

healthwatch

Cheshire West



Enter and View Report

Winsford Grange

Station Road Bypass

Winsford

23 September 2024

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Report Details

Address	Station Road Bypass Winsford CW7 3NG
Service Provider	Park Homes
Date of Visit	23 September 2024
Type of Visit	Enter and View with prior notice
Representatives	Tricia Cooper Jodie Hamilton
Date of previous visits by Healthwatch Cheshire West	6 th March 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.

Winsford Grange

The home is located on the outskirts of Winsford and provides residential and nursing care, with a capacity for up to 60 residents. There are four units, however, one was closed (due to a lack of occupancy) and there were only 41 rooms in use at the time of our visit. Winsford Grange has been under new management since mid August 2024. Healthwatch representatives were given a tour of the home by one of their activities coordinators and spoke with the new manager.

Findings

Arriving at the care home

Environment



The home is on a main road leading out of Winsford and has a large sign which was obscured somewhat by overgrown bushes, and a smaller sign. The building is purpose built with a small car park near the front entrance, and a good sized overspill car park for staff and relatives to use. The garden had been maintained around the front of the building.

Healthwatch representatives had to ring a bell and sign in on a visitor sheet before entering the main building. There were review cards for carehome.co.uk, Winsford Grange leaflets, a CQC report, where to find first aid boxes and 'your opinion matters' information in the reception.

However, there was no sign of the Healthwatch posters or surveys which had been dropped off with the former manager in June.

The front foyer had a seating area, with numerous photographs of residents and a remembrance tree. There was a lost property rack to help relatives find their loved ones' misplaced clothes. We were shown a



door/hatch which is for an outdoor “coffee shop” where relatives can order hot drinks, for a small cost, and share these with their loved ones when the weather is fine (cushions and blankets are provided). Snacks such as crisps, chocolate bars and crumpets are also available and displayed on a menu on the reception door.

Treatment and care

Quality of care

The manager told Healthwatch that during our visit we should be seeing organisation, dignity and respect and staff using appropriate language in the home. They explained how they had recently held a role play event with staff on what was suitable language to use with residents and other members of staff.

The residents we saw in communal areas were dressed in day clothes and looked well cared for. One resident was being taken through the corridor who appeared to have spilled some of his breakfast down his top but we could not say if they were being taken for a change of clothes or not.

During our tour of the building we did not hear any call bells, but most of the residents were using the communal lounges at the time.

The home no longer has a hair salon because it has been turned into a sensory room (a calm area with two large bean bags, normally used twice a week). However, a hairdresser comes in to visit residents every four to six weeks.

Winsford Grange has a visit each week from a GP from Willow Wood Surgery. The Manager explained there is consistency with the same GP attending, and claimed they have an excellent relationship with them and can contact them directly if the home has any issues or concerns.



Residents are able to remain with their own GP when they move to the home but Willow Wood is the local practice so residents tend to be registered with them.

“Winsford Grange is a nurse led home and the nurses triage residents depending on symptoms and conditions. We try to keep residents in the home whenever possible but will use 111/999 emergency response when needed.” (manager)

The manager explained their experience of hospital discharge has been fine since they have been at Winsford Grange in the last couple of months. When asked if there is anything that could be done to reduce hospital admission, the manager stated *“No, our residents are very frail and vulnerable, so we need this resource of being admitted to hospital.”*

They also shared they are not currently taking on a new admissions until all CQC concerns are addressed.

The home has no links with a dentist but we were told it has the opportunity to register residents with a dentist, but there was no guarantee they will be able to actually see a dentist. If a resident is in pain, staff would call the dental emergency number.

The manager explained they changed pharmacy recently, with the previous one being based in Bradford, and now use the local Well Pharmacy. *“We have been able to get hold of everyone’s medication for the first time this week.”*

Regarding other health services which visit, these include Speech and Language Therapy (SALT) and mental health teams, physiotherapist (residents need to be referred by the GP) and dieticians.

A chiropodist comes in every six weeks and they use two opticians.

When asked in the survey if they feel their loved one is safe, one relative responded *“debatable when you have one carer for so many.”* However all five relatives who completed the survey answered “yes” when asked if they felt the person they are visiting is safe.

Privacy, dignity and respect

The interactions we observed between staff and residents were positive. On two occasions the activities coordinator halted showing us around the home to put the needs of the residents first.

At lunchtime we observed a person centred approach, with staff asking residents what they would like to eat from the two meal options, and residents were welcomed warmly into the dining area and assisted where needed. One member of staff helped a resident with their food, at their own pace and with their dignity respected.

We observed staff had good communications with residents and made them smile on many occasions. We could see the good relationships built between staff and residents.

When asked how they ensure they promote privacy, dignity and respect in Winsford Grange, the manager explained staff should knock before entering bedrooms, use appropriate language and smile. *"Staff should be asking residents "Are you ready to eat" rather than "Open your mouth" and "This is to protect your clothes" rather than "This is your bib"."*

A relative shared *"His dignity seems to be maintained. We did ask the home to stop taking and posting photos of my husband, and they did respect this."*

"He's using someone else's shaver in his room (I'd bought him a new one)."
(relative)

"He struggles with personal care and we have spoken about sometimes letting him cover himself with a towel." (relative)

"Don't like personal care". (relative)

"No chance of privacy as they are all together." (relative)

We were told the home uses large print for documents where needed, and they will be introducing pictorial menus. Though we saw no evidence of large print during our visit.

Understanding residents' care plans

The manager told us each resident's care plan is updated every month and during resident of the day when the nurse will evaluate the individual's plan. Each day there are three residents of the day, one from each unit. If they have capacity, residents can have involvement with their care plan, or if unable staff will try to engage with family. *"We are introducing key workers who will provide a summary of what's happened over the last month to relatives."* (manager)

Relationships

Interaction with staff

When asked about relationships between residents and staff, we were told by the manager *"it was about knowledge of the residents, resulting in staff being able to have a better approach."* They explained Winsford Grange uses agency staff but the number has decreased recently, from around 50% in July to around 10% at the time of our visit. The manager also said the home uses an electronic handover system, monthly staff meetings, one to ones with each other and supervision of staff to ensure information is shared. Agency staff are responsible for keeping up to date with their training, and the agency company provides a profile of training for each individual.

"Since the recent [CQC] inspection, we have held monthly family meetings which are well attended. We have a 'You say, we do' approach, and families have spoken highly of staff during these meetings. These will eventually revert back to every two months. We also have daily staff huddles, Monday to Friday, with all departments including maintenance, cleaning and kitchen staff, and nurses." (manager)

When asked if the relatives have a good relationship with the staff, the answers in the surveys included:

"Sometimes. Some walk in and out."

"Except an ongoing issue with one carer, still hasn't been sorted even after a management meeting."

"He has a good relationship with most of the regular staff but can struggle with new staff or when there is a language barrier."

"My mother has the capacity and can cope better than most but a lot of carers have communication difficulties which proves a problem to receive what they need."

Staff were not wearing name badges at the time of our visit and the manager shared it was not company policy. Staff appeared happy, friendly and approachable.

During our tour of the building we observed a member of staff gently touching a resident's head and staff interacting very well with friends and family. During lunch some family were eating with their loved ones and staff and relatives were very chatty.

Connection with friends and family

The manager shared that friends and family can keep in touch with residents by email and visiting, and through Facebook (the home has a private family group). Visiting is flexible and can take place at any time. *"We have a quiet room and the activities room which can be used by relatives and residents to have a sit down and drink with each other."*

We saw relatives visit their loved ones (two of which were relatives of a staff member working at the care home) during our visit and we received responses from the Healthwatch survey. When asked what they thought was the best thing about living at Winsford Grange, and anything they would change, they shared:

"Staff - they are always lovely, and lovely with my husband."

"The caring staff & activities."

"Being looked after"

"Care & staff"

"My husband has vascular dementia and is looked after 24/7 with the upmost care."

"I would like more feedback on him, about his weight. The opticians visited, which I didn't know about at the time, and he's not had his dental plate in since being here."

"More entertainment, more interaction in the day room (depends on staff, the two activity ladies are great at interaction and some of the care workers but not all)."

"More staff for the unit, sometimes two on duty is inadequate for the needs."

"Sometimes his phone is taken away from him and not given back which is concerning. He can't call out but we just call him a few times a day which makes him happy."

"Back garden if the gardener actually cuts it (was a resident's family)."

"More tv options, more tvs."

Winsford Grange has a complaints procedure which includes how to whistle blow and raise safeguarding concerns. They plan to introduce an easy read copy in their welcome pack. When asked if they know how to feedback comments and concerns, one relative said they *"go to the front desk."*

"Hard to get a complaint sorted, you get a yes but never happens."

If there was an infection outbreak in the home, the manager explained that it was the families' choice if they still wished to visit, but they would advise relatives to stay away if possible.

Wider Local Community

When asked about their involvement in the wider community, the manager shared they would like the local school to start visiting the home. They also said Morrisons have donated flowers and a bible study group visits the home each week.

Everyday Life at the Care Home

Activities

There are two activities coordinators at Winsford Grange, who work 56 hours between them, Monday to Friday. However, the manager explained they would like to change this to include Saturdays being covered. They provide bingo sessions every Tuesday and Thursday afternoons, and friends and family are invited to join in. We heard from one of the activity coordinators that these sessions were well attended. They also offer one to one pampering and have singalongs.

Healthwatch saw a three week activity planner on the wall and asked the coordinator how residents are meant to know which week they are on. The activity coordinator told us that this planner was not in use because they preferred to ask residents what activities they wish to participate in each day.

Residents are told what activity opportunities are available throughout the day and offer them to those that wish to be included. The manager shared *"We like to encourage residents to attend so they are involved"* and that they discuss the activities with those who have capacity at the resident meetings held every three months. Moving forward they would like to use surveys to ask residents about activities, food and the home environment. *"These can involve family and friends who can be the residents' representatives."*



Special events such as birthdays and Halloween are celebrated at Winsford Grange, and when we arrived, the activities coordinator was making some Halloween decorations with residents in the activity room. There was a timetable on display on the notice board, and the coordinator explained it was not set in stone and it was the residents' choice regarding what they would

like to do. The coordinator stated the activities team goes around and visits the residents in the morning to see what they would like to do on that day, and the team goes from there.

"A list of activities in the bedroom would be useful with times and dates, then family can encourage and attend. I do use the Facebook group for updates." (relative)

The activities coordinator was keen to show us on the home's private Facebook page some things that have been taking place. However, we did not see any evidence of these around the home at the time of our visit.

The manager shared that they take residents out but not as often they would like. They hope to increase this in the future. The home has a minibus it requires an MOT. However, whilst being shown around, the Activity Coordinator commented that it had not been operational for around 18 months.

Relatives comments included:

"I don't know if they do one to one activities with my husband. He's not interested in doing group activities. He needs to get out of his chair and he needs physio. He gets nothing and I feel like he's slipped through the net."

"He would love to go out on a day trip."

"I would like him to get out more but he's not mobile (he uses a wheelchair which I can't push). He's never taken on outings and he's never had physio. I would like him to move more out of his chair around the home and have a better quality of life inside and outside the home."

"Grandad said he would like to go out more - sometimes need encouragement off family."

"He doesn't like shouting from other residents."

The manager told us that pets are allowed to visit residents and would be allowed to live in the home if a resident wished.

Person Centred Experience

We asked the manager how they ensured residents experiences are person centred. *"It's about their choices and decisions, having family knowledge of likes/dislikes and interest, and what their loved ones have done historically."*



During our tour of the building we noticed multiple "Let's talk" posters with a QR code, we assumed to help with raising concerns or complaints. Residents can raise any issues and provide feedback through staff and family also.

When asked about provision of spiritual and religious needs, The manager said this was not currently happening, but they would like to start meeting these requirements. However, earlier they had informed of the bible study group and

we noticed a poster promoting this group.

Communal Areas

Each of the three operational units have the same layout, with a communal lounge and quiet seating area. There is one dining room and an activity room in the home.

During our visit we noticed various areas around the care home were dirty, for example, the floor, windowsills and the



top of a small round table at the entrance of the Bronte unit.

There were multiple communal bathrooms and toilets in Bronte



unit, however some were dirty and one had a soiled seat and floor – Healthwatch notified a member of staff straight away – and tiles at the bottom of some walls were dirty.

There was a dirty chair in Bronte's unit in the seating area by the window in the corridor. There were also broken tiles in the shower room on Chaycer unit and a dirty shower floor.



We noticed oil was running down from the hinge of one door in one of the corridors, and pointed this out to the activity coordinator.

In the seating area in the corridor in the Chaycer unit, we saw a dirty cup tipped up on a chair next to a resident (it looked like it had been there a while) whilst a staff member sat having a drink next to the resident.

Also, floors were dirty in multiple areas, including the dining room floor on the Dickens unit. Doors, walls, skirting boards were scuffed throughout the home. Some wear is normal in this type of environment, but we felt there had been little maintenance done recently to the home of its residents.





Some of the furniture was old, very worn and looked dirty. There were a couple of very low chairs when your first walk in the Bronte unit. Possibly too low for residents to get out of easily.



Décor was generally quite run down and in need of updating.

Corridors are wide and accessible for those with mobility issues and mobility aids.



The air in the home seemed reasonably fresh, with windows open throughout the building. The temperature seemed comfortably warm for residents.





There was a good deal of natural light, with numerous large windows throughout the building. The home was warm enough, with fresh air coming through the open windows.

Healthwatch felt that when we pointed out the lack of maintenance and cleaning throughout the home, this was brushed off as someone else's responsibility.

Residents' bedrooms

Bedrooms were of a similar size and had a wash basin each (none were ensuite). The rooms were decorated with personal possessions and residents can bring in their own furniture, as long as it is fire retardant. Doors had name plates on the outside, however these were typed on pieces of paper or card, and some were written in pen. We felt they needed updating to make them look more attractive and permanent. Almost all bedrooms had views of one of the multiple gardens.

When asked if they could accommodate couples in the same room, the manager thought they would struggle but they could place couples in rooms next to each other.

Some comments from relatives we received:

"He has pictures, TV and personal photos in his room."

"We have added pictures and plants."

"His wardrobe door and drawers have never shut properly. The walls and skirting in his bedroom need attention - they're bashed up."

Outdoor areas



There are various garden areas but some of these were very unkept and overgrown and in need of work, apart from the front which looked fairly well maintained. The manager stated that



two gardeners were now in place at Winsford Grange, and one gardener



would be carrying out general maintenance of the property also.

There were outside seating areas for residents. However, we did observe uneven paving flags which were



potentially unsafe for residents and staff.

Healthwatch raised this with the manager and they informed us that these were on the improvement plan.

Food and drink

Winsford Grange has its own catering staff and meals are prepared on site but there were no menus on display in the dining room or elsewhere. The manager claimed residents were asked their choice of meal with two options, in the morning and before the meals are served.



They are asked if they wish to stay in their bedrooms or go to the dining room to eat. Mealtimes are not protected and family can join loved ones.

Special dietary requirements are catered for, including diabetics and those needing different food and drink textures.

At lunch time Healthwatch observed residents being asked what they would like to eat, whilst the activities team in the Dickens unit served meals from the hot trolley.



The Dickens unit dining room was set up for lunch and looked homely with fresh flowers on the tables and dinner settings that looked appropriate to suit the age group of the residents. We felt it was a shame the cleanliness of the floor let this area down, plus we noticed a large cardboard box with activity bits and pieces stored in a corner.

Healthwatch did not see any snacks being offered but we were told that they have a drinks and snack trolley that is taken around at 11 am

and 3 pm.

We were offered drinks and some lunch but we did not accept. The food looked of a good standard and portion sizes were personalised to residents' preferences. If they wished to have a second portion, they could. Residents looked happy with their meals. There were some family members also eating with residents, and lunchtime in the Dickens unit was very positive and there was a pleasant atmosphere.

"They give us the choice of 2 options when we arrive in the dining room."
(relative)

"He enjoys eating in the dining room when family are there to encourage."
(relative)

"Depends what staff are on to how many drinks they get." (relative)

One relative said they were dissatisfied with the availability of snacks and said they *“want more hot drinks”*, another said their loved one *“Can’t help themselves to drinks or snacks.”*

During our visit we observed one resident being pushed into the dining room on the easy chair we had seen them sat in earlier, even though their spouse said they can use a wheelchair.

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.

We were informed Winsford Grange uses MUST and Restore2, although we did not see these in use. It does not have an interactive digital activity program or magic table but the manager shared they use dolls a great deal, for comfort and distraction.

The home engages in the End-of-Life Partnership and we were informed the GP provides a blue book which states the requirements for comfort for this stage of care.

Healthwatch asked the manager what their biggest challenges were. They said *“Change. No one likes change but it encourages new innovations and ideas from staff. Now we have more permanent staff onboard, this is the catalyst to move forward. Involvement of families can be challenging, and developing good relationships with professionals, eg, getting the mental health team onboard at the home.*

“Our biggest success has been reducing agency staff and recruiting permanent staff.”

Recommendations

- Many areas of the home require a deep clean, particularly bathrooms, communal areas, bedrooms and floors.
- General maintenance could be improved, particularly furniture in residents' bedrooms, corridors areas and bathrooms. Décor is very worn and the whole home needs refurbishing.
- Gardens need improvement and the uneven slabs require remedying **urgently** to remove the trip hazard.
- Using show plates at lunch time, along with pictorial menus.
- Consider introducing magnetic name badges for staff, for the benefit of residents.
- Consider positioning lounge chairs in smaller groups to make it more sociable, rather than having them around the outer edges of the rooms.
- Whenever possible, encourage residents to be mobile, even if only moving from an easy chair to a wheelchair.
- Display art work created by residents around the home, to celebrate their work.
- Have some plans for future days out - these could be discussed in residents' and relatives' meetings.
- Offer more drinks and snacks regularly throughout the day.

- If the three week activity planner is not in use then consider removing it, to avoid confusing residents and relatives. It could be replaced with a weekly planner which would provide more structure to activities provided.

What's working well?

- The caring staff at Winsford Grange, and the relatives' responses to the Healthwatch survey highlighted this.
- Staff were friendly and welcoming.
- Residents look cared for.
- The dinner service runs well.
- Friends and family interaction is good.
- Management were welcoming and helpful.
- The coffee shop is a good addition to the home.

Service Provider Response

As at the 20th of November 2024 Healthwatch had received no response from the provider.