

healthwatch

Cheshire East

Enter and View Report

The Westbourne Care Home

18 May 2023



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Report Details

Address	The Westbourne Care Home Cricketers Way Holmes Chapel Cheshire CW4 7EZ
Service Provider	Maria Mallaband
Date of Visit	18 th May 2023
Type of Visit	Announced visit with 'Prior Notice'
Representatives	Mark Groves, Jenny Lloyd, Esraa Jaser, Patricia Cooper
Date of previous visits by Healthwatch Cheshire West/East	29 th August 2019

This report relates to findings gathered during a visit to the premises on specific dates as set out above. The report is not suggested to be a fully representative portrayal of the experiences of all the residents, friends and family members or staff, but does provide an account of what was observed by Healthwatch Cheshire Authorised Representatives (ARs) at the time of the visits.

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 staff and volunteers, who are trained as Authorised Representatives to carry out visits to health and care premises.

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 are circulated to the service provider, commissioner, the CQC and relevant partner organisations. They are also 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 residents, friends and relatives of the named services and understand their experiences
- To capture these experiences and any ideas they may have for change
- To observe residents, friends and relatives interacting with the staff and their surroundings
- To make recommendations based on Healthwatch Authorised Representatives' observations and feedback from residents, friends and relatives

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. On this occasion an exact time and date were not given.

Prior to the Enter and View visit the service was asked to display both the letter announcing our visit and a Healthwatch Cheshire poster in a public area. The service was also asked to share surveys amongst residents, friends and relatives. Members of the Healthwatch team visited the service prior to the Enter and View visit to deliver paper copies of the surveys.

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.

Findings

Arriving at the care home

The Westbourne is a 50 single ensuite bedroom care home, that provides both residential and dementia care. It's located over two floors which can be accessed by stairs or lift. At the time of our visit, they had six empty rooms.



The care home is located on the A54 on the outskirts of Holmes Chapel, within easy walking distance of the centre of the small town. It is clearly signposted from the road with a large easily accessible car park which was not full at the time of the visit. The exterior of the building appeared to be well maintained and neatly presented.

The entrance to the home has a small reception area where visitors sign in and out. Healthwatch were met by the receptionist who was welcoming and friendly. Access to the main home is restricted via a keypad system, visitors are given the password on arrival which is changed regularly for security purposes.

Treatment and care

Quality of care

From our observations on the day and from speaking to the manager and staff, it was obvious they care about the welfare and experience of residents' life in the home.

When asked what the best thing about the care home, the responses from residents we received were:

"I am living a free life, enjoying it in this place."

"The care I receive."

Friends and relatives also highlighted quality of care as the best thing about the care home:

"The care that my grandpa receives."

"The health and self-care."

During our visit, residents who were up, were dressed in day clothes and appeared clean and comfortable.

We heard a number of call bells ringing which were generally answered promptly by the staff; however, we noted one appeared to ring for several minutes before it was dealt with.

The GP visits every week from Holmes Chapel Health Centre. They see residents who require treatment, conduct reviews with each patient every 28 days and will come out in addition if required. The manager said the home tries hard to avoid hospital admissions by utilising the nurses they have on hand within the home and the good links they have with the GP.

The hairdresser comes to the in-house salon every Tuesday and will go to bed bound residents in their rooms if required.



The chiropodist visits every six weeks and optician annually, with additional visits if required. Resident's family arrange dental treatments but the home can contact the emergency dentist if needed.

The home has a relationship with Boots pharmacy. The manager said she's seen a vast improvement with the process of ordering and receiving

prescriptions for residents since electronic prescription ordering came in earlier this month.

Privacy, dignity and respect

As we walked around the home, staff interacted well with the residents, listening and helping them when needed. Residents appeared to be treated with dignity and respect throughout our visit. Residents who shared their views with us said they felt safe, cared for, had privacy, felt respected and treated with dignity. The responses from friends and family generally agreed with this, although two relatives added additional comments:

"Would be good to get a regular update/report to know what happens on the days of no visits. Not sure how often they have baths/showers & are changed (due to incontinence)".

"I keep having to bring matters to the staff's attention- long nails, hair not brushed, relative looking unkept at times."

Understanding residents care plans

The manager stated that all residents have care plans which are updated monthly or earlier if required after daily care has taken place. It's an electronic system which will update and flag when the plan is due to be updated. The manager said that residents have involvement in the care plans along with the relatives. Whilst the people we spoke to didn't mention care plans specifically they were positive about the care they received at the home.

Relationships

Faye Archer has been the home's manager for the last 18 months. Prior to Faye there had been a high turnover of managers and staff and changing staff culture has been Faye's biggest challenge. She said her biggest success to date has been turning the home around, putting residents at the centre of care and making it feel more like the residents' home. She

said she's worked very hard to build the reputation of the home and has a good relationship with CQC and the local authority.

Visiting is open and the manager gave an example of facilitating meetings after 10 o'clock at night for friends or relatives who were working on shifts. Relatives are kept in touch with a bi-weekly newsletter and are invited to a bi-monthly group meeting. Each family member has a key worker who liaises with them regularly and the open-door policy means that they can get in touch and speak to the manager whenever required. If anyone has a complaint they can contact staff members, the manager directly or via e-mail and they can also contact head office or CQC. All the residents we spoke to said that they knew how to feedback compliments and complaints.

"Speak to manager in first instance/social worker and head office."

"Through the manager."

"Talk direct to the manager."

"Reported to the carer first, then to the senior."



The Westbourne uses Facebook well as a window to the home with lots of information on daily life.

Posts from family and friends suggest they appreciate the photos and ability to connect over social media.

Interaction with staff

The manager said she feels that staff have positive and good relationship with the residents which was echoed by all the residents, family and friends we spoke to. The manager gave an example of one member of staff who has his hair styled by one of the residents and the chef who dances with a resident in the dining room when her favourite song is played.

The home is currently fully staffed and agency free, giving more consistency of care which compares to 18 months ago when it was all agency staff.

During our visit we saw staff talking to relatives and residents in a friendly, relaxed and professional manner. Staff were seen chatting informally as well as helping them with daily activities.

Staff appeared happy at work and their uniforms were clean and well presented. Healthwatch noted that at the time of the visit not all staff were wearing name badges.

The care home group is currently trialling a dementia programme which they hope to roll out at Westbourne soon. They will have one additional staff member who will purely provide dementia support to other staff, educating and supporting them to care more effectively.

Connection with friends and family

Whist Healthwatch were carrying out their Enter and View visit we spoke to six family members and friends. All residents we spoke to said they are able to keep in touch with friends and relatives using their mobile phone. In one case the staff helped the resident to phone their family. Most residents said their friends and relatives come and visit them.

Wider Local Community

The home has links with the local junior school and residents were taken along to the summer fair in the past. They also have the junior school choir coming in to sing for the residents soon. The home took part in a local

community event and was voted number one for their community masked hero. This is an area Healthwatch felt could be improved on for the benefit of the residents

Everyday Life at the Care Home

Activities

The Westbourne Care Home currently have two Activities Coordinators, which the Maria Mallaband group (the owners of the Care Home) refer to as Lifestyle Coordinators. Between them they cover seven days per week from 10:00 until 17:00.

They have entertainers booked in every two weeks including an Elvis tribute singer, small orchestra and animal therapy. They take the residents out to the local shops or to the pub to enjoy a singer or quiz but without access to a minibus they tend to stay local.

Many activities are scheduled on a 1 to 1 basis due to the health needs of the residents and take place in the resident's room. The lifestyle coordinator often has zoom calls on her iPad with relatives and family members so they can interact with residents. One example was a weekly call that was arranged with a family in Texas who would not have seen their relative had this not happened.



The home celebrates birthdays and events and recently had a celebration for the coronation.

We saw an activities timetable on one of the noticeboards but it was in small print so not easily readable.

Due to the number of residents with dementia, the level of activities is to some extent limited which is no fault of the care home. Of the residents we spoke to, two said they were not involved in the choice of activities and one did not know.

Relatives we spoke to commented:

"There needs to be better & more activities - they should be better aimed for the residents."

"Although I visit often it's not clear what activities have taken place, even though there's a list. It would be good to know when my relative took part/was engaged. I suggest a diary for each resident."

"My relative is very elderly and dependant on care staff, therefore unable to join in with many activities."

"She can't participate with any of these activities, due to her medical condition she can't speak or communicate with others."

"Due to dementia, my relative wouldn't understand what's available/able to choose."

"There is a note on the wall but relative does not have access."

"My grandpa can't participate in any activity."

Person Centred Experience

The manager said residents are treated as individuals and any new changes in their behaviour or capacity are noted immediately and actions taken to meet their needs. The home tries to meet specific spiritual needs by accessing religious TV channels, playing religious songs and with a visit from the local church over Easter.



The manager shared the story of a family who came in for Christmas Day. They used the cinema room (pictured left) to create a Christmas theme including Christmas tree and TV playing Christmas movies. The table was set up for the whole family to enjoy Christmas dinner together.

This has now been rolled out and family members will be able to book Christmas dinner with the relative at the home if they would like to.

Environment

The care home is bright, spacious and adequately furnished, although the interior feels tired and would benefit from a full redecoration programme. The manager said they are expecting this to happen over the next three years and noted the lounge carpet is an urgent priority. The Deputy Manager did explain that the care home had sought the advice of a Dementia specialist to help them redecorate the home and plans were in place for this.

The manager said she felt it was important that the residents feel like it's their home rather than a clinical setting. Despite the out-of-date interior, Healthwatch felt Westbourne did have a homely feel with comfortable seating available and some furniture still in reasonable condition.



Relatives commented:

"The home is run down; everything is old and out of date. Tables are broken. There aren't enough staff to make the end of someone's life meaningful".

"Décor is becoming very worn and tired".

Almost all residents, friends, relatives and visitors said they were happy with the cleanliness, tidiness and noise levels in the home although during the visit Healthwatch did detect some odours.

Communal Areas

The building has large windows which gives a light airy feel to the home. The corridors are wide and many are decorated with interesting paintings and murals.

There are two large dining rooms, one on each floor and two lounges, one on each floor.



Residents' bedrooms

Residents' rooms are spacious and all have ensuite facilities (a wet room), large windows with plenty of natural light and some overlook the garden. Residents are able to make the room their own and are encouraged to bring their own possessions to decorate. The home also changes wallpaper on request to make their room more homely.



The home currently has a husband and wife in residence who have two rooms one with a standard double bed in and the other they're using as a living room.

Outdoor areas

There are large gardens which wrap around the home and can be accessed from the ground floor dining room.



They appeared well maintained with benches for residents to use. One resident is a keen gardener and is encouraged by the staff to grow vegetables and flowers in a selection of planters. The manager plans to make improvements to the garden area, adding a resin path to help avoid slips and make the area more wheelchair friendly.

Food and drink

The home has two chefs on site and others are trained to work within the kitchen should they need to cover.

Menus are produced each day and are displayed but are in small print and may be difficult for residents to read. The home offers food choices at meal time rather than taking orders in advance which seems to work better for residents as a visual reference.

They will also provide alternatives if required and cater for individual tastes. For example, the manager overheard a resident saying that she fancied tomatoes on toast one afternoon, so she arranged for her to have it later on that day to her delight.



Dietary requirements such as vegetarians or dairy free are catered for.



Staff are encouraged to eat with the residents in the dining room which includes full breakfast every morning. The manager said it's a great time for staff and residents to interact more informally over dinner.

Families can also eat with the residents.

Residents are encouraged to come to the dining room for food or some eat in their rooms. The Manager said it's about personal choice and the home will support the resident's choice if possible. For example, having breakfast a little later if they would like to have a lie in. The manager also gave an

example of a tea party they arranged where ladies had afternoon tea outside, dressing up for the occasion.

During our visit we observed snacks and drinks being offered throughout the day and a hydration point offering water and cordial drinks.

Most residents were satisfied with the food provided at the care home; however, we did receive some negative comments:

The food is poor quality and frozen a lot of the time. Sandwiches are stale bread. Not enough fruit & veg, and freshly prepared meals.

“Residents should be encouraged to drink more water etc to prevent dehydration. More fruit and less biscuits should be given”.

“My mum is often left to eat in her room alone. She can no longer use a knife and fork and often drops her food and drink all over her causing burns. We have had to ask for her to have meals where there is supervision to reduce these risks”.

Healthwatch were concerned when we received the above comment and sort clarification from the care home on this issue.

The care home’s response is below:

“Here at The Westbourne, we try to promote independence, dignity, and respect, giving our residents the ability to choose how and where they would like to eat. We complete risk assessment and care plans in line with residents’ needs and wishes to ensure their safety.

Families have monthly one to one meeting with the key worker to ensure we are meeting the needs of their loved one and are able to address any concerns and put into place actions”.

Care Home Manager

Care Home Best Practice Initiatives

During Enter and View visits, Healthwatch observe which NHS care initiatives have been adopted at the care home. The three we focus on are:

MUST (Malnutrition Universal Screening Tool)	A tool used to identify adults who are malnourished, at risk of malnutrition(undernutrition), or obesity. It also includes management guidelines which can be used to develop a care plan.
Restore2 (Recognise Early Soft-signs, Take Observations, Respond, Escalate)	A tool designed to help staff recognise when a resident may be deteriorating or at risk of physical deterioration and act appropriately according to their care plan to protect and manage the resident.
RITA (Reminiscence /Rehabilitation & Interactive Therapy Activities)	A digital reminiscence therapy with user-friendly interactive screens and tablets to blend entertainment with therapy. It assists 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.

The Westbourne use MUST and Restore2 and were not aware of RITA. The manager took a note to look into it as an option for the future. They do have a projector which can project images onto the floor walls or bedsheets which they use for reminiscing with the residents which provides a similar service.

Recommendations

- The interior of the care home would benefit from redecoration and updating (the manager informed us this was scheduled to take place over the next three years).
- Review the meals provided and consider where improvements could be made in the light of relatives and friends and family comments.
- All staff to wear name badges.
- Develop more relationships with the local community and offer more dementia friendly activities – investigate RITA as a possible tool to help with this.
- Improve the activities plan making it more user friendly and readable. Share activities residents have taken part in with friends and relatives.

What's working well?

- Staff interaction with the residents. From feedback received and interactions we witnessed on the day, staff appeared to have positive relationships with residents. Residents appeared cared for and respected by staff.
- Pro-active approach of the manager and her team. Since Faye, the current manager came into the home there have been positive changes to the culture and reputation of the Westbourne.

Service Provider Response

1. A plan for redecoration has been submitted, and we now await works to be started and continued over the next 3 years.
2. Since the inspection we have held meetings with the hospitality specialist for MMCG and undertook training, the next step is to gain feedback from friends, family, and residents in the upcoming discussion to be held 29/06/2023 to gain greater understanding and knowledge of what foods they would like to be provided. We will then be able to complete new menus in larger print to enable our residents' better access.
3. Since the inspection, all staff have been provided with name badges, and reminded in daily meetings to ensure they wear them. We have also ordered a 'meet the team' board that will be displayed in the home, for residents and families to be able to identify staff.
4. The home manager has investigated RITA and found that we have a very similar program running within our MORE project. Recently one of our lifestyle team has undergone further training since the inspection.
5. Activities planners have been amended, with bigger print and more visual photos, starting soon we will have a daily planner also displayed in large print.
6. We have taken further feedback from the report, and there are daily diaries for each resident's participation in activities. This will be gifted to families at the end of their stay with us.
7. To address further comments within the report, fruit is offered twice daily along with other snacks, cakes, and biscuits.