

healthwatch

Cheshire West



Enter and View Report

The Old Rectory

Rectory Lane, Capenhurst

9 September 2024

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Report Details

Address	The Old Rectory Rectory Lane Capenhurst CH1 6HN
Service Provider	The Old Rectory Ltd
Date of Visit	9 September 2024
Type of Visit	Prior Notice
Representatives	Jodie Hamilton Tricia Cooper Jenny Young
Date of previous visits by Healthwatch Cheshire West	6 December 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
- 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.

The Old Rectory

The Old Rectory care home is located in Capenhurst, Chester. It is a small nursing home with 29 beds and provides 24-hour care for older adults living with dementia, offering both nursing and personal care. The home is a two-minute drive from the A41.

The care home has recently had a new extension, "The Coach House", which is yet to be operational. This will offer 12 bedrooms, fully ensuite, and a separate communal and dining area to The Old Rectory.

Findings

The report contains responses from the Healthwatch surveys completed by four relatives.

Arriving at the care home

Environment

The Old Rectory was easy to find and had a big sign at the entrance to the driveway leading up to the building. The driveway was very uneven, with many potholes and a very loose surface. The car park was small and had limited parking. However, Healthwatch representatives could park on the day of the visit. The grounds of the home looked as though they required some attention. Given the condition of the driveway, it was not well maintained. There were steps leading to the building along with a ramp walkway for wheelchair accessibility and for those who are unable to manage the steps. Just outside the entrance was a table that had a daily signing-in sheet for visitors and other information such as how to leave a review on [Carehomes.co.uk](https://www.carehomes.co.uk), plus a quarterly newsletter which, we were told, was due to be updated on the day we visited. The management team offered to send



Healthwatch an up-to-date Newsletter via email, which Healthwatch received.

Inside the building, was a small entrance with a 'Welcome' notice board with a range of different information including the Healthwatch poster, LGBT community information, the activity's current theme of the 1960s, staff photographs, and minutes of residents and family meetings.

Healthwatch representatives were greeted by the home's Manager and Compliance Manager. The Manager gave us a tour of the home, while the Compliance Manager spoke with a Healthwatch representative.

Treatment and care

Quality of care

During our visit, we saw many of the residents sitting in the communal area. They were dressed in day clothes and appeared clean and comfortable. Their personal hygiene appeared to be good. Residents looked well cared for, happy and content.

In the relatives' survey, Healthwatch asked what the best thing about The Old Rectory was and relatives responded:

"The staff make life in the home as enjoyable as possible. They appear to have good relationships with the residents and are very personable. The residents all appear to have dementia, and they manage and communicate with them very well."

"The amazing staff. They care, and it shows."

"Staff interaction"

"Most of the staff"

Relatives were also asked if there was anything they would change about the care home. The following comments were received:

"I would like the people who live there to eat in a dining area. My mum is just in the same seat all day, meals brought to her, meaning she has lost

muscle tone and has to now use a wheelchair to move to her bed. I am uncomfortable visiting, most staff are welcoming but I have to sit with mum in the middle of her circle, so also sitting with the people sat either side of her. Absolutely no privacy. Other residents believing we're visiting them. There are empty spaces/rooms that could be utilised."

"The layout of the communal area. All residents sit generally around the edges of the room, it would be nice to break this up so at least some can sit and look outside/sit in small groups. Also visiting can be uncomfortable especially if a few family members visit at the same time because the visit is usually facilitated in the day room and this can feel uncomfortable."

"Exterior appearance doesn't always look well-maintained and tidy."

"The rooms being decorated"

During our visit, we heard one of the call bells ring which was answered promptly by the staff. The Manager explained that they do not get many call bells ringing during the day as most residents are out of their rooms in communal areas.

Healthwatch asked the Compliance Manager various questions regarding care provision at The Old Rectory. They shared *"We have a weekly ward round carried out by a senior nursing practitioner at Great Sutton Medical Centre. The GP comes only if we call them out. We would find a ward round by a GP beneficial."*

When asked if residents could stay with their own, we were told this was a decision made between the residents and their GP.

Healthwatch asked if a resident becomes unwell and needs additional care, are they able to try and keep them at the care home or do they normally go to hospital? The Compliance Manager explained *"On admission, we ask the resident and their relatives what their preferred care is. They complete a Preferred Priorities of Care Document (PPCD) which is based around end of life. We like them to stay here if possible."*

The Old Rectory does not have a hair salon; however, a hairdresser visits weekly, and a chiropodist comes to the home every six to eight weeks.

They do not currently have any links with a local dentist. The Compliance Manager told Healthwatch *“We can’t get an NHS dentist to see our residents. For residents who do see a dentist, this is arranged by family if needed.”*

Vision Care at Home is the optician that visits the home, and they do yearly reviews and visit the home when there are new admissions.

The Home has links with a pharmacy, *“We use Galen Pharmacy in Neston which is very good. They will drop off items if we request them.”*

Other health services who visit The Old Rectory include dieticians, speech and language therapists, tissue viability team, and infection control. Also, social services come to do DoLS and capacity assessments.

Privacy, dignity and respect

Whilst we walked around the home, the staff seemed to interact well with the residents, listening and helping them when needed. Residents appeared to be treated with dignity and respect throughout our visit.

In the surveys, a relative indicated that their loved one’s dignity was not maintained. *“I feel she is mostly cared for, very occasionally looking unkempt or in need of a shower etc.”*

Three other relatives said that they felt their loved one’s privacy and dignity were respected. One relative shared,

“The staff are extremely friendly and helpful.”

The Compliance Manager told Healthwatch that privacy, dignity, and respect are promoted in the home, and to ensure this

“All our staff have online training in privacy and dignity when they start, and on a quarterly basis the management team carry out soft observations of staff interaction with residents.” The Manager added that *“group living is not a natural environment for most, and we check if staff are knocking on*

doors before entering rooms. We've done a lot of work on LGBTQ issues and have provided staff training around this."

Regarding accessible information, the home looks at the resident's needs at the preadmission assessment. They have large print documents, including menus and their complaints policy. We were told they are in the process of making a video of their Service User Guide (currently it is in the standard paper format).

Healthwatch did not see any personal information on display in the home. We did observe residents playing bingo with a large print easy-to-read bingo card.

Understanding residents care plans

All residents' care plans are updated monthly as a minimum, or more regularly if there is a change in their condition, for example if they go to hospital.

Healthwatch asked if residents are involved in their care plans, and they explained,

"If we can, care plans are written with residents' involvement. If they don't have capacity, we invite families to be involved but some relatives don't want to be involved. If we make any changes to the care plans, we update the families with these. Every January, we contact all relatives to see if they want to book in for a formal care plan review."

In the quarterly newsletter, relatives are encouraged to let the staff know if they would like a care plan review for their loved one. This could be done in person, via the telephone and email.

Relationships

Interaction with staff

On the day that Healthwatch visited we witnessed positive interaction between staff and residents. The interaction between the Manager and the residents was very heartwarming and caring. They knew the residents and it was clear that the residents warmed to the Manager and were comfortable in their presence. One resident we saw was bedbound and the Manager spoke softly to them, holding their hand whilst explaining who we were and that we were there to have a look around the home. The resident appeared comforted by this.

The Compliance Manager shared with Healthwatch,

“We have a compassionate relationship with residents, we are their friends. During the Covid period, we were their family. The residents gravitate towards the Manager. “

Management shared with us that they have an open and honest relationship with residents’ friends and family. They hold relative’s meetings twice a year, but they are not well attended. The home also has a family support group that gets together quarterly, for information meetings where families support each other. The Old Rectory has received funding to create a booklet for both relatives and residents which they plan to call “What I wish I knew beforehand”.

During our tour of the building, we observed staff chatting with residents whilst they were eating their lunch and assisting residents with their needs.

A relative shared in the survey when asked if their loved one had a good relationship with the staff:

“Staff take the time to get to know the residents, and especially their likes and dislikes. Staff listen and actively watch to ensure residents are content and well-provided for.”

Another relative shared *“On the whole a great staff team. I have only witnessed one member of staff not communicating effectively with the residents.”*

Healthwatch asked if staff wear name badges, and the Compliance Manager responded,

“Some staff wear name badges but it’s up to staff. We didn’t want them to wear uniforms, but we trialled it elsewhere and the residents preferred the staff to wear them.”

Connection with friends and family

We asked the Compliance Manager how they kept friends and relatives in touch with residents, and they explained they keep in touch with their loved ones in different ways at The Old Rectory. They can visit and use mobile phones, Skype, Zoom and so on. The home has an iPad that residents can use.

For those wishing to visit residents, the Compliance Manager shared *“We have an open-door policy and visiting can take place anytime. Mealtimes are not protected but residents are priority then as it’s all hands-on deck. We encourage family to visit either in a quiet room or their bedrooms, which works better than in a communal room.”*

If there is a health outbreak in the home, the Manager explained visiting would continue as usual but the home would encourage relatives to limit their visits or to nominate one person.

During the time that Healthwatch was at The Old Rectory, we did see visitors at the home. A Healthwatch representative was invited by the management to speak to one relative, and they shared with us that they thought the best thing about the home was,

“The staff are fantastic, really good. My mother is comfortable, peaceful and calm. The management have been great, they have also supported me. I

really struggled at the beginning having not been in this situation before; they were really understanding and helpful. You can visit any time of day and nothing is too much trouble for the staff. "

The Old Rectory provides a quarterly newsletter for relatives and residents, in one it states that there may be information repeated as things do not change from day to day. Healthwatch was given a copy of April's newsletter and was emailed July's.

Wider Local Community

The home has various links with the community. The local primary school comes in and sings to the residents three times a year; the local scout group has visited during the summer to help with the garden; a brass band comes to play regularly too. *"We had a summer fair at the end of August and the local community came in to help raise funds. We have land around the home and we would like to use this land as a community allotment."*

Everyday Life at the Care Home

Activities

The Old Rectory has two full-time Activities Coordinators who cover seven days a week, with one lap over day. Healthwatch did not see an activity planner around the home but in the newsletter, it states,

"We are aware that our ladies and gents' cognition vary greatly, this can make activity planning difficult at times and means that we cannot get too far ahead of ourselves and that things can change quickly. Many of our ladies and gents really enjoy group activities whereas many of our ladies and gents prefer one to one activity in the comfort of their own bedroom."



Healthwatch asked the Compliance Manager what type of activities are available for the residents, and they told us,

"We have a weekly theme and daily activities, with posters displaying these around the home. We use RITA for various activities including a "Higher and Lower" card game. Beauty care and massages are given to residents who wish to have them and we do chair based exercises. Boo's Zoo come in every six months or so."

When Healthwatch arrived at the care home and during our tour we witnessed the Activities Coordinator playing bingo with the residents. The activity was well attended with many playing on an enlarged bingo card.

Residents are involved in choosing what activities take place and the Compliance Manager told us,

"There are monthly residents' meetings where they discuss the monthly activities, food and menus."

For those who are unable to leave their rooms or prefer one to one activity, staff provide Namaste care, for example, placing their hands in the sand to feel the texture and provide a calming experience. *"We encourage staff to interact with those in their rooms and for care staff to do activities such as brushing a resident's hair."*

Management shared with us that they celebrate various events such as Father's Day, birthdays (cakes are made for residents), Halloween, the Grand National and Eurovision. The home also takes residents out for the day.

“We have taken our residents to Chester Zoo in the summer; we walk around the village and go into the garden. We hire a minibus if we go on outings and fundraise for these activities.”

Person Centred Experience

We asked the management how they ensured residents' experiences were person-centred and we were informed that, on admission, residents or relatives complete a form outlining likes/dislikes, wishes, goals and how residents would like to maintain their independence. Staff tailor activities around what people enjoy. One resident likes Elvis so staff have dressed as the singer and played Elvis's songs. Another, who is a football supporter, has had their room decorated in the team's colours. *"This involvement is only as good as the information we receive."*

The Old Rectory has 'resident of the day' and resident of the day is decided by whoever's care plan review is due on that day.

If residents wish to raise complaints, concerns, or feedback, the Compliance Manager explained that *"those who can will tell us if they have any concerns. Those unable to communicate rely on staff's eyes and ears. We also have a whistle blowing policy."*

Management shared that a local church comes in to give Sunday service and communion each week. Families can provide information on any religious and spiritual needs on the next of kin contact form.

The Old Rectory allows pets in the home and currently has a tortoise, and one resident has a bird in their room. Management said, *"We would like to have some chickens too."*

Communal Areas

The Old Rectory is furnished and fully equipped for the residents' needs. It is clean and tidy but it is obvious it needs a little work as some areas are looking tired (this is mainly corridors).



The corridors on the ground floor are narrow but wide enough for residents to walk down with a walking aid or in a wheelchair.

There are communal showers and toilets on each floor of the home. The shower rooms and toilets were on the smaller side but adequate for the needs of the residents. On the ground floor, we noted



one of the showers was out of order. On the second floor, the shower room was cluttered, and it did not seem to be in use. We asked how residents receive personal care on this floor because the room looked unable to be used and we were told residents on the second floor were bedbound so they generally received personal care in bed.

There is a main lounge, a quiet lounge and snug area. We were unable to take photographs of the communal areas as residents were using them. There was suitable seating, tables, and plenty of space for residents to move around if needed. All the communal areas were clean and tidy.

There was a small area that had some dining tables and seating which we thought was the dining area. Tables are moved from this area into the lounge at lunchtime.

There is a communal lift that takes residents between floors when required and staff stairs which are secured by a code. Many of the doors were secured via a keypad code throughout the home.

Residents' bedrooms

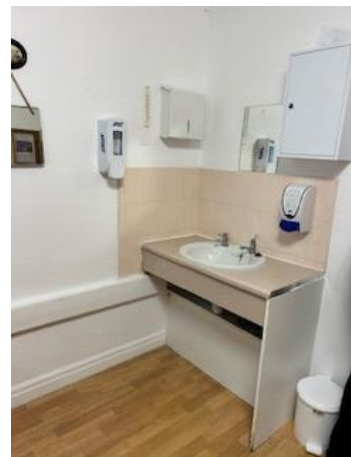
There were 29 bedrooms, none of which were ensuite. All rooms had windows with plenty of natural light, and some looked out over the gardens.

Residents can make their rooms feel like their own with personal items and furniture, and the Compliance Manager told Healthwatch,

"We encourage our residents to make their rooms feel like their own and all rooms are very different. Some residents will want only a few items because they don't think they are staying long term."

Healthwatch observed there were items such as photographs and personal belongings in bedrooms.

At present The Old Rectory has single occupancy rooms, however, if married couples would like to share a room there are two rooms upstairs and two downstairs which could accommodate couples who wish to share.



Outdoor areas

The Old Rectory has a back garden; Healthwatch accessed the garden from the front of the building and there was a locked secured gate that we entered through. There was plenty of seating with a patio area and a grass area. We were told that weather permitting, residents are encouraged to go outside.



Food and drink

The home has its own catering staff and currently, all food is homemade. Residents can choose their meals from a pictorial menu that staff take around in the morning. It was explained that there is flexibility regarding choices because residents can change their minds when the meals are served.

Healthwatch saw pictorial menus on display in the care home and witnessed residents being served their meals at lunchtime.

There are two choices, one of which is a vegetarian option, for each meal. The home also has an alternative menu which can include jacket potato, omelette, soup or sandwich for those who do not wish to have a dish from



the main menu. Management shared when asked if the home caters to dietary requirements

“We cater to any dietary requirements, including diabetic diets, those with different textures and modified diets.”

The meals looked of a good standard and good portion sizes Residents appeared to enjoy their meals and we saw staff assisting residents who needed help in a dignified way. All staff wore PPE when serving meals to the residents and meals that were to be taken to residents in their room had a plate covering over the meal.



Management explained they have dining tables they use but that many of the residents like to eat where they are sitting. They try to encourage residents to get up and sit at a table.

Residents’ relatives were asked how happy they were with the quality, taste, choice, and quantity of food and snacks and drinks available. The findings are in the table below.

quality of food	taste of food	choice of food	quantity of food	availability of snacks	availability of drinks
Satisfied	Satisfied	Dissatisfied	Satisfied	Don't know	Satisfied
Don't know	Don't know	Don't know	Don't know	Don't know	Very happy
Satisfied	Satisfied	Satisfied	Happy	Happy	Very happy
Don't know	Don't know	Don't know	Don't know	Don't know	Don't know

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 Old Rectory uses all the above initiatives. While Healthwatch visited the home we observed 'Rita' in use, residents were playing bingo with the Activity Coordinator. Management shared

"We have documented information on how residents' wellbeing has improved whilst using RITA."

Healthwatch asked Management what have been their biggest challenges? They responded

“Our biggest challenges currently are being unable to engage with an NHS dentist and a reduction in social care funding. Along with the cost of staff and increased energy bills, there is less money to put back into the home to carry out renovations, repairs and for equipment. Families must buy their loved ones walking frames for example.”

Healthwatch asked Management what their biggest success has been to date? and they responded

“Our residents are very happy, and also our staff. We have a low turnover of staff.”

Recommendations

- To carry out pothole repairs in the drive as soon as possible to prevent trips or cars being damaged (financed through fundraising if cost is an issue?)
- We understand due to the rural location of the care home and poor public transport that visiting may be difficult, however we feel families should be encouraged to attend the relatives' meetings. There could be an incentive by providing refreshments, quizzes, etc (possibly a cheese and wine evening).
- In addition to the chair-based exercise activities, staff should try to encourage residents to move around more, to get up from their chairs periodically if they are able, to help strengthen their muscles, and improve their balance and mobility.
- Encourage residents to use the dining area/table instead of sitting in the same chair for most of their day (relatives' recommendation). Relatives would like to have more privacy when visiting; consider using alternative day room (quiet room) for this purpose.
- Have Activity planners displayed in multiple places around the care home.

- De-clutter the Bathroom/shower room upstairs to enable its use.

What's working well?

- Communication with relatives of the residents is good.
- Good person-centred care approach to residents.
- Staff and management have the resident's best interest and care very much for the residents.
- Good use of Rita technology.
- Communal areas of the home well attended by residents.
- Newsletter holds lots of useful, helpful information.
- Friendly staff.

Service Provider Response

Service Provider Response

**** to be completed by the Care home manager and returned via email****

Recommendation 1

To carry out pothole repairs in the drive as soon as possible to prevent trips or cars being damaged (financed through fundraising if cost is an issue?)

Service providers response

We have commenced this work, materials and equipment have been bought so this can be kept on top off.

Action

To continue to repair potholes as they arise

Recommendation 2

We understand due to the rural location of the care home and poor public transport that visiting may be difficult, however we feel families should be encouraged to attend the relatives' meetings. There could be an incentive by providing refreshments, quizzes, etc (possibly a cheese and wine evening).

Service providers response

We have always provided refreshments for all meetings, and cheese and wine, mince pies etc if near Christmas, and we will continue to persevere in attracting visitors to our relative meetings and our quarterly support groups.

On a positive our fundraising events are always well attended and there are several across the year, and feedback from relatives does confirm they feel up to date with what is going on in the home.

Action

To continue with relative meetings and support groups and ask feedback from relatives if they would prefer an alternative format such as a Zoom meeting?

Recommendation 3

In addition to the chair-based exercise activities, staff should try to encourage residents to move around more, to get up from their chairs periodically if they are able, to help strengthen their muscles, and improve their balance and mobility.

Service providers response

The residents mobility needs and wishes and risk assessments are completed individually and followed by the staff.

Action

To continue with individualised care and provide it depending on residents needs and wants and abilities.

Recommendation 4

Encourage residents to use the dining area/table instead of sitting in the same chair for most of their day (relatives' recommendation).
 Relatives would like to have more privacy when visiting; consider using alternative day room (quiet room) for this purpose.

Service providers response

Based on this feedback we have decided to use the quiet room as a new dining room to enhance the mealtime experience for residents, as well as having a dedicated visiting area. The quiet room has always been used for visiting, as well as residents bedrooms for those who want some privacy, we will add this to our admission pack to make families aware.

Action

Add above information to our admission pack

Recommendation 5

Have Activity planners displayed in multiple places around the care home.

Service providers response

Activity planners were on display

Action

To ensure that activity planners are more visible, perhaps in a larger format

Recommendation 6

De-clutter the Bathroom/shower room upstairs to enable its use.

Service providers response

Done

Action

N/A