

# healthwatch

## Cheshire East

### Enter and View Report

**Elm House, Nantwich**

**16<sup>th</sup> October 2023**



## Contents

Report Details	Page 3
What is Enter and View	Page 4
Methodology	Page 5
Findings	Page 7
Recommendations and what's working well	Page 21
Service Provider Response	Page 22

## Report Details

<b>Address</b>	76 Pillory Street Nantwich Cheshire CW5 6NP
<b>Service Provider</b>	Minster Care Group
<b>Date of Visit</b>	16 <sup>th</sup> October 2023
<b>Type of Visit</b>	Enter & View (With Prior Notice)
<b>Representatives</b>	Amanda Sproson Alison Langley Philippa Gomersall (Volunteer)
<b>Date of previous visits by Healthwatch Cheshire East</b>	6 <sup>th</sup> February 2020

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

## What is Enter and View?

Healthwatch Cheshire is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England.

Under the Local Government and Public Involvement in Health Act 2007, local Healthwatch have the power to carry out Enter and View visits as part of their scrutiny function. This legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. This includes:

- Health or care services which are contracted by local authorities or the NHS, such as adult social care homes and day-care centres.
- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists.

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act 2007 and supplemented by Regulation 14 of the 2013 Local Authorities regulations.

At Healthwatch Cheshire, the Enter and View programme is conducted by a small team of staff and volunteers, who are trained as Authorised Representatives to carry out visits to health and care premises.

Following an Enter and View visit, a formal report is published where findings of good practice and recommendations to improve the service are made. These reports are circulated to the service provider, commissioner, the CQC and relevant partner organisations. They are also made publicly available on the Healthwatch Cheshire websites:

- [www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view](http://www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view)
- [www.healthwatchcwac.org.uk/what-we-do/enter-and-view](http://www.healthwatchcwac.org.uk/what-we-do/enter-and-view).

## Purpose of the Visit

- To engage with residents, friends and relatives of the named services and understand their experiences
- To capture these experiences and any ideas they may have for change
- To observe residents, friends and relatives interacting with the staff and their surroundings
- To make recommendations based on Healthwatch Authorised Representatives' observations and feedback from residents, friends and relatives.

## Methodology

### **This Enter & View visit was carried out with 'Prior Notice'.**

A visit with 'Prior Notice' is when the setting is aware that we will be conducting an Enter & View visit. On this occasion an exact time and date were not given.

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

To enable us to check that there are no health outbreaks at the premises that would prevent the visit taking place for infection control reasons, this Care Home was made aware that we would be coming on the morning of the visit.

### **Preparation**

In preparation for an Enter and View visit the Authorised Representatives who will be carrying out the visit conduct research that involves reviewing:

- The latest CQC report from a routine inspection of the service

- Any previous Healthwatch Cheshire Enter and View reports
- The care home's information held on the Carehome.co.uk website
- Entries on social media platforms
- Comments held on Healthwatch Cheshire's feedback centre
- Information received by Healthwatch Cheshire as a result of undertaking surveys.

On the day of the visit the Authorised Representatives hold a briefing to discuss findings from their individual preparation, and decide as a team how they will carry out the visit, and any specific areas of focus based on this prior knowledge.

### **About Elm House**

Elm House is situated in Nantwich and has 39 beds, of which four have ensuite facilities, all rooms do have a basin. Currently 30 of the rooms are occupied.

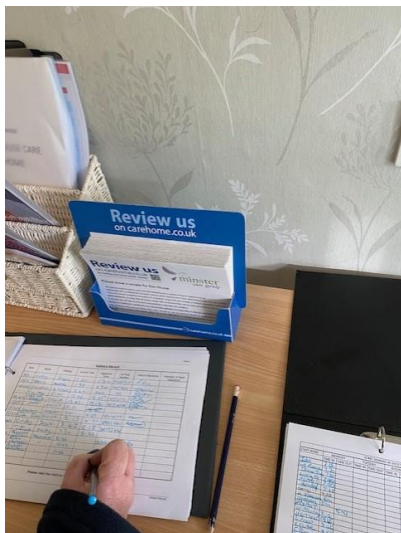
The Home Manager has been in post in this care home for 11 months, but has been with the Minster Care Group for 15 years.

There were no resident or friends and family surveys for us to collect. This means we have been unable to add resident and friends and family comments and feedback to this report.

The Manager has subsequently said that "Only having a week and 2 days to send all relatives a survey was not enough time to get any feedback. Also, residents provided questionnaires would need more time, due to requiring help."

# Findings

## Arriving at the care home



The main entrance was easy to find and accessible; it had clear signage and some pleasant pot plants.

We could enter a small, outer foyer area but the home itself was secure with a ring bell and locked coded door which was opened by staff within the home. There was a signing in and out book in the main reception area.

On arriving at the home, we entered the foyer where we signed in. We waited to be let in by the care home Manager who told us that during our visit we should see:

“Staff providing care, dignity, respect.

Staff working together.

Residents receiving nutrition and hydration.

Care plans being adhered to.

Residents’ individual preferences being adhered to”.

## Treatment and care

### Quality of care

Residents appeared well presented and suitably dressed, though all residents were in warm clothing such as jumpers and some with jumpers and cardigans. One gentleman commented that he was cold and that residents tend to wear very warm clothing.

We waited a short time to be let into the secured main entrance and during the visit call bells seemed to be answered promptly. We were told all rooms have a call bell, and that some residents at risk of falling have alarm

pressure mats in their bedrooms and some wear call pendants around the home.

The Manager told us “Kiltearn Surgery calls once a week, unless needed more often. A Chiropodist calls every six to eight weeks, or ad hoc as and when needed.”

When asked about dentistry the Manager explained “A few residents are registered as an emergency patient with a local practice, and the aim is that all residents will be registered if they wish, or they can use their own dentist.”

When asked about residents’ access to an Optician the Manager told us they had links with “Vision Call, they also provide hearing tests as well. They attend every 12 weeks, or as required.”

The home uses Pharmalogic for monthly prescriptions, and Boots on the Retail Park in Crewe for emergency prescriptions and find these to be very helpful.

Some other service providers that attend the home are District Nurses, Occupational Therapists, Mental Health team, Physios (not often), Infection Control, Local Authority and Social Workers.

There is a hairdressing salon, and the hairdresser comes on a Thursday each week, there is a nominal charge of £10.00.

The Manager told us “If a resident prefers their own hairdresser, they are welcome to come to the home and use the facilities.”

## **Privacy, dignity and respect**

All staff interactions during our visit were seen to be positive and respectful. We observed staff bending down to talk to residents at eye level, addressing people by name, helping residents and not rushing them. The Deputy Manager also told us that “residents like to choose staff themselves to help with their personal care and bathing”, and that the home respects and encouraged this as much as possible to promote autonomy and person-centred care.



The Manager explained that on-line and face to face training are used to promote dignity and respect of residents, together with observations during personal care time and listening to staff talking.

The Manager told us that both they and the Deputy walk around the home twice a day, and chat with residents and that during these walkarounds they “make sure that residents are clean and tidy”.

The only personal information on display was residents’ full names on name plates on their room doors.

The Manager told us that the home does not use a hearing loop, however they can print anything required in large print. The Manager subsequently said that “We have a loop system however, this is not in use at present, but can be when needed.” Also, picture cards are used for communicating, tablets for information and a whiteboard and pens are available. They have a Welsh resident so have printed information in Welsh and used Google translate.

### **Understanding residents care plans**

The Manager told us “All residents have a care plan, and these are updated at least monthly, more if necessary. Relatives have involvement in their loved one’s care plan when appropriate.” They use an online system which is updated by the care givers via a handheld terminal. We were told “All care plans will be reviewed with families before the New Year”.

The Manager told us “Kiltearn Surgery calls once a week, unless needed more often. We give them a list of patients that need to be seen, however, the doctor always has time to speak to anybody that requires a visit.”

“Residents can stay with their own GP, however, the home would ask if the resident could be temporarily registered at Kiltearn, as it is very difficult to get other GPs to do a home visit. This would only be done with the consent of the resident and family.”

If a resident becomes unwell and needs additional care, the home would try to keep the resident at the home for as long as possible, in line with the residents wishes and the care plan, and they would follow medical advice.

We were told “The care home has very strong links with the district nursing team, and the End-of-Life Partnership.”

The Manager and Deputy have recently undergone the RESTORE2 training and will be cascading this down to staff in the New Year, and hope that this will mean that hospital admissions will decrease.

## Relationships

### Interaction with staff

Healthwatch did not notice staff wearing name badges. The Manager told us “Staff have not been wearing badges during or since Covid, however, name badges are on order.”

All staff were very welcoming, helpful and approachable and greeted us as we passed by.

When asked about how the relationship between staff and residents is the Manager told us, “Quite good, good banter. The residents particularly like the male carers, and the residents really care about the domestic staff.”

When asked, what is the relationship like between staff and residents’ friends and family, the Manager told us “It is quite good. We recently carried out a car wash and this was well supported by residents’ families. We are working hard to build relationships.”

### Connection with friends and family



Healthwatch only observed relatives on one occasion walking past us on a corridor and the Deputy Manager smiled at them and said hello. All staff interactions with residents during the visit appeared to be friendly and helpful.

When asked how do you keep friends and relatives in touch, the Manager told us that they call by phone or contact via e-mail, and

there are posters up for residents' meetings, which are held every two months.

When asked how does visiting work? Are there set times? Do visitors need to book? Where can visits take place? The Manager told us "Visiting can take place at any time, but there is a request to avoid meal times if possible. However, if a relative wants to join at meal time to encourage eating they are more than welcome. They are always welcome to join for a meal."

When asked how infection outbreaks impact visiting? What do you put in place to ensure loved ones can still connect? the manager told us "PPE is used now. We sometimes ask for booking of visiting if the home is in full outbreak".

## Wider Local Community

The Manager told us that the local community is involved in the care home in the following ways: "Nantwich in bloom attends the home, and helps to fill baskets and pots; residents can help with this. St Mary's Church attends and conducts a service. Local schools attend, with projects for the residents to help with. They gathered food parcels for the food bank and delivered those for harvest festival. We received community donations for bingo prizes."

## Everyday Life at the Care Home

### Activities



Healthwatch observed a one-to-one game of Connect Four taking place. We were told the Activity Coordinators were out shopping for residents that morning so we were unable to speak to them about activities that take place. However, we did

see an activity program on display on the corridors of both floors and in the main social area down stairs which was written in small text on an A4 piece of paper. Healthwatch noted that these were placed quite high up on the wall and placed inside plastic pouches that were crumpled, and added to the difficulty in reading.

Activities take place seven days a week and, according to the timetable for the week we visited, included bingo, a visit to Nantwich Museum, a coffee morning, pamper afternoon, dominoes, card games, and a visit to the local church on Sunday. The Deputy Manager also mentioned walks to nearby Nantwich Lake and the shops, boat trips, visits to the pub across the road, a visiting petting dog, entertainers and singers and arm chair exercises.

The Manager told us "The home has two Activity Coordinators; one works 26 hours and the other 39 hours. This means that there is an Activity Coordinator on duty seven days a week." However, when we visited, we did not see them, as they were out shopping for the residents. The Manager told us that some of the activities that take place are shopping, bingo, arts & crafts, games, baking, boat trips, Bridgemere Garden Centre, armchair exercises, dominoes, dancing, and they also have a singer that attends.

The residents help to decide what activities take place; these have included "A golden oldies night with a snooker table, and sometimes we go to the pub over the road."

The Manager also explained that if a resident did not want to leave their room or take part in group activities, an Activity Coordinator would spend time with them individually and do things like crochet, read, chat, hand care, coffee and meditation.



The Manager told us that they celebrated different events in the home, such as the Celebration of Light. They also celebrate other cultures, birthdays, anniversaries, and Christmas and have a calendar of special days, like national pizza day when they will have pizza.

Healthwatch noticed that Spooky Halloween Bingo was being promoted and other Halloween themed decorations were on display.

## Person Centred Experience

The Manager told us that they ensure a person-centred experience by “Finding out their interests and if not physically able, we will help so that they can be involved.”

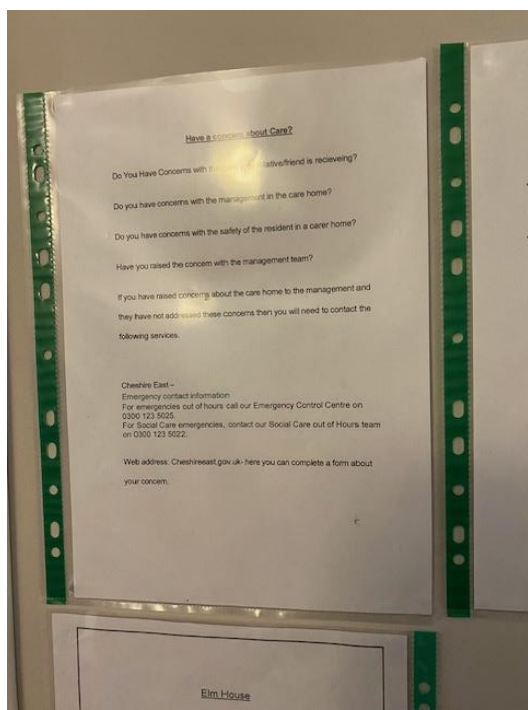


The local Church, St Marys, attends the home regularly, and a local priest visits and other faith leaders are also invited to attend.

The Manager also told us during our visit that residents like it when “the carers bring their dogs to work on occasion, this is always done by consulting with the residents first, to make sure that no one has any objections.” They also have a therapy dog that attends.

The Manager advised that a resident could have their pet with them, but only if all of the other residents were in agreement, and that the resident was able to look after the animal fully themselves, and was prepared to pay all costs associated with owning a pet.

Healthwatch observed that there was an A4 size poster in the reception area and also on both the upper and lower corridors of the home advising



residents how to feed back, raise a comment, concern or complaint. There was also a poster on display advertising resident and friends and family meetings which take place every two months with an opportunity for people to have their say and express any concerns. The Deputy

Manager also said they have “an open-door policy.”

If friends or relatives have any concerns, complaints or feedback the Manager told us “There are Care Home review cards located in the foyer, if they do not wish to speak directly to staff.” They also told us that they operate chain reporting, where everything is logged and then paperwork is raised with a ‘lessons learned’ log. There are posters on display advising how to make concerns, complaints and feedback. The Local Authority and CQC contact numbers are displayed in the foyer.

The Manager told us that a resident could raise a complaint, concern or feed back in the following ways: “The managers talk to the residents on the daily walk around, residents will ask to speak to the managers, issues are raised at residents’ meetings, posters promote who to make a concern to, and there are Care Home comment cards, a suggestion box and a comment box.”

## Environment

Elm House is in Nantwich on a roundabout close to the town centre, and has a lake and park within an easy walk. It is a two-storey building forming two and a half sides of a rectangle. There is a large garden space in the centre which is normally secure but has now been taken over by building contractors because extensive renovations have just been started to join the two wings and add an extra twenty en-suite rooms. At present the only way between the east and west wings is by the main entrance area or the floor above.

Renovation building work commenced in September 2023 and is due for completion in Spring 2024. There are plans to re-decorate and refurbish the home, as well as adding twenty ensuite bedrooms. The Manager has subsequently told us “The building work that is currently being carried out will create more bedrooms and the whole home will be refurbished and be updated. This will include two gardens for the residents to enjoy.” The car park has adequate spaces and is easily accessible from the road. The building itself is looking tired in places and in need of maintenance, with

peeling paint on the exterior wood. The grounds behind the main entrance are fenced off due to building work.

## Communal Areas

All corridors have flat and even vinyl floors with handrails running along them, and are wide enough for people with wheelchairs and walking aids to use. Some corridors were dark and dull with poor lighting and the Deputy Manager said that during refurbishment they intend to improve lighting and to have brighter décor. There were pictures along the corridors. These were mostly generic, depicting flowers, trees and butterflies. There were plenty of wheelchairs in storage places.

At one point, Healthwatch noted two wheelchairs blocking a door just outside the main sun lounge/dining area. However, on passing the corridor shortly afterwards these had been removed. The Manager subsequently told us "The door is to a store room and not in use, the wheelchairs were removed after staff made sure the residents have been transferred safely."



There were a lot of large windows letting in light in all communal and dining areas, and in each bedroom. Décor was homely, but most areas appeared well used and a little outdated. Two lifts as well as stairways provided access to the first floor.



The furniture looked old but comfortable and serviceable.

The building looked clean throughout, but a strong odour of possibly pine disinfectant could be detected in some areas which was a little over-powering in places. It was a cold day and no windows were noted to be open, reducing ventilation and fresh air. The Deputy Manager told us the home did not have air conditioning, and residents were noted to be wearing warm jumpers and cardigans.

One resident said the home was not warm enough. The Deputy Manager told us “residents can have their own rooms set at a temperature comfortable for them,” so Healthwatch told the resident this who said he would “speak to the Deputy Manager to have his room temperature increased.” It is noted that the outside temperature had dropped considerably over the weekend.

The main sun lounge and dining area on the ground floor are a combined space which seems to be the main social space for the home; while we were there a radio was playing on one side and a TV in the other which made some competing sound in that space.

Healthwatch were also shown to a small quiet room which could be used for chats with relatives. There was no one in there but the TV was switched on and playing. We asked if the TV was turned off sometimes as it was a quiet space and were told that the TV was usually left on in that room.



There was one accessible shower room in the home but several bathrooms on both floors, with chair lifts for easy access into the bath. There were also plenty of separate toilets with wash hand basins. Healthwatch were told that most residents prefer a bath and that it tends to be some of the gentlemen that will choose take a shower. The communal bathrooms were clean, fresh smelling and of a good size, and all containing aids to facilitate access. The bathrooms were plainly decorated with a few tiles.

There was also a craft room containing general storage items and boxes of crafts. One box contained ingredients and a written recipe to make modelling dough, which had been given by a local nursery school that they engage with. Upstairs there was a small landing seating area with a view across Nantwich and the railway station which we were told residents enjoyed.



The craft room had a literary theme with wallpaper on one wall that looked like a library of books. There were no other decorative themes noted. The Deputy Manager did tell Healthwatch that due to refurbishment work that several posters had been taken down from the dining area.

## Residents' bedrooms

The bedrooms Healthwatch saw were clean and quite small with serviceable well used furniture. Only four rooms in the home are en-suite. Some rooms have a sink. We saw commodes in several bedrooms and a urinal sitting on the floor in another.

The rooms had at least one good sized window with plenty of natural light. It was noticed that one room we saw had a window blocked out which was due to construction work taking place outside.

Residents are welcome to personalise their rooms if wished, and we saw rooms with photos, pictures, books and one with lots of stickers on the wall.



There was a personalised name plate outside each room on the resident's door and a small picture which the Deputy Manager said helped some residents to find their room.

There were views of the surrounding gardens and outside spaces, which were of a good size. However, during our visit, views were obscured with fences and the gardens were taken over with building work and equipment.



## Outdoor areas

There was a small, enclosed outside area containing wooden garden furniture which appeared to be in need of maintenance, where residents could smoke if they wished to. Smoking in rooms is discouraged. During our visit we saw a small group of staff smoking in this area. The rest

of the garden was fenced off and occupied by building work and equipment.

Healthwatch are unable to comment further on the gardens as they were not accessible during our visit due to building work.

## Food and drink

Healthwatch saw the menu written on a wipe clean board and displayed quite high on the wall in the dining room. There were no pictorial displays of food.

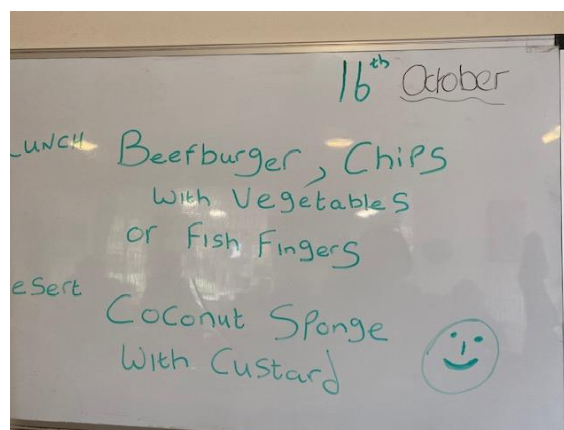
The Manager told us that “the residents choose their meals after breakfast, the Chef will go around and ask the residents what they would like, the Chef will also ask about teatime too. If the chef has not asked, the carers will ask after lunch has been served.” The Manager subsequently told us “The carers will go around after lunch to take the teatime choices, if this has not already been completed in the morning.”

The Manager also told us that “there are two options available for lunch” and that “special dietary requirements are catered for, examples being, lactose intolerance, egg allergy and a vegetarian diet.”

The Manager told us that residents can choose where to have their meals, but they try to encourage them to come to the dining room.

The dining area had plain walls with little decoration, but was filled with natural light. Tables were set sparingly with a plastic table mat, cutlery, paper serviette and condiments.

Healthwatch witnessed snacks and drinks being given out on one occasion during our visit. There were hot and cold drinks and bags of crisps on the snack trolley. It was also noted that water jugs and flavoured cordials were on a table to the side of the dining area throughout the day.



The Manager told us that during the summer they would supply the residents with ice lollies and that snacks would include “jellies, yoghurts, crisps, teacakes, ice lollies, biscuits and cake.”

Lunch that day was either a burger without a bun or two fish fingers with chips, gravy and a small number of carrots and peas. We did not see dessert, but it was coconut sponge and custard and no other choice. The Manager has subsequently told us “If a resident did not want the coconut sponge and custard, they would be offered other choices, the residents know this and will be catered for. We have a large supply of ice cream, jellies, mousse, yoghurts, fruit, homemade cakes and biscuits.”

## 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) which is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition (undernutrition), or obesity. It also includes management guidelines which can be used to develop a care plan.

*The Manager informed us “Yes- reviewed every month or ad hoc”*

Restore2 (Recognise Early Soft-signs, Take Observations, Respond, Escalate) which is a physical deterioration and escalation tool for care settings. It is designed to support homes and health professionals to recognise when a resident may be deteriorating or at risk of physical deterioration and act appropriately according to the resident's care plan to protect and manage the resident.

*The Manager informed us “Yes recently had training, that they are cascading down to staff.”*

RITA (Reminiscence/Rehabilitation & Interactive Therapy Activities) which is an all-in-one touch screen solution which offers digital reminiscence therapy. It encompasses the use of user-friendly interactive screens and tablets to blend entertainment with therapy and to assist patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of

significant historical events, listening to war-time speeches, playing games and karaoke and watching films.

The Manager informed us that unfortunately, this was not available in this Home.

## Recommendations

- Consider turning off the TV in the quiet room to provide a peaceful space. Please see report for Managers subsequent comments.
- Consider removing commodes and urinals from residents' rooms after use. The Manager subsequently told us "The commodes and urine bottles belong to the resident in that room at the time of their stay, they are emptied when used and disguised as a chair when not in use. We have a few residents that use them throughout the day and this is their preference, staff are aware of this and check them again throughout the day to make sure they are empty and clean
- To ensure that doors are kept free of obstructions at all times.
- Consider asking residents if the ambient temperature is comfortable and adjust accordingly.
- To consider better signage, including larger print, for residents regarding menus, activities, and residents, friends and family meetings, placing posters lower down on the wall and using pictures as well as text.

A poster was on display for the Afternoon Thursday Dementia Club which takes place in Crewe and could perhaps be replaced with a poster for the Thursday Dementia Club which takes place locally in Nantwich.

- Consider installation of a hearing loop if not already in place. Please see report for Managers subsequent comments.
- Consider offering healthy snacks rather than crisps, including fruit, and more variety.
- Consider offering more choices at meal times.
- Consider use of foot rests for residents with swollen ankles.

## What's working well?

- The home has a friendly, welcoming and homely atmosphere and staff are helpful, caring and respectful to residents.
- The home takes full advantage of its central town location and takes residents out to the local shops, lake, museum, church and pub to promote activity, wellbeing and engagement with the local community. The home also promotes engagement with the local community and its residents and has strong links with the local church, nursery school and outside entertainers.
- This is a small home where staff know the residents well and work together as a team. The home has been under new management since December 2022, and the Deputy Manager was keen to be open and honest about the need for updating and refurbishing the home, allowing Healthwatch access to all areas and providing an extensive tour of the home. They expressed a passion for improving residents' experiences, of looking forward to the upcoming improvements and work taking place, providing a homely environment, engaging with staff and not expecting them to do anything they wouldn't do themselves, and in their own words "leading by example and caring from the heart".

## Service Provider Response

Please can you add the following information to the report? We have a loop system however this is not in use at present but can be when needed. Activities plans - they are also handed out to residents so they know what is happening in the home. Informed before the activity is taking place, so they can make a choice if they want to join in. The small quiet lounge, the T.V is on to try and encourage the resident to use this area, as it has been noted the sun lounge / dining room is the main area where tend to sit, of course the T.V would be switched off should anyone be in there to talk. Menu of choice - the carers will go around after lunch to take the tea time choices if this hasn't already been completed in the morning. Please add this information. Set menu for Lunch as in the pudding, if the residents

didn't want the coconut sponge and custard they would be offered other choices, the residents know this and will be catered for. We have a large supply of ice cream, jelly, mousse, yoghurts, fruit, homemade cakes and biscuits. Please add this to the report. We would also like the building work to be added to the report that will create more bedrooms and the whole home will be refurbished and be updated. This will include two gardens for residents to enjoy. As for your recommendations Removing of commodes and urine bottles, they belong to the resident in that room at the time of stay, they are emptied when used and disguised as a chair when not in use, we have a few residents that use them throughout the day and this is their preference, staff are aware of this and check them again throughout the day to make sure they are empty and clean. We will implement the other recommendations as soon as possible.