



The Willows Dementia Hub Rochdale

Enter and View Report

September 2024

Introduction

About Healthwatch Rochdale

Healthwatch Rochdale is the local independent health and social care champion for the Rochdale borough. We are here to listen to local people's experiences of using health and social care services and we use those experiences to help improve services locally and nationally.

About Enter and View

Healthwatch Rochdale is part of the Healthwatch network which was established by the Health and Social Care Act 2012, with the right to 'Enter and View' places that deliver health and care. The right to 'Enter and View' is a statutory power for Healthwatch.

The objective of an 'Enter and View' visit is to understand the experiences of residents, collect their views and make observations of the site.

As part of an Enter and View visit Healthwatch Rochdale:

- Collect the views and lived experiences of people at the point of service delivery (users, carers and relatives).
- Observe the nature and quality of services being delivered.
- Write up a report which may include recommendations or praise for good practice.
- Share findings and reports with providers, regulators, local authority, NHS commissioners and quality assurers, the public, Healthwatch England and other relevant partners.
- Use insights and recommendations to shape health and care decisions that are being made locally.

Our Enter and View policy is available to view at

<https://healthwatchrochdale.org.uk/news/2023-01-18/our-policies>

The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 is available to view at

http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf

Acknowledgements

Healthwatch Rochdale would like to thank The Willows Care Home management and staff members, residents, family members and all those who took part and took the time to speak to us on the day.

Disclaimer

Please note that this report relates only to the service observed at the time of the visit. This report is not a representative portrayal of the experience of all service users and is only an account of the views of those who met with the Enter and View team at the time of the visit.

Enter and View visits are **not** inspections but are an opportunity for residents and service users to share their views on the care they are receiving. It is not the role of Healthwatch Rochdale to see evidence of policies, procedures, care plans or any other written evidence.

Enter and View Visit Information

Service address	The Willows Dementia Hub, Fieldway, Off Broad Lane, Rochdale, OL16 4PP	
Service Provider	GP CARE Services Limited	
Type of service	Residential care home providing personal care to 22 people	
Date and time of Enter and View visit	Tuesday 10 th September 2024 1.30pm – 4.00 pm	
Authorised Enter and View Representatives	Margaret Parker Karen Kelland Ayesha Khatun	Rosemary Nunwick Naomi Burke Anne Taylor

Care Quality Commission (CQC) rating.

The CQC monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. The CQC publishes its findings, including performance ratings to help people choose care.

At the time of the Enter and View visit The Willows Dementia Hub was rated as **'Good'** by CQC. This was following an inspection visit in January 2020. To read this inspection report please visit <https://api.cqc.org.uk/public/v1/reports/4a1ff313-16eb-4c61-8813-fb1312a3d874?20200410120000>

Visit Background and Purpose

Background

The Willows Dementia Hub is a specialist centre offering support and care for people living with Dementia in a quiet residential area in Rochdale. There are two discrete services for those living with Dementia. The Willows residential care home, which is a 22-bed residential facility that provides accommodation, personal care and support to people with dementia and a day care service at called "Comfort Days".

The Woodlands Centre also has a café which is open to the public and residents can go there for meals friends or family. In addition, other community services are offered at the Willows Hub e.g. domiciliary phlebotomy, ultrasound, with visiting patients waiting in the main reception area.

Healthwatch Rochdale visited The Willows Residential Care Home on Tuesday 10th September 2024 as part of a programme of announced Enter and View visits to care homes in the Rochdale borough. The home was notified of our visit in advance by letter and by email. The manager was given a two-week time frame and informed that the visit could take place at any time within that time frame.

Limitations of the visit

The visit was split between the two separate units at the Willows. It was difficult to seek the views of the Willows residents as many had advanced dementia and stayed in their rooms rather than sitting in the communal areas, or communication was a barrier to the Representatives. As a result, the team relied on speaking with friends and family visiting the Woodlands café or day visitors to the Comfort Days unit.



Methodology

The Enter and View team undertook observations round the home and asked standard questions of the manager, residents, and staff who were present during the visit. They additionally left friends and family feedback forms and posters. On arrival, the team was welcomed by the Willows Hub management team, including the CEO of the Willows Hub and the residential manager.

The questionnaires and observations were based on nine care quality indicators developed by the national charity, Independent Age. These were:

- **Have strong, visible management.**
- **Have staff with the time and skills to do their job.**
- **Have good knowledge of each individual resident and how their needs may be changing.**
- **Offer a varied programme of activities.**
- **Offer quality, choice and flexibility around food and mealtimes.**
- **Ensure residents can regularly see health professionals such as GPs, dentists, opticians, or chiropodists.**
- **Accommodate residents personal, cultural and lifestyle needs.**
- **Be an open environment where feedback is actively sought and used.**
- **Provide a physical environment which is suitable for the needs of the residents.**

On the visit we:

- Met with the CEO of the Willows Hub
- Spoke with the Residential Manager
- Spoke with staff members, day care visitors, friends and family members.
- Observed areas of the home.

Copies of the questionnaires used on the Enter and View visit were left with the manager for staff and family members who were not present during the visit to complete and return via FREEPOST to Healthwatch Rochdale.

The Representatives advised that Healthwatch Rochdale would send a report with recommendations which require a response within twenty working days in line with the following legislation.

<http://www.legislation.gov.uk/ukxi/2012/3094/regulation/44/made>



Results of the visit

A good care home should:

1. Have strong, visible management.

The home's manager has been in her present post for approximately one year after being promoted. She initially started working at the home as a Senior Carer and then was promoted to Deputy Manager before commencing work in her present role. During discussions the manager emphasised that the organisation is keen to develop and promote staff from within. She also made particular reference to being well supported in developing the skills and knowledge required in her role and that she is presently about to complete her level 5 training.



Reception area

The manager said she strives to have high visibility around the home, makes her own observations and checks, whilst acknowledging that she also relies on senior staff being in the rooms "monitoring and checking what is going on" and ensuring that standards are being maintained for the care of the residents.

WhatsApp groups are used for staff coordination, she covers shifts when needed and communicates regularly with staff and families. She seeks staff feedback through team meetings and the staff WhatsApp group and is open to improvement suggestions.

During the visit it was observed that the manager received several phone calls (some from residents), and a few staff also came in to access the filing cabinet. In addition, she was called out of the office to deal with a matter and two residents came into the room to chat. It was observed that she dealt with all disturbances in a relaxed and easy manner and interacted with all the people positively.

Staff feedback

Overall, staff said the manager was approachable and friendly. Her presence on the unit, rather than staying in her office, was appreciated. Hands on support and ongoing training were also mentioned as positives.

- *The manager is always around, and we can get support as needed.*
- *It's very easy to talk with the manager to raise a concern - she is very approachable.*

Friends and Family feedback

Friends and Family members were asked: ***Do you know the manager of the home and what do you think about the manager?***

- *Management addresses concerns promptly.*
- *She is approachable and communicative. She is pleasant with residents and families. I can only praise her and the staff.*
- *She is friendly and helpful.*

2. Have staff with the time and skills to do their job.

Manager feedback

The manager emphasised the importance of continuous staff development, evidenced by her own ongoing Level 5 training. She confirmed that all staff receive the mandatory training, including RIDDOR, cleaning, and hygiene protocols. Particular mention was made that staff were fully trained in behaviour management and moving/handling techniques. This was registered as reference was made to a difficult incident involving a resident that occurred earlier in the day in which it was necessary to draw on these techniques, about which the relatives were immediately notified.



It was confirmed that they have seven staff during the day, and four in the evening. No agency or bank staff are used by the home to ensure continuity and familiarity with residents, and they use the WhatsApp staff group to seek assistance/cover if there should be any unexpected staff absences. The manager confirmed she and other staff colleagues have stayed on/covered for staff absence when necessary. The manager spoke about the confidence she has in her staff team and the knowledge and experience they have. She expressed her pride in the team's dedication and the continuity of care given, with many staff members having been there since the home opened.

The manager also highlighted that as part of the induction period for new staff there are rotating duties and shadowing periods to ensure skill-building and familiarity with residents and their care needs and then they are encouraged to

take time out to read the residents files and their care plans both of which are requirements of the role.

Staff feedback

Staff commented on the ongoing training offered throughout the year. There was evidence of on-the-job training and upskilling and support from the manager, which was appreciated by many staff members. End of life care and cultural awareness training were mentioned. Management was open to suggestions from staff for specific training. Most of the training, including mandatory training, was delivered online as e-learning. Two members of staff said the induction training was too brief and could be more thorough. At the debrief the managers said that their policy includes shadowing for weeks.

Friends and Family feedback. Friends and family members said:

- *Yes, staff are skilled in managing dementia, very caring.*
- *Staff very caring and efficient, as mum can be challenging.*
- *Always friendly and helpful, very supportive.*
- *Very friendly, give updates and phone me if anything changes.*
- *Always there to help when needed and have manager's phone number.*
- *All the staff here are a joy.....They are all very pleasant and helpful.*

Observations

The Enter and View representatives observed welcoming staff, who were attentive to residents. The residents were very well dressed and groomed and seemed to be at ease with staff. In the Comfort Days area, staff seemed caring, and the clients also seemed to really like them. Staff were identified as wearing brightly coloured polo tops, though there was no colour coding for the different job roles. Staff mentioned tabards are worn when carrying out specific duties e.g. giving medication though we did not observe any staff wearing these during the visit.



Large eye level easy read dementia friendly signs on doors -consistent throughout.

3. Have good knowledge of each individual resident and how their needs may be changing.

Manager feedback

The manager confirmed they have care plans for each individual resident, which are prepared by the manager and/or seniors in co-operation with the family ("they have a lot of input") and residents if they can. The manager also showed the team that residents have colour-coded personal files in line with corridor colours, including emergency contacts, "This is me" sheets, care plans, and medical details. Each resident's history, preferences, and health needs are documented and shared among the staff.

All staff are allocated their own named residents and responsible for maintaining and updating their records and care plans. However, all staff engage with and support **all** the residents when they are on duty and are equally responsible for ensuring their needs are met and information is passed on, if necessary.

There are regular handover meetings (morning, afternoon, and evening) to keep staff updated on resident information. This includes incident management, as illustrated by the response to a resident's aggressive behaviour, which involved close monitoring, alongside maintaining safety for the resident, staff and other residents. Everyone takes responsibility for updating and keeping colleagues informed about anything they observe or new information about the residents.

Staff feedback

All staff mentioned using the care plan and this was referred to for residents' ongoing care. Three quarters mentioned talking to residents about what they did in life as well as the 'This is Me' file held on each resident. Half mentioned involving families and carers especially around lifestyle preferences and life history. Staff explained the elements of person-centred care that they include e.g. food preferences, allergies, continence, mobility and Do Not Attempt Resuscitation wishes.

Friends and Family feedback

Friends and family members highlighted the following about their knowledge of each individual resident and how their needs may be changing:

- ☛ *Yes, staff are skilled in managing dementia, very caring.*
- ☛ *Staff very caring and efficient, as mum can be challenging.*
- ☛ *Daily contact with all team leaders and contact points.*
- ☛ *The manager or staff ring or message me on WhatsApp.*
- ☛ *The care at the Willows would be difficult to match for residents with dementia.*

4. Offer a varied programme of activities.

Manager feedback

The home does not have a dedicated Activities Coordinator as the management do not feel this is necessary. The residential manager said that staff collectively support and organise resident activities.

We were informed that activities include Halle orchestra performances, Friday social events with family and friends invited, dancing, movie nights, and indoor games like golf and ball games. Individual interests were accommodated, such as indoor golf for a resident who used to enjoy golfing as a hobby or crosswords and puzzles. Alongside the hairdresser coming into the home the staff also do beauty sessions and do the residents hair and nails etc.

She stated that all residents are asked, and given, the option of whether they wish to participate in activities and the manager is of the view that the majority do. However, it is in her view important to treat them with dignity and let them determine what they want for themselves.

Staff feedback

The staff members surveyed answered that activities included drawing, playing card games, music, dancing, large board games and gardening. When the weather allowed residents had tea outside in the garden. If residents don't want to get involved, staff work with them on a one-to-one basis.



Residents are encouraged to socialise though if they wish to stay in their room, staff respect their wishes.

- *We always try and encourage our residents to get involved in activities. We change the activity to suit their needs to get them involved and stimulate their minds.*
- *I try to give them as much assistance as each residents needs to help them take part.*
- *We have theme days e.g. Olympics, the Grand National Day with best dressed. There is a minibus going to Knowsley Safari Park too.*

Friends and Family feedback

- *Came a couple of times when they had music on. All residents were invited to join in, and friends and family were invited and welcomed.*
- *She enjoys watching TV and particularly tennis. She watched Wimbledon when it was on.*

The Enter and View representatives visited the lounge in the Comfort Days area.

Observations

The Enter and View team saw the two communal lounges where the TV was on and some residents sitting “watching”. It was noted however, that there were no other activities for residents in either of the communal lounges. When asked, the CEO said that activities were ‘not appropriate’ for the dementia residents, the residential manager and staff did not appear to endorse this view when we asked them about activities directly.

5. Offer quality, choice and flexibility around food and mealtimes.

Manager comments.

The manager said that meals were prepared by on-site staff with two menu options for residents, in which specific dietary needs, like diabetic-friendly options, were available. There are “Protected mealtimes” to ensure proper support for residents and some received assistance from staff. She said there was flexibility around mealtimes which allows residents to eat in their rooms if they wished, and brewing stations in the kitchen area of the lounges with milk-based drinks provided for safety.

Staff comments.

Meals are prepared on-site and served at the dining tables located in the lounge areas. We did not see them being used on our visit and we were advised that they generally only went into The Woodlands café to eat with their family and friends. Outside mealtimes residents are offered various snacks and different drinks though the day. Fish and chips or steak pudding were offered on a Friday. Staff said there was flexibility e.g. one resident prefers chips to mash, vegan and halal options were available plus options for pureed food, supported eating and drinks in bottles rather than cups. Staff suggested offering more choice and better protein content in the meals.

Staff encouraged residents to engage and speak with each other at mealtimes and staff sit with them to assist where required.

- *We try to pair residents up at mealtimes and encourage conversations at mealtimes.*
- *If a resident doesn't want to eat at dinner, time the food is kept for them, and they can eat in their room.*
- *We try to make things sociable by sitting residents together so they can talk and interact with each other.*

Friends and Family feedback

Friends and family members highlighted the following about the quality, choice and flexibility around food and mealtimes. Several comments were received about the excellent quality of food provided and good choices.

- *On her birthday, the kitchen staff prepared a cake for my wife so we could celebrate with the family.*
- *Staff assisted by providing two forks, allowing her to eat independently with support.*

Observations

The Enter and View team observed the Woodlands café. It was spacious clean and very busy. Friends or family members can bring residents into the café to have lunch together (and observed a resident and her husband eating in the café during the visit). The people visiting the café seemed happy with the food. Although the Enter and View Representatives tried, there were communication

and capacity barriers with the dementia residents. Within the Woodlands Café, there is a photo montage, and this was a memorial wall of past residents. A gentleman having lunch with his wife who was a resident at The Willows said he had initially enquired why his wife was not part of the montage and a staff member explained it to him the reasoning behind the montage.

There was a good level of security with visible CCTV. The café had a wide range of food with adaptive cups and cutlery. Menu choices included vegetarian, halal and vegan options.

6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.

The manager said all residents were registered with the same GP, who made weekly calls and visits as needed. There were regular six-weekly podiatrist visits and both dentist and optician visits scheduled as required. The staff survey confirmed this information. All appointments were made by The Willows and family members attend when required.

Friends and Family feedback

One family member said that his wife had regular visits from healthcare providers, though specifics were unclear to him. He confirmed she sees medical staff and a podiatrist.

The home organises regular visits from a hairdresser for residents every two weeks.

- *My wife likes having her hair done by the hairdresser.*

7. Accommodate residents personal, cultural and lifestyle needs.

Manager and Staff comments.

The manager expressed the view that it is important to get to know the residents and their likes and dislikes, as well as their cultural and lifestyle needs, and time is taken to do that when the residents move into the home.



It was highlighted that it is not always possible, given their condition, for residents to have the ability to continue some of their hobbies and personal interests, but they do what they can to come up with different solutions for different residents, e.g. indoor golf offered for a resident who used to enjoy it as a hobby and smoking accommodation for one resident. Another example was a resident who used to like crosswords and puzzles, the staff support the resident to do jigsaws.

A priest regularly visits, with additional arrangements in place for religious residents e.g. weekly church visits. During the pandemic one couple used the summer house for their religious needs. It was highlighted that the current demographic did not have extensive cultural requirements. However, the manager was mindful that as this changes, the home might need more resources and staff training to fully support residents from diverse backgrounds or those with specific cultural practices.

- *Two residents pray before their meals, and we also encourage conversations about faith and culture.*

Observations.

The Enter and View Reps observed staff helping residents with drinks and meals and some residents had adapted cups with straws. We did not observe anyone being helped to the toilet.

Friends and Family feedback

A family member said his wife's hair appointments were managed by staff, who kept her clothing, including cashmere stoles, in excellent condition.



8. Be an open environment where feedback is actively sought and used.

Manager comments

The manager expressed the view that “it is important to involve” the resident’s family in what is happening in the home and she and the staff seek input from the families all the time. She believes they have “good communication and relationships with relatives”, but they are “always keen to learn and improve.” Always “willing to give something a try”. She uses WhatsApp to give families and friends daily updates. An anonymous suggestion box is available, but she finds that families are happy to provide direct feedback.

Examples she gave were encouraging family feedback on decor (with them choosing the colours for the corridors), and the personalisation of the resident rooms.

Alongside specific changes based on feedback, like changes to the laundry procedures and name tagging, were introduced in response to family concerns. In addition, the manager is of the opinion that the input of the staff on what is taking place in the home is also essential and “seeks their views” through team and staff meetings and the staff whatsapp group, and is very willing to try any suggestions to improve the practice and care in the home.

Staff comments

Most staff said yes that they would speak with the manager about feedback. Two members of staff were not sure if residents’ family and friends could have a say in how the home is run, however there are regular updates from the manager. One staff member said family could give ideas and information on their relative’s wants, needs and preferences via the suggestions box and WhatsApp group chat. An example was that one resident’s daughter asked for net curtains in her father’s room, and this was implemented.

- *The family will go to the manager if they are not happy.*



Entrance to residents' area



Feedback Forms

- *Residents and their families and friends always have input into how things run at The Willows to make it a better place.*
- *We give regular feedback to the managers looking at the daily routine and what is effective and safe.*
- *We give input to the manager in regular staff meetings.*

Friends and Family feedback

Friends and family members highlighted the following about giving feedback and how to improve the service:

- *It's easy to speak to manager or staff.*
- *I would meet with the manager and the team.*
- *I'm comfortable giving suggestions and have done so with most being implemented.*
- *Am aware of the home's complaints procedure and feel confident in raising concerns if necessary. (He then pointed to a poster on the wall in the corridor which outlines the complaints procedure for The Willows.)*

9. Provide a physical environment which is suitable for the needs of the residents.

Manager feedback

The manager described a number of ways in which they ensure that the environment is suitable for the needs of the residents, they ensure the home is hygienic and clean through audits. The manager explained they do daily room and home checks. In addition, describing how the housekeepers have designated areas they are responsible for. All bedrooms and areas are cleaned daily and ensure all areas are "bottomed 2 times a month." The residents are prone to infection and so they are very keen to maintain high standards of cleanliness throughout the home.



Very clean floors

The manager expects all spills to be cleaned up directly and the washing of dishes immediately after eating. Although the meals are prepared in the kitchen, the care staff wash the dishes in the kitchen area utilising a dish washer after each of the meals. She emphasised she would not accept any dishes to be left over night in the sink.

With respect to the physical environment, the manager commented they *“follow the dementia guidelines, advice and training they have received as closely as possible”*. As all their residents are quite advanced with dementia, they endeavour to take careful consideration of all aspects of the environment to ensure it is safe and secure for all their residents. They think about this in relation to all aspects of the home, e.g. the cutlery they have available and type of furniture. An example was given that the dining tables used to be square with sharper edges and they have replaced them with round tables to minimise the likelihood of the residents catching themselves on the edges.

The manager stated they do risk assessments on all aspects- both at a general residential home level and for individual residents.

A “handyman” is employed by the home who is responsible for ensuring the home is well maintained. There are daily audits, and any breakages are dealt with as soon as is feasible. The manager also carries out building, room and equipment audits and brings any issues to the attention of the handyman. The handyman has a book in which all work to be undertaken, and current status, are recorded. If the staff notice any areas that need attention, they also write in the book to alert the handyman to deal with it.



Residents' Lounge

There is currently a rolling programme of work to decorate all the residents' bedrooms, with fumeless paint. The Enter and View team were advised that the home also paints a bedroom when a resident “leaves” ready for when a new resident is being admitted.

Staff comments. All staff commented on aspects of their dementia training e.g. *“people with dementia cannot see white so The Willows has colourful walls.”*

They also stressed the importance of staff getting to know the individual needs of residents with colours and pictures on signs and décor. There are no mirrors to avoid agitation and staff work closely with families to meet the needs.

Staff suggested that room numbers should be clearer on the bedroom doors as the site is a 'maze'. Staff said they found the doors on the resident side very confusing as there were no numbers on them, just a photograph outside. The photograph isn't always the resident and could be something that they like. The impact was that when alarms had gone off and were told to go to e.g. room 17 the staff member did not know which was room 17. When queried on this, the management said that they **do** explain this as part of the induction, that the door numbers are on the side of the doors. The manager wasn't quite sure what the confusion was around that, and nobody had raised this issue previously with her

Friends and Family feedback.

- *When she was at home, Mum was always trying to escape. Now she is here, I don't worry.*
- *No issues with the temperature or cleanliness and the home is nicely decorated.*



Observations.

The Willows has a dementia-friendly design with bright corridor colours selected



**Dementia friendly signs on doors
-consistent throughout.**

to promote safety and accessibility. The Enter and View team commented that they had taken great care with this aspect. There were no call buttons in the rooms as a sensor beam detects movement.

A handyman oversaw building maintenance with a record-keeping system to ensure issues were resolved promptly.

Resident rooms and communal areas are decorated and maintained regularly, with continuous temperature monitoring for resident comfort. The floors throughout were wood effect

vinyl and contrasted with the walls and furniture. The doors were different colours and light switches had a darker surround. The dementia area was in bright yellow and staff said this was a residents request.

The communal lounge had a drinks station with drinks and snacks available. We did not observe any books or newspapers. The TV was on all the time.

There was a lack of signage within the building, especially distinguishing between residential, the comfort area, or private areas used for NHS scanning etc. which could confuse visitors. The manager said this was not needed due to the layout and dementia residents' tendency to pull things off the walls.

Access and safety: The corridors and toilets were wide enough for walking frames and wheelchairs making them accessible.

Privacy concern: In one of the communal lounges, dementia residents were sitting with the TV on. There was another screen which showed a man in bed. The staff said he was a resident in a separate apartment who was on end-of-life care and *'they needed to keep an eye on him.'*

This raised concerns about his privacy and dignity as well as depressing for resident to be sitting around watching him. This was raised immediately at the debriefing session and the manager confirmed that the family had given consent, and this was not on all the time. This was followed up in a recommendation as displaying such footage in a communal space could lead to privacy breaches or cause discomfort to other residents or visitors.

Storage: All the bedrooms had adequate storage for residents' personal belongings. Throughout the home we observed storage cupboards and some were clearly labelled for linen alongside a linen trolley being in use.

Residents' rooms: Residents had photos and artwork displayed. The rooms had plain décor and were clean, neat and organised. There were TVs in the rooms. The rooms have no numbers displayed and it was difficult to correlate with the room board. The rooms are hard to find and confusing, and a new member of staff said it was difficult to work out the room layout.



Garden at the Willows

Garden. There was garden and seating area and summer house outside the café plus a smoking area. There were Rochdale in Bloom award certificates displayed.

- *'When it is nice, my mum goes out into the garden and loves the summer house. She doesn't engage that much but, in the garden, she seems content.'* Family member
- *'We grow fruit, veg and plants. These are used in the café or for residents' snacks.'* Staff member

Safety issues. There were two safety issues identified on the walk round.

The first was the key left in the meter room door, which had a sign saying danger 415v.

The second was the key box outside the office was left wide open with clearly identifiable labelled keys.

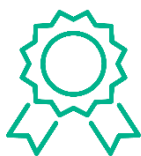
These concerns were raised with the managers at the debriefing session with the Enter and View Team.



Concern: Labelled Key Box left open



Concern: key left in door of meter room



Positive highlights of the visit

- ✓ The receptionist was very welcoming, and the reception area was clean, tidy, and well-lit.
 - ✓ Staff were friendly and accommodating, though the group interacted with only a few members of staff.
 - ✓ The facility was very clean, clutter-free, and had a pleasant smell.
 - ✓ Dementia-friendly décor, signage and flooring throughout.
 - ✓ Family members praised the care and attentiveness of the staff.
 - ✓ The Comfort Day area was very welcoming, and staff were engaging well with service users.
 - ✓ The staff gave high praise for the management, who said it was a caring and supportive environment.
- *'This is a very positive place with a lovely welcoming atmosphere. Having experienced dementia care, I would be happy for my family member to live here – on first impressions.'* Enter and View Team member

Recommendations

The findings in this report are based on nine care quality indicators. The Enter and View visit identified the following areas of improvement and recommend:

1.	Activities programme: On our visit there were no activities observed and no dedicated activities' co-ordinator. Activities are important to help support residents living with dementia to retain the abilities they still have as well as improve the quality of their daily lives. We recommend that activities for residents are reviewed to ensure there are increased activities for residents each day in the home and these are advertised better (both in the home and with relatives).
2.	Improved Room Number Signage. Make room numbers clearly visible with consistent signage. Ensure that all staff are aware of the room numbering system, especially in case of emergencies.
3.	Upgrade Signage for Visitors and Staff: While fire exits were clearly marked, other key areas need clearer signage for the benefit of new staff, visitors, and temporary workers. In addition to fire exit signs, consider adding directional signs for key areas (like comfort day services) without making the space feel overly institutionalised.

4.	Secure High-Risk Areas and Key Management: Ensure that all high-risk areas, such as the meter room, are locked when not in use with a regular check to ensure they remain locked. Implement a more secure key management system, such as a locked, tamper-proof key cabinet with restricted access, ensuring that keys are only accessible to authorised staff members.
5.	Improve the Staff Induction Process: Conduct a review of the current induction programme, including shadowing, and gather feedback from staff to identify any gaps in training to coproduce an updated Induction.
6.	Privacy for Monitoring Systems: Review the live monitoring system with a view to relocating or obscuring live monitoring screens from communal areas to protect residents' privacy.

Response from the Provider

Below the response received from:

Tracy Dempsey, Business Support Manager | GP Care Services Ltd
The Willows Dementia Hub, Broad Lane, Rochdale OL16 4PP

We found the report very positive and accept your recommendations as being fair and accurate. We will respond below in the order of the action plan included in the report.

- 1. Activities Programme** - as you have mentioned in your report our residents are in the main at quite an advanced stage of dementia which makes finding appropriate engaging activities challenging. Therefore, we don't plan our activities in a regimented way and nor do we have an activities co-ordinator as our residents are so changeable. We have skilled carers who know the residents very well and who know what they like to do and what they are capable of doing. When a resident is having a good day our carers will encourage them to do what they enjoy, be it playing the guitar and singing and dancing (which one of our residents does) or doing quieter activities such as jigsaws.
We do, however, have some planned activities, such as the Hale coming in regularly, pantomimes at Christmas, school children coming in to sing and interact with the residents.
Our day care service has back-to-back activities starting with movement and music in the morning to wake everyone up, to games and music and dancing throughout the day, to calming activities towards home time.
- 2. Room numbering** - we do have room numbers high on the door frame so that staff can identify which rooms are which. As our residents have advanced dementia room numbers don't really mean much to them. We have found that pictures are the best way for them to way find, so we put pictures that are meaningful to each individual resident outside their room. We have found this very successful.
- 3. Signage** - we do have signage on the relevant doors to direct patients towards the NHS areas. We will consider the guidance for other areas and use where appropriate.
- 4. Secure high risk areas and key management** - thank you for your observations on this matter and we have duly actioned them to make all secure.
- 5. Improve staff induction process** - this is an area that we continually review, improve and amend where appropriate and is an ongoing process. We will take your comments into consideration.
- 6. Privacy and Monitoring Systems** - Our monitoring system has now been moved on the staff tablets and viewed as and when necessary, by the appropriate staff members. This is no longer visible to anyone except the appropriate staff.

Again, thank you for your report and I hope the above comments are both appropriate and cover all that is necessary.

Contact Us



Healthwatch Rochdale
No. 2 The Esplanade
Second Floor, Suite 5
Rochdale
OL16 1AE
Tel 01706 249 575
info@healthwatchrochdale.org.uk
www.healthwatchrochdale.co.uk



© Healthwatch Rochdale LTD 2024.

Registered Company Number: 08429721

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format, please contact us at the address above.

