

# healthwatch

Cheshire East

## Enter and View Report



**Richmond Villages, Willaston**

**24<sup>th</sup> October 2024**

## Contents

Report Details	Page 3
What is Enter and View	Page 4
Methodology	Page 5
Findings	Page 6
Recommendations and what's working well	Page 21
Service Provider Response	Page 21

## Report Details

<b>Address</b>	261 Crewe Rd Willaston Nantwich CW5 6GX
<b>Service Provider</b>	BUPA
<b>Date of Visit</b>	24 <sup>th</sup> October 2024
<b>Type of Visit</b>	With prior notice
<b>Representatives</b>	Amanda Sproson Jem Davies
<b>Date of previous visits by Healthwatch Cheshire East</b>	This was the first Healthwatch visit to this Home

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.

## Richmond Village, Willaston



Richmond Village, Willaston, is a new purpose-built dementia home set in well-maintained grounds. It is set over two floors; the first floor is dedicated to residents who have nursing requirements. It is located near to good road links and is well signposted from the main road, although it can easily be confused with another Richmond Village that is located within the town of Nantwich. It is

approached by a driveway and there is ample parking.

## Findings

### Arriving at the care home

#### Environment

The Home was opened in 2021 and was purpose built for residents with dementia and offers nursing care for residents. The Home was well maintained and the gardens were tidy and landscaped.



The Home is divided into “Houses” and each of these Houses has six bedrooms, with a lounge, dining area and kitchen and a large accessible bathroom. Each House has at least two members of staff at all times. The Home had a secure signing in system and the entrance was secured and opened by the

Home Receptionist. The reception area is modern and very well presented and leads through to a large café/restaurant area which is accessible to all residents and their families. In this area there is a bar, a piano and a pool/table tennis table. There are two large televisions, which were displaying a log fire during the visit.



The first floor of the Home is dedicated to nursing care of residents. This area is set up as one unit and not household units as the ground floor is laid out. During the visit there were three nurses on duty. The Home appeared to be well staffed with additional carers. It was explained to Healthwatch that the minimum staff on the first floor was two nurses and six carers. Some residents were up and about and some were still in bed.

Those who were still in bed had their doors open so staff could discreetly check in and observe them without any disturbance to the resident. The residents who were up were enjoying activities in the main lounge.

Healthwatch enquired if a couple would be able to share a bedroom; it was explained that a couple would normally have the rooms next door to each other rather than share, as this seemed to be the preference of the residents.





There is a small shop located just behind the reception area that the Home has worked hard to stock with vintage-looking products.

The Authorised Representatives saw that the Healthwatch poster was displayed at reception, however, it was also noted that our

resident, friends and family surveys had not been promoted as the Home had recently completed their own in-house surveys. Healthwatch received one survey which was completed during the visit.

Healthwatch would also like to note that on the day of the visit, the Manager was busy with pre-arranged visits and meetings, so Healthwatch was attended to by the Admin Manager; Healthwatch would like to thank them for their time. They demonstrated an exceptional knowledge of the Home and residents.

The Admin Manager told Healthwatch during the visit we should see *"Happy residents, with lots of activities taking place, with one-to-one activities for residents that are in bed."*

## Treatment and care

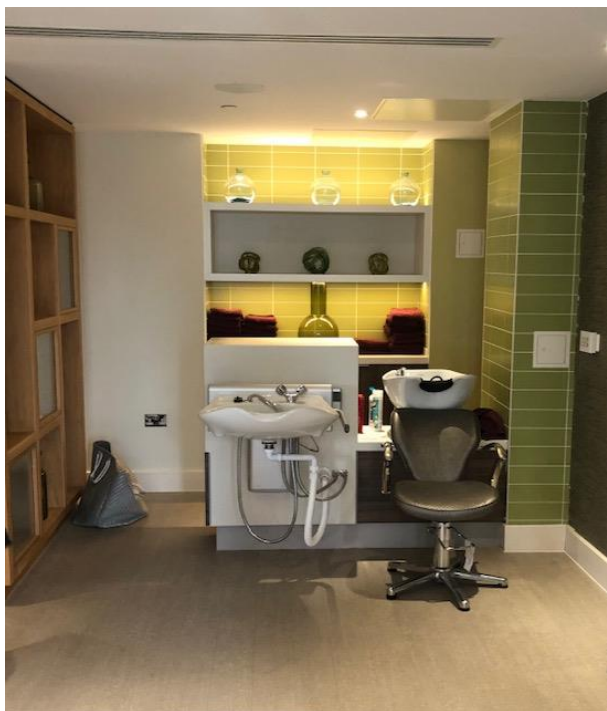
### Quality of care

Healthwatch observed that on the ground floor all residents were up and about and in their day clothes; they looked to be well cared for. Some residents were going out with families and friends. A number of residents were in the various lounges of each of the "Houses".

On the first floor, some residents were still in bed, however, those residents who were up and about were in lounges and again appeared to be well cared for.

The Home does not have audible call bells; any calls go directly to handheld devices that all staff carry.





The Home has a hairdressing salon; the hairdresser visits the Home once a week, for which there is an additional charge.



The Home also has a Spa, which residents are welcome to use. It offers several treatments from beauty to massages. There is an additional charge for each of these treatments.

The Home has links with a local Dentist; the residents have an annual check-up that is conducted within the Home and emergency dental care can be provided if necessary. There is an additional charge for all these services. A Chiropodist also calls to the Home every two weeks and if a resident wishes to

take advantage of this service there is an additional charge.

Eye care opticians call at the Home every six months to offer check-ups to residents and offer ad-hoc visits if required. The prescription glasses have the resident's name engraved on them which the Home finds to be very beneficial. Hearing tests are also offered to residents and again there is an additional charge for these services.

The residents in the Home are registered with Millcroft at Eaglebridge in Crewe, although residents can remain registered with their own GP if desired. A GP from Millcroft visits every Friday when all residents' care plans are reviewed. The Home will have a list of residents who need a personal consultation with the GP. A nurse practitioner will also visit every Monday. District Nurses will also call; however, if continuing care is needed by a resident, then a conversation is had with the resident's relatives, to establish if it would be beneficial to move the resident to the first floor for nursing care. The Tissue Viability Team, Occupational Therapy and the Speech and Language team also call regularly. The Admin Manager explained that the Home has a good relationship with the Surgery and feels well supported. As the Home specialises in dementia care, the Mental Health team from Delamere Street in Crewe also visits weekly. The Home currently has a minimal number of residents registered with Rope Green surgery and although a weekly visit is not conducted by this surgery, if a resident needed to be seen, the Home would call the surgery and a Doctor would attend.

The Home does from time to time have Respite residents, and these residents would also be temporarily registered with Millcroft.

Healthwatch enquired about what would happen if a resident became unwell and needed additional care. Would the resident be able to stay in the Home or would they normally go to hospital? The Admin Manager responded *"This would depend on the resident on a case-by-case basis. The Home finds that most hospital admissions are the result of a fall. To try to minimise this the Home uses fall aids and sensors. If the resident is taking blood thinners, then a visit to A&E is always necessary. The Home will always call 111 for advice and will always be guided by the advice given. Family's wishes in the residents' care plans are adhered to as much as they can be, but if medical intervention is necessary, then the care plan will be over-ridden."*

The Admin Manager went on to explain *"A resident that is admitted to hospital will always have a hospital care pack with them on admission, which is a printed copy of their care plan. The Home finds that this is often discarded or mis-placed in the hospital. The Home is then inundated with calls regarding care, medicines and history of the resident. The Home also finds that residents are seldom discharged with discharge summaries."* The Admin Manager also added that the ward will normally organise the

resident's discharge. The Home finds that the discharge lounge at the hospital is not as satisfactory as a ward discharge. The Home finds that the discharge process is not consistent in standards. The Home will always feedback all discharge information to the residents' families.

The Home has good links with the Frailty Ward but feels the communication that comes back with residents from all wards could be improved.

The Home has links to a local pharmacy that at times can be problematic. The monthly medicines are often delivered with items missing. The Home has found that items have been out of stock, which means that time is then spent chasing the GP for alternative items.

The Home has to personally collect the prescriptions from the Mental Health Team at Delamere Street, Crewe. This is time consuming and highly inconvenient.

## **Privacy, dignity and respect**

During the visit Healthwatch observed several interactions between residents and staff which were caring and kind. The staff addressed all residents by name and listened to and assisted them accordingly.

Healthwatch observed staff and residents doing activities together and chatting in the residents' rooms. Staff always knocked on residents' doors before entering and called the resident's name. The residents' doors had a room number and their name on. Healthwatch noted that all seemed to know each other and appeared respectful at all times.

The Admin Manager reported that residents are always offered choices with their meals and personal care. Personal care is always carried out in the resident's bedroom and staff will knock before entering.

The Admin Manager told Healthwatch *"A hearing loop is located at reception. Talking books with headphones are available. The activities sheet is available in large print. Lunch is displayed on two plates, so that residents can point to their choice."*

## Understanding residents care plans

All residents have a care plan which is constantly electronically updated on handsets that staff have with them at all times. Carers can input updates when they have been with a resident, although the Admin Manager acknowledged that this did not always happen.

All care plans and up to date information can be accessed remotely by relatives on the "relative gateway". Patients are reviewed by the Mental Health team and will be discharged from the service if they are stable on their medications, however, if the resident's needs were to change, a new GP referral would then be necessary to re-start the process, which can be frustrating.

Residents are involved in their care plans if they have capacity to do so; relatives have involvement in their loved one's care plans.

## Relationships

### Interaction with staff

All staff wore name badges with their first name and job title displayed. Some staff wear a uniform, for example nursing, caring and domestic staff.

Healthwatch observed that there were a lot of staff on duty on the day of our visit. All staff acknowledged Healthwatch with a "good morning".

The Home uses minimal numbers of agency staff. When staff are required, the same agency is always used, so that the same staff attend and there is continuity for residents. Agency staff would be expected to have the relevant level of competency to work in the Home as no training would be given by the Home, with the exception of an induction on the first day of attendance at the Home.

The Admin Manager said, "*The relationship between staff and residents is great.*" and "*The relationship between staff and friends and family is great, relatives are made to feel welcome and are welcome to share meals with their loved ones.*" Healthwatch saw residents going out on trips with their loved ones.

Healthwatch noted that interactions between staff and residents appeared warm. Healthwatch observed staff chatting with residents and approaching them explaining that they were going to do some baking if they wished to join in and offered that the residents could enjoy the cake once it was baked.

## **Connection with friends and family**

The Home uses the “relatives gateway” to let relatives know of activities and interactions with their loved ones. Activities taking place in the Home are sent to relatives via email. The Home produces a quarterly resident newsletter, and relatives’ meetings are also held quarterly. The Home Manager also has an “open door” policy, so if a friend or relative wishes to raise a concern, complaint or feedback, they can at any time. The Manager also holds a family meeting each month. Relatives are also able to email BUPA directly and anonymously if they feel they cannot address the Manager directly with any issues they may have.

Visitors are welcomed at all times and the reception area is manned between the hours of 9.00am and 7.00pm. Outside these hours visitors can ring the doorbell and they will be admitted into the Home. Relatives are always welcome to join their loved ones at mealtimes.

If the Home had an outbreak of an illness, relatives would be advised via email and would be asked to use their discretion regarding visiting. The Home would also inform Infection Control.

## **Wider Local Community**

The Home holds a weekly “Dementia Café” which is open to the wider community. On a Wednesday the Home hosts a coffee and cake event attended by both residents and local people. The Home also hosts a Saturday drop-in session after listening to feedback that there are lots of groups to attend from Monday to Friday, but no groups locally on a Saturday. Groups such as the U3A and The Thursday Club come into the

Home. Local schools also attend at least once a term, around Christmas, Easter and harvest festival time. A local childminder also attends the Home with some children that the residents enjoy seeing.

## Everyday Life at the Care Home

### Activities

The Home has three Activity Coordinators enabling every day of the week to be covered. They all work across both floors, so a relationship is built with all residents. Healthwatch were shown the activities planner during the visit; the planner is displayed on both floors of the Home.



Prior to a resident moving into the home, an assessment would be carried out to find out about the resident's career, interests, hobbies and family and efforts are made to incorporate these into the activities planner. The Admin Manager told Healthwatch, *"We discovered during an assessment that a*

*resident had always played table tennis, and the Home has acquired a table tennis table to enable the resident to carry on enjoying this activity."* The Activities Coordinator said, *"Whilst we have a programme of activities, we will be guided by what the residents want to do that day"*. Healthwatch observed arts and crafts taking place and residents enjoying music. The Home has previously had visits from llama's, a travelling zoo, and entertainers. The Home has a "BUPA" activities spreadsheet of special days to be celebrated, which could include things like football, Wimbledon, the Grand National and the Olympics.

The Home celebrates all residents Birthdays with a homemade cake.



The Admin Manager told Healthwatch *"Some of the activities that take place within the Home are craft, singing, one to one sessions, chatting and hand massage. Knit and natter sessions are always very popular. We also held a mini music festival in the garden during the summer."* Healthwatch was informed that residents from both floors mixed together and that residents from the first floor often joined in the activities taking place in the café on the ground floor.

The Home uses "Therapy Pets" which are weighted cats and dogs that are placed on residents' laps, to help to calm them and keep them seated if fall is a risk.

The Home has a minibus to take residents out; it has the facility to be able to accommodate a wheelchair. Nantwich Lake has been visited along with Marks and Spencer's, a canal trip, a local garden centre and a theatre trip.

## Person Centred Experience

The Admin Manager explained that the residents' experiences are person centred by using the pre-admission assessment and a twice-yearly survey to ascertain any further needs. There is also a resident of the day on each floor of the Home, and this resident's care plan will be reviewed. There was also a poster displayed explaining how to raise a concern, complaint or give feedback. There was also a "you said, we did" board in reception.

The Admin Manager added *"The residents' relatives would raise any concerns on behalf of their loved ones."*

There is provision within the Home for a resident's religious or spiritual needs to be met. Currently Church of England and Catholic denominations visit monthly. Other faiths would be accommodated if required.

The Home does not permit residents' pets to live in the Home, however, staff do bring their animals in to work. On the day of the Healthwatch visit a member of staff had brought their dog with them, which was lying in reception. The residents enjoy the company of the dog. Healthwatch

noticed several residents sitting with the dog, who was getting lots of strokes!

## Communal Areas

Healthwatch noted that all areas of the Home were very well presented, and there was a lot of natural lighting. The decoration was a mix of artistic designs and photographs of the local area to provide some nostalgia for the residents.



The Home was free from any odours during the visit. All furniture appeared to be well cared for and appropriate to the needs of residents. Healthwatch did not note any trip hazards; all floors appeared to be level and moving from indoors to outside was smooth, as there are no steps to navigate. Healthwatch noted there were grab rails located throughout the Home to assist residents to move around independently.



Healthwatch observed that all the lounges throughout the Home were in use, with friends and relatives meeting for coffee and a chat and watching a programme together.

On the first floor of the Home there is no direct access to the landscaped gardens, however, there are two rooftop patios which are accessed via a conservatory. The patios were attractive with plants and furniture and surrounded by tall safety glass.



Each floor of the Home has large accessible bathrooms, with accessible baths. The bathrooms are modern and very well maintained. Staff reported that residents preferred to use their own showers in their rooms. On the first floor of the Home, the staff make bath time special for the residents with nice bubble bath and some

candles.

## Residents' bedrooms

All bedrooms within the Home have ensuite facilities. The Home provides all the bedroom furniture. Residents are encouraged to personalise their bedrooms, but high value items are discouraged.



All bedrooms have lots of natural light, and all the bedrooms on the ground floor have access to small patio areas.



All bedrooms have views of the gardens which are maintained by onsite gardeners.

Healthwatch were shown unoccupied rooms on both the ground and first floors and they were of equally high standards with large ensuite facilities. Each of the "households" has its own laundry.



## Outdoor areas

All outdoor space was very attractive, well maintained and appeared to be safe and accessible. There were raised planters to encourage residents to potter outside. There was a woodland walk within the grounds, with a small children's play area.



There was lots of wildlife within this area for the residents to enjoy and plenty of seating. The footpath is wide enough for wheelchairs and is flat. The first-floor terraces are also a very nice addition for residents who are unable to access the wider outdoor space.



## Food and drink

All meals are freshly prepared in the Home by the onsite catering team and menus were displayed in the dining areas. The menus, designed by Bupa Head office, are seasonal and on a three-week rotation. We were told



that if the residents do not like or enjoy some of the menu, the Home will change it accordingly.

The dining area on the ground floor was set up attractively as they would be at home with tablecloths, set with cutlery and glassware. On the first floor the dining room was still welcoming but, due to the

needs of the residents, was more functional. Residents will choose their

meals daily, however, if there is a change of mind this can be accommodated very easily. Daily there are two main meal choices and there are always other things available, should the main choices not be liked. The Home will cater for any special dietary requirements a resident may have. Currently the Home is catering for vegetarian and gluten free diets, along with modified diets prescribed through the Speech and Language Team.



Residents are free to eat their meals anywhere within the Home that they choose, and assistance will be given if necessary. Relatives are welcome to join residents at mealtimes. The Home currently has three gentlemen who join their wives daily for lunch.

Throughout the day snacks and drinks, such as fruit, cakes, biscuits, crisps along with tea, coffee and juice are readily available. Healthwatch observed during the visit that residents were offered refreshments throughout the Home.

Biggest challenges...

The Admin Manager explained *“The biggest challenges so far have been raising awareness of the Home within the community and breaking down barriers regarding accessibility of care and meeting residents’ needs, whilst managing relatives’ expectations can be difficult.”*

Biggest success to date...

The Admin Manager commented *“The biggest successes to date have been that the Home is nearly fully occupied after only a short time of being open and raising community awareness. The quality of the dementia care that the Home offers. Successfully launching the Home during Covid.”*

## 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.

Does the care home use any of these initiatives?

The Home uses all the above initiatives.



## Recommendations

- To try to locate items of local history, such as things relating to factories such as Rolls Royce, Bentley and Crewe Railway Works, as most residents living with Dementia in the Home, are local to the area and would have links to these industries.

## What's working well?

- Good offering of activities and a good level of Activities Coordinator hours enables lots of interaction to take place.
- The "Households" give the Home a cosy feel.
- Appears to be very well staffed.

## Service Provider Response

We'd like to thank Healthwatch for their recent visit. We appreciate the time and effort you invested in assessing our care home and for providing constructive feedback.

Since we opened in 2021, everyone at Richmond Villages Willaston is proud to have had the pleasure of providing care and support to so many wonderful residents who we get to call our family every day. Being there to support those living with Dementia is a privilege which should never be taken for granted.

We are delighted that you observed the high standard of person-centred care, staff dedication and the wide range of activities available to our residents. We believe the model we have created allows our residents who are living with dementia, thrive in a supportive and safe environment.

We are committed to exploring the suggestions made regarding local areas of historical interest which you've cited as a potential area to enhance the sense of familiarity for our residents.

We're also pleased to confirm that updated signage will be installed in the coming weeks, which will help to provide clarity on the specialism of our village.

We greatly appreciate the recognition in our village's development and the consistent hard work of our team. We take pride in ensuring that Richmond Villages continues to provide more than just exceptional care, but also a lifestyle and a vibrant community that really feels like home. We look forward to implementing your suggestions that will further improve our resident's lives.