

# healthwatch

Cheshire East



**Enter and View Report**  
**Carmel Lodge, Macclesfield**

**25 September 2023**

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## Report Details

<b>Address</b>	Carmel Lodge Care Home London Road Adlington Macclesfield SK10 4NJ
<b>Service Provider</b>	Maria Mallaband
<b>Date of Visit</b>	25 <sup>th</sup> September 2023
<b>Type of Visit</b>	Enter & View with Prior Notice
<b>Representatives</b>	Amanda Sproson Jodie Hamilton Alison Langley
<b>Date of previous visits by Healthwatch Cheshire East</b>	May 2018

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](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 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.

### **About Carmel Lodge**

Carmel Lodge is based on the outskirts of Macclesfield.

It is a 36-bed residential home, also providing care for residents with Dementia and Alzheimer's.

The Manager has been at the home for seven years.

We asked the Manager what we should expect to see during our visit:

"We are very proud of everything we do - have nothing to hide and Healthwatch are welcome to look anywhere."

## **Findings**

### **Arriving at the care home**

The home is located on a busy main road, behind a high hedge, and directly next door to another care home. Signage was not clear, and we found the home hard to find.

The building looked tidy, as did the car park.

## Treatment and care

### Quality of care

GP care at the home is provided by Middlewood Partnership GP practice. They come to the home to do a weekly ward round but will come out more often if required. The Manager told us “We have a good relationship with the practice.” They also use an online service where they can enter any concerns and receive a reply straight away.

All five relatives who responded to our survey told us that their loved ones had access to a doctor.

Five of the eight residents who responded told us they had access to a GP. One resident responded that they do not have access to a GP, one resident said they sometimes had access to a GP and one resident did not respond to this question.

The Manager told us they encourage all residents to use Middlewood Practice as that is the GP they are linked with to provide care for residents but, as most residents lived locally the majority are already with that practice (about 90%) If, for any reason, the resident is not local, they would encourage them to use Middlewood Practice.

When asked ‘if a resident becomes unwell and needs additional care, are you able to keep them in the care home, or do they normally go to the hospital?, the Manager told us that in this case, they would ask the nurses and GP to review the resident and they would decide if they needed extra care. In that case most residents would go into hospital. The Home also provides End of Life Care and staff receive the Six Steps training from the End-of-life Partnership.

There are no Discharge to Assess beds in the Home.

There is a hair salon in the home and the hairdresser attends once a week, the day is displayed on a board in the reception area.

All eight resident respondents reported that they use the hairdresser.

There is also a chiropodist who attends every six to eight weeks but will attend earlier if needed. The residents pay for this themselves.



Six out of eight residents responding reported that they have access to the chiropodist, all five relative respondents reported that their loved one had access to a chiropodist.

The Manager told us “We do not have a link to a dentist since the Covid 19 pandemic as the Concept Clinic we linked in with for residents closed. It is hard to link in with a dentist post-Covid so we encourage relatives to organise dental appointments and visits for their loved ones. In an emergency we would contact the NHS emergency dental care line.”

Six out of eight resident respondents said that they had access to a dentist. Two residents did not respond to this question.

The Home has a link with Boots Pharmacy in Macclesfield and the Manager told us that they have a good relationship with them.

The care home has a link with an optician; they have recently changed to One Call 24 Opticians, who visit every six to eight weeks, or earlier if requested.

Six out of eight resident respondents confirmed that they had had access to an optician. Two residents did not respond to this question.

The Manager told us other services that attended the home are: Poynton District Nurses, Community Physiotherapy, Community Dieticians, SALT Team, and Mental Health support. The Manager told us “We feel we have a good relationship with these services.”



Whilst walking around the home, the residents we saw all appeared to be clean, tidy, comfortable and well cared for.

During our visit we did not hear any call bells.

A resident shouted for help and she was attended to straight away.

## **Privacy, dignity and respect**

Whilst walking around the home we observed residents being offered snacks and drinks, this was done in a very caring and friendly way.

Out of eight resident respondents, two said they were very happy with availability of snacks, four reported that they were happy and the remaining two residents did not respond to this question.

Out of five relative respondents, one reported they were very happy with availability of snacks, two reported they were happy, one reported that they were satisfied, and one did not respond.

We observed a staff member checking with another staff member how long a resident had been asleep in a chair.

We observed a resident being assisted straight away when she called for help. This was done in a very kindly way.

Whilst we were in the garden a resident came out and the staff member stopped talking to us and went to the resident straight away to ensure their safety.

All residents were spoken to by staff when they passed by.

All five relative respondents commented that the staff were friendly and caring for their loved ones.

Whilst walking around the home, we did not observe any personal information on display.

When we spoke to the Manager, we asked how the home ensured privacy, and how dignity and respect were promoted. The Manager told us "We always remember that this is the resident's home and remind staff to be respectful of that and to talk to residents accordingly. Staff are also given

training on how to speak to residents and to maintain dignity, privacy and respect. Privacy is important too; for example, we ask individual residents quietly if they need the toilet rather than shouting this across the room."

All five relative respondents commented that they felt their loved ones were cared for, were safe, respected and treated with dignity.

Six of the eight resident respondents said they felt cared for, two said that they felt they were sometimes cared for.

Six of the eight resident respondents said they felt safe, one commented that they sometimes felt safe. One resident did not respond to this question.

Four of the eight resident respondents said they felt they were treated with respect, three felt that they were only sometimes treated with respect. One resident did not respond to this question.

Five of the eight resident respondents said they were treated with dignity, two responded that they were sometimes treated with dignity. One resident did not respond to this question.

Six of the eight resident respondents said that they had privacy and one responded that they sometimes had privacy. One resident did not respond to this question.

When asked about different communication tools, the Manager told us "We have a hearing loop, can print information off in different languages and the Lifestyle Coordinators have Ipads which can be used to translate."

During our walk around Healthwatch did not observe any alternative systems, accessible information, hearing loop or large print information.

### **Understanding residents' care plans**

All residents have care plans; the Manager told us they have "an Electronic Care Plan system. Plans are updated as needed and reviewed monthly."

All residents can have involvement in their care plan. The Home uses a 'Me and My Life Story Book' to find out more about residents to help plan their

care, and their Lifestyle Coordinators chat to residents about their preferences.

The Manager told us that they always try to involve family in care planning by chatting to them as they know their loved one best.

## Relationships

### Interaction with staff

The Manager told us “Staff should be wearing name badges, however, sometimes they fall off as they are magnetic, pin badges were deemed to be dangerous.”

During our visit we did not observe anyone with name badges.

During our visit we observed that all staff were friendly towards residents and stopped to talk. The residents responded to them and there were lots of smiles.

All five relative respondents commented that their loved ones had a good relationship with staff.

All eight resident respondents commented that they have a good relationship with staff.

Some of the comments the residents made were:

“They are friendly and helpful.”

“I get on very well with the staff. ”

“I find everyone to be helpful and pleasant.”

“I have a better relationship with particular members of staff. ”

The Manager told us that “the relationship with residents is really good, we have several members of staff who know the residents well and have been working here for seven, 14 and 20 years.”

Whilst walking around Healthwatch noticed the staff listened and helped and guided residents, they chatted and smiled.

We did see friends and family visiting in the downstairs dining room.

The Manager told us “The relationship between residents, family and friends is very good, we have an open-door policy, and welcome friends and family.”

### **Connection with friends and family**

The Manager told us “The Senior Team ring friends and family to give an update of any changes, visits by health care professionals, and also keep in touch via email and via relative’s meetings.”

The Manager also said “We have open visiting and visitors do not need to book. Unless family and friends are supporting with food, we just ask they avoid mealtimes as we try to have protected mealtimes.”

All five relative respondents commented that they were made to feel welcome.

The Manager told us “if the care home is in outbreak this can have an impact, but we do our best to maintain contact via face time on iPads and window visits.”

The Manager told us that if a family had complaints, concerns or feedback, that they have a process in place and any issues are investigated and acknowledged within 28 days. They also have a ‘you said, we did’ process in place to address feedback and suggestions.

All five relative respondents knew how to feedback concerns to the care home. Two relative respondents stated that they would email the Manager. One responded that they would talk to the staff.

Out of eight resident respondents three responded that they knew how to feedback concerns, five responded that they did not.

The Manager told us “There are friends and relatives’ meetings happening every quarter. ”

## Wider Local Community

When asked what involvement the home has with the wider community, the Manager told us "The Lifestyle Coordinators are working to build community relationships back up since the Covid pandemic when engagement stopped. This includes local schools, churches and cafes."

## Everyday Life at the Care Home

### Activities

The care home has two Lifestyle Coordinators, one who works full time and one who works part time as a Care Assistant and part time as Lifestyle Coordinator. They work every other Saturday and also leave activities that the weekend care staff can engage with.

One resident told us, "The events ladies do a brilliant job".

There was an activities calendar in the reception area; we did not observe one in the rest of the home for the residents to look at.

All eight resident respondents told us that they were kept up to date with activities, via the activity board, staff and the Lifestyle Coordinators.

Activities carried out included crafts, baking, exercise classes, cocktail making, hand massages, music and visits from the petting dog.

There was evidence of activities taking place on photo collages in corridors on both floors.

The Manager told us "There are one to one activities for residents who don't leave their rooms, these include mostly, chatting, hand massages and reading."



	AM	PM
MONDAY 25 <sup>th</sup>	Aqua Paints	Just Bowl
TUESDAY 26 <sup>th</sup>	Silver Swans	Freedom Painting
WEDNESDAY 27 <sup>th</sup>	Oomph Exercise	Draw and Stick
THURSDAY 28 <sup>th</sup>	Relaxing Massages	Canvas Painting
FRIDAY 29 <sup>th</sup>	Making Coffee Mats	Musical Movement
SATURDAY 30 <sup>th</sup>	Salad Art	Mindful Meditation
SUNDAY 1 <sup>st</sup> October	TBC	TBC

Special events like birthdays and anniversaries are celebrated in the Home, with a card and a cake. Relatives are welcome to come and join the residents for a meal in a quieter dining area, with a nicely set table.

All eight resident respondents told us that special events are celebrated; one resident told us they had received a surprise birthday party.

Residents from the care home have started to go out on visits, for example, to the local shop and pub. The Home does not have their own minibus however, they have links with a local taxi firm.

Four out of eight resident respondents had been on a trip locally. Four residents did not respond to this question.

Two out of eight resident respondents had been on a trip further afield. Six residents did not respond to this question.

During our visit we observed the Lifestyle Coordinator undertaking craft activities with residents, and there were two ladies doing art in the conservatory.

## **Person Centred Experience**

The Manager told us they ensure the residents' experiences are person-centred by hosting resident meetings every quarter and using 'Me and My Life Stories' to find out more about them and their individual hobbies and preferences. Healthwatch noticed framed memory board pictures outside residents' rooms with items on display that are important to them.

When asked if they have a resident of the week the Manager told us, "no, we tried it previously, but did not think it worked very well with our residents."

The Manager told us "Managers do weekly walk arounds and ask residents how they are and how staff are meeting their needs, and address any complaints, concerns or feedback."

When asked how resident's religious and spiritual needs are met, the Manager told us "We ask residents if they have any religious or spiritual

needs and accommodate these, especially around end-of-life care. Local churches are also starting to come in again to deliver services after Covid.”

Four out of eight resident respondents commented that their spiritual needs were met, two responded that their spiritual needs were sometimes met. Two residents did not respond to this question.

One resident commented that they liked to watch Songs of Praise and join in the hymns and prayers within the home.

The Manager told us “Residents don’t have pets living in but one of our Lifestyle Coordinators brings her dog in regularly for visits, which is popular.”

## Environment

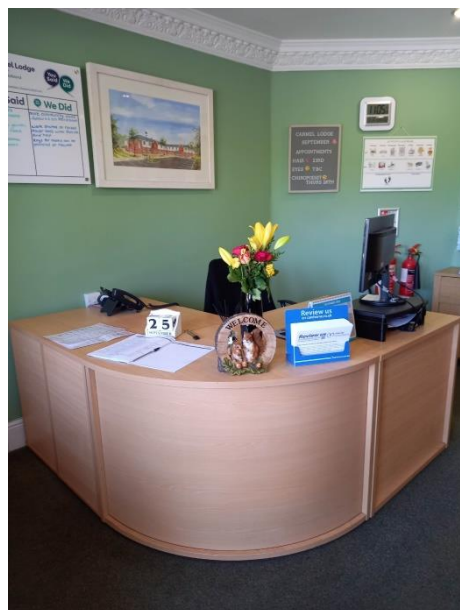
The reception area of the home was spacious and light. There was lots of well displayed information. It was easy to access and find from the car park.

The home was secure; we were let in by a member of staff and were asked to sign in and also to sign out. All doors were secured by a number pad.

## Communal Area

The Home was light and airy. Whilst walking around we observed the dining rooms on both floors which were being set up for lunch. The tables were nicely laid with tablecloths and napkins.

We also observed the conservatory where two residents were doing art; this was a light, airy space with a nice feel. We also observed the sitting room, which was restful; the furniture looked modern and comfortable.



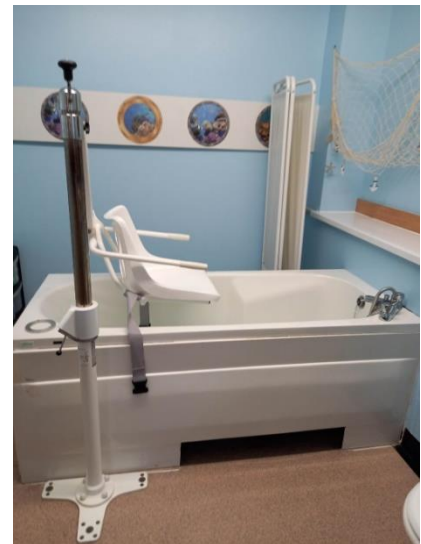
We observed that there were handrails along the corridors on both floors which were wide enough for residents that may have a walker or wheelchair. The corridors downstairs were part decorated as we observed renovations were taking place. The residents had decided what colour the corridors were to be painted.

The home had no unpleasant odours. It was fresh and clean in appearance. The temperature was pleasant, and it was quiet and calm.

We also observed residents' communal shower room and bathrooms, these were clean, tidy and accessible.

Out of five relative respondents, one was very happy with the temperature, three were happy and one was dissatisfied.

Out of eight resident respondents, four were very happy with the temperature, three were happy and one was dissatisfied.



## Residents' bedrooms

The home has 36 bedrooms which are all ensuite. They were of an average size, with natural light. Some have views of the garden.



The residents' rooms have a nameplate on their door; some room doors are decorated to look like a front door.

The Manager told us "Residents can bring items from home to personalise their rooms. This is actively encouraged."





All of the eight resident respondents told us that they had personalised their bedrooms.

When Healthwatch asked the Manager if couples are able to sleep in the same bedroom she told us “We don’t have any couples together at the moment but we would consider this if requested, and carry out a risk assessment to assess if the space was adequate for a couple.”

## Outdoor areas



There is a large garden which the Manager told us “is secure, with a patio and the Home hosts BBQs and garden parties in the summer.”

Healthwatch had access to the garden, and found it to be large, spacious and mainly laid to grass. However, we found the patio area to be cluttered with furniture which was not spaced out very well; we felt that this would not enable residents with mobility issues to gain access to the garden safely.

There were raised planters, however, these were in a state of disrepair; we were told that these were going to be mended or replaced.



The garden looked in need of some maintenance.

One resident told us “I would like to eat my meals in the garden in the summer.”

## Food and Drink

Menus were displayed in a rolling four-week format. One was displayed in the dining room downstairs, and the other was displayed on the wall outside the dining room upstairs. The menus had pictures on them, but these were generic and we did not feel they were a reflection of what was on offer.



The Manager told us that residents chose their meals the evening before, but staff would show the residents show plates before service on the day and residents can change their minds. There are two main meal choices at lunch time, and breakfast is chosen from a selection of items.

One relative respondent commented their loved one could no longer feed themselves, and the staff do a great job of feeding her.

Out of eight resident respondents two were very happy with the taste of food, three were happy and one was satisfied. Two residents did not respond to this question.

Out of eight resident respondents, two were very happy with the choice of food, two were happy and two were satisfied. Two residents did not respond to this question.

Some comments made by the residents were: -

"I would like more chocolate treats and more fresh salmon on the menu."

"I would like more bland food and tinned salmon sandwiches."

I would like to see more pie and mash on the menu."

Some comments made by relatives were: -

“I would like to see more water offered.”

“Snacks are only ever biscuits.”

“I would like to see less chips, less puddings and more fruit, more drinking water and more soups and pasta.”

We also observed in the dining rooms jugs of juice and a water dispenser.



We were told that special diets were catered for and currently include gluten free, diabetic and vegetarian diets. The food is cooked in-house by two chefs and cooking assistants.

All eight resident respondents commented that their dietary requirements were met.

The Manager told us “residents are encouraged to eat in the dining room, but are welcome to eat in their room or lounge areas if preferred.”

“Relatives are welcome to join at meal times and enjoy a meal with their family member. Friday fish and chips is popular.” One resident enjoys food from the chip shop which a family member brings in for them.

The dining rooms were light, bright and airy. We observed the dining room being set up for lunch and the tables looked very attractive.

We observed drinks and snacks being offered whilst we were walking around the care home. The trolley goes around three times a day, however, we were told residents can have as many drinks and snacks as they like throughout the day.

## Care Home Best Practice Initiatives

**MUST (Malnutrition Universal Screening Tool)** which is a five-step screening tool 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.

The Manager told us that this was used and is entered in the resident's care plan.

**Restore2 (Recognise Early Soft-signs, Take Observations, Respond, Escalate)** which 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 Manager told us that this was used and commented, "Staff have been trained to use Restore2. For example, if a carer spots a red area on a resident's skin this is immediately escalated to the nursing team and plans are put in place for pressure area care."

**RITA (Reminiscence/Rehabilitation & Interactive Therapy Activities)** which is one type of 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.

The Manager told us that she had heard of this; however, it is not used at Carmel Lodge.

## Recommendations

- Having healthier options for snacks
- Re-arrange patio furniture to be less obstructive by the patio doors, to allow residents with mobility issues to enjoy the garden
- Make residents aware of how to make a comment, feedback or complaint.

## What's working well?

- Positive staff/resident relationships
- Memory boxes are very person centred
- Residents have input into how the home is decorated

## Service Provider Response