



## **Enter and View Report**



**The Willows, Blacon, Chester**

**3 July 2024**

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## Report Details

<b>Address</b>	Nevin Road Blacon Chester CH1 5RP
<b>Service Provider</b>	N Hussain
<b>Date of Visit</b>	3 July 2024
<b>Type of Visit</b>	With prior notice
<b>Representatives</b>	Jodie Hamilton Jem Davies
<b>Date of previous visits by Healthwatch Cheshire West</b>	24 January 2023

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.

Prior to the visit Healthwatch provided The Willows with ten residents and ten relatives, friends and visitors surveys to be completed before the Enter & View visit. A poster was also provided with QR codes to access these surveys for those with smart phones; this poster was not displayed. (Please see page 18.)

### **The Willows**

The Willows is a purpose-built, single-storey care home situated in Blacon (a residential area of Chester) providing care to frail, older people and those living with dementia, residential care, nursing and respite care. The Willows accommodates 73 residents across three units. The care home employs a Compliance Manager and has a new Managerial structure, The home has an improvement plan in place following a most recent CQC report.

# Findings

## Arriving at the care home

### Environment

The Willows care home is situated in a residential area. There was a signpost leading to it and it was easy to find. Arriving at the care home there were two small car parks, one at the front and one at the side of the building. The home itself looks a little run down and in need of a little exterior renovation however, the surroundings were tidy.

Arriving at reception there was an intercom; it wasn't very clear which button to press to notify the home that someone is waiting outside.

Healthwatch representatives were greeted by the care home's Compliance Manager and asked to sign in a paper visitors book. The reception area was clean and spacious with two seats. A notice board showed information about how to make a complaint, the home's CQC rating, The Willows staff satisfaction survey, information on power of attorney and next of kin, and information on duty of candour and commitment to GDPR.



Healthwatch representatives were taken to the Manager's office where introductions were made together with a short briefing about how Healthwatch would be conducting the Enter and View. The Manager, who has been at the home since February 2024, was then asked a series of questions by Healthwatch. The care home currently has an improvement plan in place.

The Manager told Healthwatch that we should expect to see residents in two lounges; residents tend to favour one or the other. They have tried to bring them together, but it was obvious that this was unsettling the residents as they had their favourite spots. Therefore, the Activities Co-

Ordinator works between the two lounges as well as doing one to ones with residents who prefer that.

The home was designed to be operated as three distinct units (residential, nursing and dementia care) and has capacity for 73 residents; currently there are 30 residents. The Compliance Manager told Healthwatch that there are only two units currently in use; one unit is completely closed as there are not enough residents currently at the care home to fill it. The general appearance of the care home is looking tired in some areas and in need of updating, however, it is clean and tidy. The closed unit has recently been repainted and the Manager told Healthwatch that renovations will continue throughout the whole building.

## Treatment and care

### Quality of care

Healthwatch noted that they saw several residents in the communal areas; all appeared clean and well cared for and dressed in day clothes. We observed the Activities Coordinator ensuring that residents had things that they needed and that they were happy.

A resident shared with Healthwatch that they feel safe and cared for at the home and the best thing about living there is that everything is done for them, such as meals.

The care home is linked with the Fountains GP Practice; the Manager told Healthwatch that either a GP or a GPA (General Practice Assistant providing support to GPs, carrying out administration tasks combined in some areas with basic clinical duties) visits once a week, obviously more frequently if needed. Residents cannot stay with their own GP, however those residents at the care home on respite keep their own GP but are seen by Fountains staff whilst staying at the care home.

If a resident becomes unwell and needs additional care, Healthwatch asked, are you able to try and keep them at the home or do they normally go to hospital? The Manager told Healthwatch that they tended to work to



a 'ceiling of care' (maximum level of care particularly used in palliative care and is often a complex and sensitive decision reached between the patient, family and healthcare team responsible for the resident/patient) and use Hospital at Home wherever possible if they and the health practitioners are happy those needs can be met in the care home, e.g. IV fluids and antibiotics. It is recognised that the home environment may be calmer and less disorientating than a hospital setting.

The care home has a hair salon, and the hairdresser visits every Monday. A chiropodist visits the home every six weeks. The Manager shared *"We submit NHS referrals for those residents who have diabetes/foot wounds."*



The Manager told Healthwatch that there were no links to a local dentist, however dental issues are discussed on ward rounds with the GPA from the Fountains GP Practice and the home has access to their dental service.

The care home has links with Iris Opticians.

Pharmalogic Pharmacy is used for routine monthly prescriptions but for ad hoc needs they use the local pharmacy, Swettenham.

Dieticians, Contenance Service, Physio, Podiatry and Tissue Viability are other healthcare services that visit the home.

### **Privacy, dignity and respect**

During our visit we noted staff speaking with residents and we observed they were calm, gentle, and caring. Staff addressed residents by their names and were very patient giving residents the time to respond and residents appeared to respond well to them.

Healthwatch asked the Manager how privacy, dignity and respect were promoted in the home and the Manager told Healthwatch

*“As the Manager I carry out twice daily walk abouts. I carried out monthly audits. This is to ensure residents are being addressed by their preferred name, they are receiving good personal care, staff always knock on their door prior to entering. Those residents who are being assisted with their meals have dignity aprons, gentle encouragement and prompts to be independent where possible.”*

A resident told Healthwatch they felt they have privacy, and their dignity is respected but sometimes some staff do not always knock and that they wish they would all knock as their bedroom is their home. While Healthwatch spoke with residents it was noted that a member of staff did knock on the door upon entering.

Healthwatch asked what support is available for alternative systems/accessible information/hearing loops/large print information within the care home. The Manager told us there was improved signage around the home to support residents with dementia as per the CQC inspection. They use a pictorial menu and they have a communication tool in the lounges. The Manager encourages staff to respect residents' personal space, not to shout if they feel they are not being heard, but to try a different approach, e.g. pictorial.

## **Understanding residents care plans**

The Manager shared with Healthwatch that residents had care plans and that they are updated weekly, unless something occurred which dictated that immediate action was required e.g. a fall. They also have a resident of the day which involves a review of their care plan, Risk Assessment, Clinical review, weight and, where appropriate, a MUST review. Very few of the residents have capacity to be involved in their care plans or indeed their next of kin, so that can create some difficulties with their 'This is Me' profile. The Manager shared that relatives who can be involved in their loved one's care plans *“provide us with their likes/dislikes/top tips for settling them. This helps those relatives still feel involved in the care of their loved ones.”*

## Relationships

### Interaction with staff

The Manager shared with Healthwatch that they thought the relationship between staff and residents is nice and they are good relationships. Like many care homes they have a lot of overseas staff and they are fully engaged with training to ensure they meet the required standards of care. Each resident has a 'key worker'. This has been determined by the resident themselves, their family and staff. This may be any member of staff – someone who has developed a bond with the residents and the Manager feels this complements the professional relationships.

Staff at the home wear name badges; Healthwatch did note that most were wearing name badges, but the Activities Coordinator told Healthwatch that they had forgotten to put theirs on after taking their uniform out of the wash.

### Connection with friends and family

During the time Healthwatch visited the home we did not see any friends or family visiting. One resident told Healthwatch that their daughters would come to visit.

The Manager shared with Healthwatch that the home had a monthly newsletter. Visitors are welcome at any time; they do not have set times. They welcome friends and relatives to dine with the residents and join activities to keep relatives, friends and family in touch. Visits can take place anywhere in the home e.g. in their own room or any of the communal spaces.

If there is an infection outbreak the Manager shared that the care home can ensure anyone affected by an outbreak is isolated which enables other residents to still receive visitors. There are residents and family members who are clinically vulnerable; access to a large private room supports this.

The home has Resident/Relative Satisfaction Surveys. The Manager said *“I try to be visible and encourage open conversations. The keyworkers keep in touch with family, and I ask the key workers to let me know of any concerns so we can address things quickly.”*

There is a file near the front door which details lots of things including how to make a complaint.

There are bi-monthly relatives’ meetings; the Manager shared that they are not very well attended. *“A lot of our residents at the care home do not have any next of kin.”*



## Wider Local Community

While Healthwatch were visiting the care home we were informed that a church would be visiting the residents in the afternoon. Staff’s children often come and visit the residents and the care home have just set up a pen pal scheme with one of the local primary schools.

## Everyday Life at the Care Home

### Activities

There is an Activities Coordinator at the home who works 20 hours alongside working a senior care shift. The Manager shared that they are looking to increase the hours (see page 18 for recommendations).

The care home has a two-week activities timetable, but this is flexible, given that residents may decide they want to do other things on the day. Recent activities have included: seed planting, exercise classes, painting, bingo, puzzles, D-Day celebrations, local walks and birthday celebrations.



Both the Manager and Activities Coordinator told Healthwatch that residents decide what activities took place, they could choose what they would like to do.

There are one to one activities available for residents who do not want to join group activities and for residents who like to stay in their rooms. Some residents can go on walks and some residents have a care provider who take them out three times a week.

During our visit we noted that the activities planner showed that one to one activities would be taking place in residents' rooms; we didn't witness any taking place, however we did see some residents colouring and watching TV in the communal lounges. There were many residents asleep at the time of our visit. There was a local church visiting in the afternoon, but Healthwatch had left before they arrived.

Healthwatch spoke with the Activities Coordinator who is being proactive to get more activity materials and is open to trying new ideas to get residents motivated to take part in daily activities. Only working 20 hours per week they try their best to split their time between the two communal lounges and residents who like to stay in their rooms. They said that the support they receive from the other staff in the care home is good. It is clear to see that resident choice is at the heart of the activities and the care home has a positive approach to improving the activities available. There is going to be a new improved activities planner created and it will be a case of seeing what does and doesn't work for the residents.

## **Person Centred Experience**

The Manager told Healthwatch that the care home ensures residents' experiences are person centred by putting personalised information in their care plan. This is done by creating a 'this is me' profile and recording family and key worker observations. The care home has resident of the day and each resident has a member of staff who is their key worker. The keyworkers will tell the management if residents are not happy. The residents are aware of how to leave feedback, make a complaint and how to raise a concern. Healthwatch noted there was information on how to make a complaint on the notice board in the reception area.

The Manager expressed that residents are usually quite vocal about something they do not like. For example, they recently had a new chef who came from a prestigious setting, however the residents preferred more 'homely' cooking, so the decision was made to change the chef.

The care home runs monthly residents' meetings; there was evidence of meetings taking place as a poster just outside the communal lounge gave dates of future meetings.

For those residents who have spiritual needs there are regular visits from the church.

The home has a pet cat which belongs to one of the residents and pets are allowed to visit the care home.

## Communal Areas

Although the care home needs updating in some areas, it is clean, tidy and did not have any odour. Ventilation and natural light are good around the home and there was plenty of fresh air and cooler areas within the building. The corridors are wide with handrails suitable for residents with mobility aids to access easily. Some of the corridors need updating and Healthwatch are aware there are plans in place to do this. The closed units' corridors have been redecorated and the same standard will be carried throughout the rest of home. There are six communal areas including the dining room. The two main lounges are residents' preferred choice. The furniture in the two communal living rooms was clean and in good condition; residents looked comfortable sat in the chairs. Some residents had little tables in front of them and chose to eat their meals in the communal lounges.



There are several communal toilets and shower rooms throughout the building; they are of a small size and looked tired and in need of updating, however they were clean.



The dining room was spacious with the tables set for lunch. The tables and chairs looked a little dated, but they were adequate.

### Residents' bedrooms

There are 71 rooms (two are double) with a mix of ensuite and non-ensuite rooms. If couples wished to live at the care home together then the double rooms can be used for this.

The rooms are of an average size with adequate furniture and a window to let in natural light.

The Manager shared with Healthwatch that *“residents make their room feel like their own with personal items/furniture. We actively encourage it. All the doors are personalised and painted as they choose.”*

Healthwatch noted that on the day of the visit that residents had photographs and pictures up on the wall and rooms did appear to be personalized.



### Outdoor areas

The Willows has several outside areas which are all enclosed.

They can be accessed from several points within the home and there are no steps allowing easy access for those who may require a wheelchair. There are raised beds which allow

residents to tend the gardens if they wish to. Residents prefer to use the courtyard; this is where their Easter party was held. There were plenty of seats with umbrellas over tables for shade. The courtyard was tidy and had some plants around the fountain.



## Food and drink

All food is prepared on site at the care home by their own staff. Residents have at least two choices every meal – one being hot, additionally there are soup and sandwiches. However, if a resident does not want what is on the menu that day the chef will make something just for them. There is a pictorial menu displayed outside the dining room and residents will be asked on the day what they would like to eat. The Activities Coordinator told Healthwatch that it worked better for the residents showing the options for lunch rather than asking the day before.



The Manager shared with Healthwatch that the home catered for residents with dietary requirements

*"We have a vegetarian. We do not have any one with cultural dietary requirements in residence but would be happy to accommodate should it be required. Some of our residents are on a MUST pathway."*



Healthwatch were at the care home at the time lunch was being served; there were many residents seated in the dining room. The care home gives residents the choice of where to eat their meal. Some residents preferred to sit and eat lunch in the communal lounge and there were some residents who preferred to eat their lunch in their bedrooms.

Residents appeared happy with their meals. One resident told Healthwatch *"the food is nice"* and another resident said, *"the food is good, there has been a big improvement."*

Healthwatch noted that residents were eating what was on the daily menu; the food portions were of a good size and the food looked well presented.

During the walk round of the home Healthwatch noticed there were no snacks or drinks on display which was queried with the Manager, who told



us “There is a tea round at 11 and 3; these include biscuits, cake and savoury crackers. Following CQC recommendations we do not leave food out, but residents know they can ask at any time. Cold drinks are available at all times.”

## 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:

<b>MUST</b> (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.
<b>Restore2</b> (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.
<b>RITA</b> (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 Willows care home uses MUST - they currently have five residents on the ‘MUST pathway’. All staff have received initial Restore2 training and further training is ongoing to embed the practise. The home does not use RITA.

Healthwatch asked the Manager what was their biggest challenge and they responded *"Given where the home is at present our biggest challenge is reputation. We are working hard to change this. This can create uncertainty for residents, families and staff."*

Healthwatch asked the Manager what their biggest success had been and they told us *"How the team have responded and worked together to improve Key worker program."*

### **\* Collection of completed residents / friends & relatives surveys**

No surveys had been collected – The Manager told Healthwatch that she made the decision to prioritise the activity time to provide more stimulating activities for the residents given they only have 20 hours a week.

NB- in future it could be possible to use the key workers for this task.

## **Recommendations**

- To have more activities planners on display, a printable version to give residents to keep in their bedrooms, one displayed in reception for visitors to see and planners on display in communal lounges.
- Consider recruiting an additional Activities Coordinator to help support the current Coordinator so that the care home can offer activities seven days a week to keep residents stimulated and in a routine of joining activities.

(The Manager shared that they are looking to increase the hours, Healthwatch recommend that this would be beneficial to the residents at the care home.)

- Have fruit available for residents' snack trolley and water/juice out for residents to access especially in the warmer weather.

- Connect with pre-schools and schools which may allow children to come and visit the residents. Arranging for the residents and children to read, paint, bake or sing together would be enjoyable and stimulating for the residents and grow connections with the wider community.
- Surveys could be given to residents, friends and family with the explanation that they can choose to complete them. Surveys give residents, friends and family the opportunity for their voice to be heard.

## What's working well?

- Staff work well caring for residents and residents looked well cared for.
- Residents are encouraged to come out of their bedrooms and use the communal lounges; this eliminates social isolation.
- Residents are given choice – the care home promotes a 'person centred approach'
- The Activities Coordinator is working hard to deliver activities that are suitable to the needs and preferences of the residents and is open to suggestions. The activities planner is a work in progress, but you can see there is effort from the care home in building up the activity planner. They have links with Healthbox who are supporting Activity Coordinators and linking them from other care homes to support one another.
- The domestic team works well to keep the home clean and tidy.

## Service Provider Response

### Recommendation 1

To have more activities planners on display, a printable version to give residents to keep in their bedrooms, one displayed in reception for visitors to see and planners on display in communal lounges.

### Service provider's response

### Action to recommendation

### Recommendation 2

Consider recruiting an additional Activities Coordinator to help support the current Coordinator so that the care home can offer activities seven days a week to keep residents stimulated and in a routine of joining activities.

(The Manager shared that they are looking to increase the hours, Healthwatch recommend that this would be beneficial to the residents at the care home.)

### Service provider's response

### Action to recommendation

### Recommendation 3

Have fruit available for residents' snack trolley and water/juice out for residents to access especially in the warmer weather.

### Service provider's response

<b>Action to recommendation</b>
<b>Recommendation 4</b> Connect with pre-schools and schools which may allow children to come and visit the residents. Arranging for the residents and children to read, paint, bake or sing together would be enjoyable and stimulating for the residents and grow connections with the wider community.
<b>Service provider's response</b>
<b>Action to recommendation</b>
<b>Recommendation 5</b> Surveys could be given to residents, friends and family with the explanation that they can choose to complete them. Surveys give residents, friends and family the opportunity for their voice to be heard.
<b>Service provider's response</b>
<b>Action to recommendation</b>

### Any other feedback from the Service Provider

Healthwatch Cheshire received the following response from The Willows Care Home Manager

*"Thank you for the recent report, the only aspect i would like to change is on page 8- Arriving at the care home, it states 77 residents, we only have capacity for 73.*

*The report details states that there was an inspection on the 24th January 2023 could you please forward the report as I cannot locate it here on my emails. "*

Healthwatch have amended the report on page 8 where appropriate and have sent the Manager a link to the report on the 24<sup>th</sup> January 2024.