) 8 March 2022)

**See Care Quality Commission (CQC) website to see their latest report on this service.**

*\* Care Quality Commission is the independent regulator of health and adult social care in England.*

## Purpose of the visit

The purpose of the visit was to:

- Observe the environment and routine of the venue with a particular focus on how well it supports the dignity of residents.
- Speak to residents, family members and carers about their experience in the home, focusing specifically on the care and any treatments provided.
- Give staff an opportunity to share their opinions and feedback about the service.

## Executive summary of findings

### Summary List of Indicators

Indicators for a good care home formed the basis of the observations and questions (based on the revised indicators from the [Independent Age Report](#)). A good care home should:

- Have a strong, visible management.
- Have staff with time and skills to do their jobs.
- Have good knowledge of each individual resident and how their needs may be changing.
- Offer a varied programme of activities.
- Offer quality, choice and flexibility around food and mealtimes.
- Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.
- Accommodate residents' personal, cultural and lifestyle needs.
- Be an open environment where feedback is actively sought and used.

## Methodology

### Prior to the Enter and View taking place

We informed the care home of our intention to conduct an Enter and View visit a number of weeks beforehand, in order to ensure that they were comfortable with our attendance due to the ongoing COVID-19 pandemic.

All Enter and View representatives have been briefed and have agreed to abide by the Healthwatch Manchester Code of Conduct and Infection Control policy.

An intention to visit (though not the date and time), the purpose and structure of the visit were clearly shared with the provider in writing.

A key contact was identified from the service provider and a schedule for the day was put together with their input, taking into consideration meal times, visiting times for carers and families etc.

The provider was contacted to see if there were individuals who should not be approached or were unable to give informed consent and a comprehensive risk assessment was completed.

The visit was carried out over the course of one hour. The visit date and times are shown on the front cover of this report.

### During the visit

A team of Healthwatch Manchester representatives spent time talking to the staff and residents using an agreed set of questions.

Interviews and observational methods were used to give an overview of this service from a layman's perspective. This data was recorded using standard observation sheets and questionnaires developed by Healthwatch Manchester.

Authorised representatives spoke to three service users and conducted short interviews about their experiences of the service using guided questionnaires. Two members of the staff team were also interviewed.

### **Following the Enter and View Visit**

Immediately following the visit initial findings were fed back to the provider and other relevant parties in accordance with the Healthwatch Manchester escalation policy.

This report was produced within **10 working days** of the visit. An initial draft was circulated to the service provider to enable a response. The service provider was obliged to acknowledge and respond within **20 working days of receipt of the draft report**. The response from the provider is included at the end of this report.

## Enter and View Observations

### The external environment

- Ramp and staircase upon entrance
- Car park right in front of building
- Scaffolding on the side of building
- Plastic waste in the garden area at the back of the building
- The entrance had a doorbell as the door was locked
- There was a sign in book on arrival which we were asked to fill out

### The internal environment

- Walls and floors were different colours, well painted and smooth
- Floor was smooth and had no dangerous raises or ditches in it
- All corridors were uncluttered and spacious enough to get through. However upstairs the corridors were narrower making it slightly harder for two people to go through at the same time
- In the lounge area there were a lot of windows making the room bright with a good view of the outside
- Rooms and corridors were all well-lit and bright
- At the top and bottom of the staircase we noticed locked gates preventing people easily accessing the staircase however this was for safety reasons

### Staff

- Neither the manager or deputy manager were present on the day of the visit for various reasons
- We saw roughly 5 members of staff during our visit. However, there was no certain way we could tell due to there being no indicator of this on the staff board at the entrance
- Whilst there were photos of the staff at the entrance, the display did not show their names and roles to assist visitors in identifying personnel.
- No staff member had a name badge on, the only indicators were uniforms which told us who the carers were and who the other members of staff were
- We couldn't find any information regarding how to give feedback on the staff
- When a staff member entered the kitchen they put on an apron and gloves

### Signage

- Welcome sign was only in English however was friendly and 'welcoming'
- There was no signage in the care home regarding meal times or 'tea trolley' times
- No menu indicators on the walls however in the dining room there were menus on the tables which we were informed were seasonal menus
- There were numerous posters/signage relating to safeguarding services for residents such as 'Say no to adult abuse', Dignity and an abuse helpline support poster
- At the top of the stairs we noticed a sign informing residents not to go down the stairs without support of a member of staff
- There was signage throughout the building containing information about Covid measures/infection guidance as well as information posters about the Flu
- There were numerous fire escape signs as well as alarms throughout the building



- We observed staff members tending to residents' needs and spending time with them during our visit. We saw them laughing with the residents and having a good time
- Room numbers and signs were all in a large, easy read format

### **Responding to people's needs**

- The care home provided a lift from the ground floor upwards for anyone to use including residents and visitors
- There were handrails on the ground floor for residents however no evidence of any upstairs
- There was a treatment room downstairs
- Bathrooms and washrooms both upstairs and downstairs
- There was a visitors' lounge however this was occupied by newly bought furniture being stored in there as it hadn't been unpacked yet
- There were multiple entrances to gardens in the home behind pin coded doors

### **Social Activities**

- There were multiple gardens for residents to use
- The rooms we saw had TVs in them including the main lounge/dining area

### **Dignity and Care**

- The HWM staff completing the Enter and View felt all residents we observed were dressed appropriately
- There was no opportunity to see staff assisting patients to and from their rooms due to the quiet time of day we visited at
- All toilets and bathrooms that we saw were unisex
- There were sanitizer stations at the entrance of the care home for people to use
- A switchboard on the wall which connected to call bells in patient's rooms

### **Overall Atmosphere**

- There was little to no background noise in the care home aside from people's doors being open and televisions playing
- Cosy and comfortable atmosphere in the dining/lounge area

## **Findings from speaking with residents, friends or family members, and carers**

### **Have Strong, visible management**

- The resident we spoke to was happy smiling and in communication with a staff member

### **Have staff with time and skills to do their job**

- The resident told us they felt as though the staff know about their needs and feel like they are looked after
- This resident described their relationship to the staff members as ‘like a family’

### **Be an open environment where feedback is actively sought and used**

- The resident said they don’t like to be moved around too much and so the staff treat them carefully
- The resident said they feel safe and comfortable in the home

### **Accommodate residents personal, cultural and lifestyle needs**

- The home was described as quiet and comfortable at night time, allowing for residents to be able to sleep without noise at night

### **Offer quality, choice and flexibility around food and mealtimes**

- The resident told us that they enjoy the food here and that the staff are aware of their dietary needs and interests

### **Ensure residents can regularly see health professionals such as GP’s, dentists, opticians or chiropodists**

- The resident told us that they can need to see a dentist however the staff member informed us that it is very difficult at the moment to find one.

## **Findings from speaking to staff**

### **Have strong, visible management**

- The senior in charge told us he felt as though he has the full support of his manager
- Another member of staff told us that she has regular supervisions sessions with her managers
- Both of these people told us they felt it was easy to talk to their manager and that she has an ‘open-door’ policy
- Senior told us he can call the manager when she is not around for support

### **Have staff with time and skills to do their job**

- One member of staff told us they enjoy learning every day in work as there are always new challenges to overcome
- Occasionally, a resident’s needs will have changed so their care requires more staff time. This can stretch staff resources

- We were told that the staff are given online training with a new module every Monday. They are also provided with handling/physical training to help manage the residents. This is refreshed every 1-2 years
- One member of staff told us they have been able to get a health and care qualification by working here
- We were told that managers pass over information to the senior in charge and then the seniors feed this to the remaining staff. If a carer has a concern they can raise it to the senior members of staff through residents' care plans
- The handover is done to a good degree; staff aim to arrive 10 min before their shift starts to get the handover note from the night staff or day staff
- Problems or developments regarding residents can be noted in a communications handbook

#### **Have good knowledge of each individual resident and how their needs may be changing**

- It was said that residents and staff 'are like family'
- The senior told us they check the discharge notes from hospital when necessary if they are admitting a resident straight from a hospital to their care home
- The home emails the new resident's family a form to fill out containing their medical history
- The home has also contacted a person's GP before admitting them regarding their medical history to learn about their needs
- A resident's tastes and health care needs are updated via their care plan which staff will update when necessary
- Staff spend a lot of time with the residents and so they can keep an eye on them if their health starts deteriorating, for example their bodyweight changes
- We were also told that residents are weighed weekly or monthly depending on how concerned the home is about a person
- The GP visits on Thursdays
- The senior informed us that residents have pressure cushions and pressure mattresses where necessary
- We were told that most of the health care providers are easy to contact now post covid however GP's sometimes take longer to process the resident's information
- Where required, staff do two hour checks on residents to prevent pressure sores

#### **Be an open environment where feedback is actively sought and used**

- A member of staff told us resident meetings are run regularly and that the home has reviews with family members
- Moreover, staff usually ask a resident for suggestions on how the home can be improved. Recently a resident suggested having their granddaughter come in to sing to the residents at Christmastime
- The senior we spoke to informed us he suggested that carers do fewer care plans however produce more in-depth work on their care plans. This change was adopted by the staff moving forward.
- One complaint was raised that the agency staff engaged to fill roster gaps cannot be relied upon to arrive for work which can leave the other staff stretched

#### **Ensure residents can regularly see health professionals such as GP, dentists, opticians or chiropodists**

- Eye care appointments are done once a year

- Dental appointments are a struggle to get at the moment, these are usually organised when a resident requests it or if there is a problem with someone's teeth
- The member of staff informed us that it is usually the family of the resident who will organise healthcare treatment for a resident
- Staff are given regular oral health training apparently

#### **Offered a varied programme of activities**

- Activities vary from season to season as it is often too cold in winter to do anything outside
- The home does gardening and arranges picnics in the summer
- The home is currently organising a trip to Heaton Park for the summer
- There are indoor activities most days
- The staff try to prompt the residents to take part in activities
- Often the staff will start an activity and encourage people to get involved once it is underway
- The staff also take recommendations from the residents and can provide board games for residents who don't wish to leave their rooms

#### **Offer quality, choice and flexibility around food and mealtimes**

- There is a summer and winter menu
- The kitchen staff go around during the day to ask the residents what they would like to eat
- If a resident isn't eating well then a 1-1 meeting is held with them to inquire about this. Then if necessary this is escalated to a GP
- The home provides a tea trolley with hot drinks and snacks that goes around 4/5 times a day for residents who aren't hungry enough for full meals
- The home also informed us they are willing to cater for lactose intolerant residents

#### **Accommodate residents' personal, cultural and lifestyle needs**

- Nobody in the home is currently particularly religious however the home can provide religious books such as Bibles to residents
- The home organises a pastor from a local church to visit regularly
- The home used to provide Halal food on the menu for residents who were Muslim
- Moreover, the home used to use the activities room for prayer when they had Muslim residents
- They informed that the home is happy to make adaptations for people's religious beliefs

## Response from service provider

Good Afternoon, Further to your email regarding the report and findings at Chestnut House, please see the following response

1. Outdoor space, I can confirm that that the white sheeting has now been removed and the area has now been cleaned.
2. Picture board at entrance, this has since been updated, we were in the middle of taking new photos of new staff that had started, this is why it had not been done at time of visit
3. Information about staff on shift, we have now purchased a white board and staff names will be updated on each shift.
4. Hand rails upstairs, this will be looked into on a refurbishment plan.
5. Staff wearing badges, again these badges were on order and they came a few days ago so all staff have name badges now.
6. Visitors lounge, wardrobes had been delivered on that day and the handyman was at another site and was coming back to put the wardrobes in the residents rooms.
7. Contingency plan, this has now been printed and displayed in the office
8. Scaffolding, there is no scaffolding on our building this was next door which is privately owned.

Thank you for your recommendations they have been noted and acted upon

Kind Regards

Andrea Bower

Manager

## **Acknowledgements**

Healthwatch Manchester would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Healthwatch Manchester would also like to thank our Citizens Reading Panel for their work on this report.



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