

healthwatch

Cheshire West



Enter and View Report

The Laurels

Walnut Drive, Winsford, CW7 3HH

3 December 2024

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Report Details

Address	The Laurels Walnut Drive Winsford CW7 3HH
Service Provider	Minster Care
Date of Visit	3 rd December 2024
Type of Visit	'Prior notice'
Representatives	Jodie Hamilton Jem Davies Dianne Brown
Date of previous visits by Healthwatch Cheshire West	20 November 2018

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

What is Enter and View?

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

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

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

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

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

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

- www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view
- www.healthwatchcwac.org.uk/what-we-do/enter-and-view.

Purpose of the Visit

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

Methodology

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

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

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

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

Preparation

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

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

- Any previous Healthwatch Cheshire Enter and View reports
- Information about the Home 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.

The Laurel Care Home

The Laurels Care Home in Winsford is a residential care facility that provides services for elderly individuals who may require assistance with daily activities, including personal care, mobility, and medication management. The Laurels offers a supportive and safe environment for residents, including those with dementia or physical disabilities.

Findings

Arriving at the care home

Environment

The Laurels Care Home in Winsford is located at Walnut Drive and is generally accessible to visitors. By car and public transport options are available, including bus routes and trains from Winsford train station, which is only a short drive away. You would need to pass the building to see the signpost, although it is quite large and weather-worn, as is the signpost near the entrance. The Home is a seventies-style building with a car park.



To enter the building via the main entrance, a doorbell was provided to alert staff. Inside the building there was a basic entrance. Staff photographs were displayed, consisting of small pictures and text, seemingly intended more for family members than residents. Information posters were of standard print size but appeared disorganised. Some posters, such as those related to the '5 Things to Remember,' appeared outdated and worn. The 'You Said, We Did' information was difficult to read and presented in a basic format. The Care Home Review score was displayed along with cards to leave a care home review.

Healthwatch representatives were asked to sign a paper visitor record by a member of staff.

Healthwatch met with the Manager who has been the Manager there for three years. They expressed that during the visit, the Home was expected to exhibit a lively atmosphere with active interaction between residents and staff. Observations included residents receiving appropriate care, such as support with moving and handling. The snack trolley was anticipated to provide a variety of refreshments, including tea, coffee, milkshakes, biscuits, and fruit. Healthwatch asked the Manager a series of questions about The Laurels Care Home that will be shared in the report.

Healthwatch representatives were given a tour of the care home by the Deputy Manager.

Treatment and care

Quality of care

Healthwatch asked residents in the survey what is the best thing about life at the care home and they gave the following responses:

"The attention I get here, the staff are always happy to help"

"I am generally delighted to be living to live here. I love having the cat in my room."

"Everyone is nice and helpful"

"Looked after very well"

"Everything's the same"

"It is very good"

"My family (sisters and daughter) can call whenever they want, they take me to the Bingo twice a week outside in Winsford. I don't drive. When I want to go to town I ring my sister."

Relatives and friends also gave the following responses:

"The food is nice."

"Care is on hand 24 hours"

"The friendliness of the staff"

"Sorry my father has been here three years, but I don't think it's a good care home."

Residents that Healthwatch saw appeared to be well groomed and dressed appropriately for the setting, presenting a tidy and comfortable appearance.

The Manager shared that the Home is linked with Weaver Vale Surgery, which provides an effective service. There is a nominated GP who visits the Home at least once a week, and the surgery's Single Point of Contact (SPOC).

When residents become unwell and require additional care, the Home prioritizes keeping them on-site whenever possible. "Decisions are made collaboratively, involving the GP, family, and the resident." The Home provides palliative care, with staff trained in end-of-life (EOL) care.

The Manager shared that the experience with hospital discharge is mixed, *"We have occasions where we are not told the resident is being discharged and will turn up late at night in below zero temperatures which is distressing for that resident and others. On one occasion where this happened, the resident was diagnosed with pneumonia two days later. We had been talking with the district nurses and planning for the discharge but in the evening, no one had informed us or them."*

Healthwatch asked if there was anything that could reduce hospital admission and improve discharge and the Manager responded:

"Better communication and understanding the patient."

There are no discharge beds at The Laurels.

Emergency dental care is provided by Revive Dental Care. The Manager expressed that they do encourage residents to stay with their existing dental providers.

A hairdresser visits weekly, having established a consistent relationship with the home over six years. A regular chiropodist also visits, offering services at an additional but reasonable cost.

For optical care, the home partners with Eye Care Oncall, which ensures personalized glasses for residents, with names embossed on frames to prevent misplacement.

Pharmacy services are managed through Wells in Davenham, with the relationship described as efficient and organized compared to a previously chaotic provider.

Other visiting health services include the District Nurse, Speech and Language Therapy (SALT) team, mental health specialists, respiratory team, audiology, dieticians, and the bowel and continence team.

Privacy, dignity and respect

Healthwatch asked the Manager how the Home promotes privacy, dignity, and respect and they shared *"The care home promotes privacy, dignity, and respect by focusing on personalised care to each resident's needs. Staff receive training and are encouraged to model behaviour."*

All residents in the surveys said they felt respected, their dignity was maintained, and that they had privacy at the care home. Three out of four relatives all felt that their loved ones were respected, dignity was maintained and that they had privacy. One relative shared with Healthwatch that they only sometimes felt their loved one was respected and their dignity maintained:

"This refers to being found wet, not having sufficient showers. Dad does have falls (I think the tablet given in the day slows him down). Dad likes to dress well. Sometimes in here I think he looks like a tramp."

Accessible Information and Support

The Home provides various systems to support accessibility, including pictorial menus and information in large print. These resources are designed to cater to residents with visual impairments or those who benefit from simplified communication aids.

Healthwatch saw pictorial menus and printed menus of the dining tables.

Staff were seen interacting with residents in all lounges, mainly to give the drinks and snacks. The staff in the lounges appeared friendly. Many residents in the care home were living with dementia, which affected their ability to engage in verbal communication. While some residents were able to express themselves to varying degrees, Healthwatch did not witness a huge desire from the staff to communicate with the residents. It was hard to tell if residents had the capacity to make their own decisions.

Healthwatch observed that the dining room interactions were disappointing. As residents started to come into the room, there were limited interactions. It did not feel particularly welcoming, but just a daily routine. We witnessed a gentleman who did not want to sit on his chair because of a sensor mat; he thought there was water on it. A staff member showed no empathy and kept telling him the chair was dry. She eventually gave up and left the gentleman to a care assistant, then the team leader who seemed to have more patience with him.

Understanding residents care plans

The Manager told Healthwatch that all residents at the home have a care plan:

"They are reviewed every month unless something happens to prompt it earlier. Residents are involved in their care plans when they have the capacity to do so."

When appropriate, relatives are also included in discussions about their loved one's care plan. In some cases, the Manager has advocated on behalf of residents, particularly regarding additional care needs, such as chiropody services.

Relationships

Interaction with staff

The Manager believes that the relationship between staff and residents is positive. Many of the staff have been working at the Home for a long time. The Manager also reported a good relationship between staff and residents' families. Families are described as being supportive of the care home, attending events, and participating in fundraising efforts. Notably, recent summer and Christmas Fayres have raised over £1,300 for the residents' funds, demonstrating strong engagement from family members in the Home's activities.

While staff have previously worn name badges, the Manager explained that this practice has been discontinued due to safety concerns. Some residents, particularly those with dementia, have been known to pull at the badges, creating a risk of injury. As such, staff no longer wear name badges to maintain both safety and comfort for residents.

Agency staff are used occasionally, primarily for night shifts. However, the Manager ensures continuity of care by regularly using the same agency staff, which helps maintain familiarity for residents. Agency staff are kept up to date with necessary training through the agency's profile system.

Healthwatch representatives noted some staff were warm and welcoming but found it difficult to gauge whether some staff appeared happy or approachable during the visit. A family member shared that some staff seemed to be "just doing a job".

Healthwatch asked residents, relatives and friends in the survey if the resident had a good relationship with the staff; residents who completed the survey all shared that they had a good relationship with the staff and made the following comments:

"All so friendly"

"Take it or leave it"

All relatives and friends shared in the survey that their loved ones had a good relationship with the staff and made the following comments

"All the staff are caring and professional."

"He has a good rapport with some staff but others are too abrupt, I find that myself too. I think that some staff are just here as it's a job not because they care. I found my dad wet through one day and had to call the staff to change him. They only give one bath a week, we have now asked for two. They don't shower residents daily as they really should as many are incontinent."

Connection with friends and family

Several visitors arrived at the care home during the time that Healthwatch was visiting. We didn't see any interactions, but the family member a Healthwatch representative spoke to said she felt some staff could be abrupt to residents and had been to her.

The Manager shared that the care home ensures that friends and relatives can stay in touch with residents through various channels, including phone calls, email, a Facebook page, and in-person visits. These multiple communication options help facilitate ongoing contact and maintain family connections.

Visitors are welcome at any time, with no set visiting hours. However, during mealtimes, the care home kindly asks visitors to either visit in the resident's room or in a quieter area of the home to minimize disruptions to other residents.

There have been no recent outbreaks of infectious diseases, including D&V or Covid-19. In the event of an outbreak, the care home would implement measures such as limiting visits to one person at a time and asking visitors to exercise caution, ensuring safety while still allowing connections between residents and their loved ones.

Friends and relatives can raise concerns, complaints, or feedback through various channels, such as surveys, suggestion boxes, and direct communication with the management. The complaints policy is displayed in the reception area (Healthwatch saw evidence of this in reception, but it was not positioned in the best place; it was displayed where the home keeps wheelchairs and was not very visual) and the Manager's email address is clearly available for all to see, including on the Home's website.

There was evidence in reception and the Manager shared the home holds quarterly drop-in sessions for friends and relatives, providing an opportunity for open communication, feedback, and support.

Wider Local Community

The care home actively engages with the local community, maintaining strong links with nearby primary schools. These connections have led to various enjoyable and meaningful activities, including visits from school children for events such as afternoon tea, carol singing, and the harvest festival.

Everyday Life at the Care Home

Activities

The Home employs an activities coordinator (AC), with a recently recruited additional coordinator to further support the residents' social and recreational needs. A variety of activities are offered to residents, including monthly performances by a singer, bingo, "knit and natter" sessions, games, dancing, and special events like the Christmas pantomime. The activities are not displayed in the Home; the staff will let residents know what is going on each day.

The Manager notes that residents have a strong preference for certain activities, such as bingo; the AC also confirmed this. While Healthwatch was upstairs at the home, bingo was just about to start with a small group of residents. Most residents would likely participate in this daily if given the option.

For residents who do not leave their rooms, the Home ensures they are still engaged by offering one-to-one activities, in addition to encouraging participation in group activities.

Two out of seven residents said they are involved in choosing what activities take place at The Laurels. The remaining five said they are not involved. All three residents said they are happy with the choice of activities taking place, three said they are satisfied, and one said they are dissatisfied. Of the four relatives who completed the survey, only one was

happy with the activities on offer, one was dissatisfied and one very dissatisfied.

A relative shared that they would like to see more activities with some support from staff to help them join in more activities.

"Yes there needs to be more activities. My father has dementia but there are activities he likes to join in with. For example, he likes dominoes but although there is a set here staff don't put themselves out to play a game with him. The activities member of staff could do that at least. He often just sits and sleeps all day. They give him medication which I don't always agree with that makes him sleep in the day. He can be a bit loud at times, but they should be able to manage that."

Another relative shared when asked if there was anything they would like to change at the care home:

"More activities"

The care home celebrates special events with personalised touches for each resident. For example, every resident receives a birthday cake and gift and a lady who missed going to the seaside had a beach-themed day created for her.

The Manager shared that a lot of the residents do not frequently go on outings due to anxiety about leaving the Home; the focus is on ensuring they enjoy the events and activities brought to them. The Home does not have its own transport for outings. The Activities Coordinator told Healthwatch that they take residents who do like to go out shopping in private taxis.

Person Centred Experience

The Manager told Healthwatch the Home ensures residents' experiences are person-centred by considering their individual preferences and needs. For instance, some residents have strong attachments to dolls and cuddly toys, and the Home has designated an area where they can care for these items. Additionally, personal care routines are adjusted to suit individual preferences, such as offering showers instead of baths for some residents.

The carers communicate with families to ensure they are aware of and respect the likes and dislikes of residents.

The home practices a "Resident of the Day" approach, in line with care plans, ensuring that each resident's needs are given individual attention on a rotating basis.

Residents can raise concerns or provide feedback through meetings, direct communication with staff, and a "You Said, We Did" board, which shows how their input is addressed. The Manager told us that meetings are held every three months, although with the recruitment of an additional activities' coordinator, the frequency of these meetings is being reviewed for improvement.

The care home respects and supports the religious and spiritual needs of residents. For example, they accommodate Jehovah's Witness residents, ensuring they can attend weekly services and celebrate birthdays and holidays in a manner that respects their faith. Additionally, links are maintained with Wharton Church for spiritual support.

The Home welcomes pets, with a long-term cat who has been part of the community for 16 years, as well as a dog that visits daily with the Manager. The residents enjoy the company of these animals.

Communal Areas

The internal environment appeared worn and in need of significant refurbishment. Most paintwork around windows, doors, and skirting boards was chipped and required refreshing. The door leading to the kitchen was in particularly poor condition, as were the doors around the toilets. Lighting throughout the Home was outdated, appearing to have been in place for many years. The décor was dull, characterized by dark colours, and lacked brightness or warmth. Many walls needed repainting, and the curtains appeared old-fashioned.



On the ground floor, there were two main communal areas: a smaller room where residents seemed more comfortable and a larger lounge where many residents were seated in a large circle. The larger lounge was occupied mostly by older residents, many of whom appeared to be asleep and did not interact until the tea trolley arrived.

Upstairs, there were three communal areas. One of the areas was well attended, with residents waiting to start playing bingo.



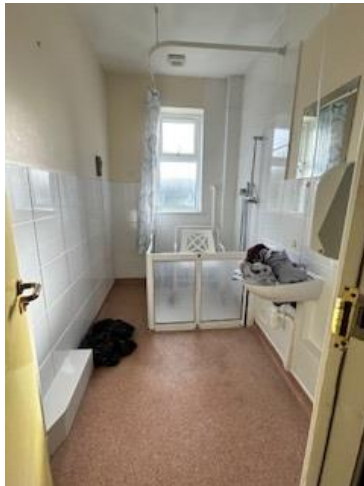
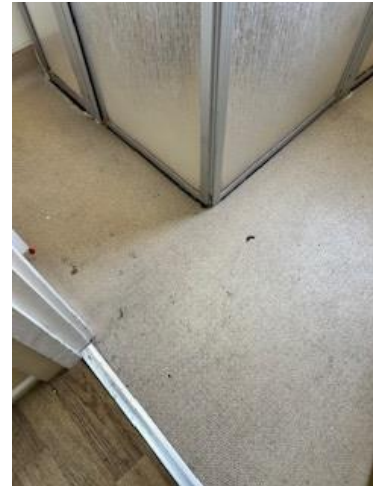
Communal areas contained high-backed chairs, which were functional but neither modern nor new.

Windows were cluttered in the downstairs communal area with activities items; from a garden view of the building this looked untidy.

The corridors were accessible and suitable for those with mobility aids, allowing plenty of room for their use. There were also handrails along the corridors for residents who may need a little support.

The reception, communal areas, and some rooms had an unpleasant smell. One resident's room was particularly stale, while other areas were stuffy or had an odour. The temperature in the building was warm, likely to be the residents' preference. Noise levels were generally low.

Bathrooms and shower rooms were functional; some floors required cleaning, and paintwork needed refreshing. In one bathroom, a black plastic rubbish bag was on the floor, and clean towels were left in the sink. These rooms also had a damp smell and appeared to require a deep clean. Healthwatch noted that in many communal toilets there were no toilet roll holders, rolls of toilet roll were left on the sides.



A relative in the survey when asked about the cleanliness of the care home shared they were dissatisfied and said *"The home could be cleaner. Sometimes dad isn't shaved unless we say we are coming in. I have mentioned we had to increase the baths."*

Residents' bedrooms

There are 40 bedrooms at The Laurels, three of these are ensuite as in they have a sink and a toilet. The bedrooms have a personalised nameplate outside the door. The rooms were small and had natural light, residents had access to shared bath and shower rooms in the corridors, with many rooms also containing commodes. Each room typically had a single bed, a small wardrobe, a bedside table, a chair, and a small coffee table. Rooms at the back of the building had some garden views.

A Healthwatch representative shared *"One room, where I spoke to a resident, had a stale smell and felt quite uncomfortable."*

The Manager said that they encourage residents to make their rooms their own, some rooms contain personal items, such as photographs. One resident had their own TV and record player.

Healthwatch noted several doors were left open revealing residents still in their beds, raising potential concerns about privacy and dignity.

Relatives shared the following comments about the resident's room that they visit:

"Her room is small, plus it had a lot of sun which made it really warm, maybe some blinds would help this."

"The rooms are very small and cramped. No en-suites. It's an old home and feels like an old home"



Outdoor areas

Healthwatch asked the Manager if residents could use the outside environment, and the Manager responded:

"Yes, the garden is enclosed, there is some work ongoing in some of the areas." Healthwatch couldn't identify what work was going on in the garden.

The outdoor areas were not well maintained. There were numerous cigarette butts around the doors leading into the garden and the patio area was overgrown with weeds. Additionally, slippery leaves covered the front entrance, posing a potential hazard. The window frames in the outdoor areas were in poor condition and needed repairs or at least a fresh coat of paint.

Regarding accessibility to the back garden, residents could access the outdoors without supervision, as there were no locks or barriers. For residents with dementia, this presented a safety concern.



Food and drink

The Manager told Healthwatch the care home has its own catering staff who prepare meals on-site, rather than using pre-prepared options. Residents select their meals at mealtimes. There are two main menu options:

1. The main meal, such as corned beef hash,
2. An alternative menu, which includes options like fish cakes, jacket potatoes, and sandwiches.

"Residents are provided with pictorial menus, or staff will show them two plates of food to help them choose their preferred option."

Healthwatch noted menus were placed on the tables in standard print, with an alternative menu displayed on a blackboard. However, the blackboard was difficult to read. The food was served first, and residents were then asked if they would prefer the alternative option. Pictorial menus were available on the back of the printed menus. Dietary needs were reportedly met, and the kitchen had lists of allergies and other relevant information.



All residents responding to the survey expressed that they could choose where to have their meals, either in the dining room or in their own rooms.

Snacks and drinks are available throughout the day, with a snack trolley offered in the morning and afternoon. In the evening, a supper trolley with cake and sandwiches is available.

Management explained that relatives are welcome to join residents at mealtimes.



The dining area appeared basic, with a few pictures on the walls, simple wooden furniture, and wooden chairs. There was no visible adaptation to cater for special needs, such as for those with mobility issues. While a Christmas tree was present, decorations were sparse, and the space could have been made more welcoming and warmer. The paintwork and other features in the room were worn and in need of refreshment.

Throughout the time Healthwatch was at the home snacks such as a large box of biscuits and small bananas were offered with tea. A family member mentioned that their relative did not like having fruit with tea.

Healthwatch asked residents, relatives and friends in the survey about the quality, taste and quantity of the food and snacks and drinks available. There was a mixed result of some being happy, satisfied and dissatisfied. There were comments shared by residents and relatives regarding the results:

"Sometimes you don't like the meals, and you can't do anything about it."

"There is a regular menu it doesn't change a lot over the weeks "

"The food always smells great, and I've never heard anyone complain. I've never eaten it."

"There is quite a limited choice both at lunch and throughout the day. A couple of biscuits or some fruit with his tea. Dad doesn't want fruit with his tea. "

Biggest challenges... Families understanding the role of the care home and helping families to navigate the adult care system and social services.

Biggest success to date... Long term staff and no pressure sores for a long time – we have had to manage some that residents have obtained in hospital.

Care Home Best Practice Initiatives

During Enter and View visits, Healthwatch observe which NHS care initiatives have been adopted at the care home. The three we focus on are:

MUST (Malnutrition Universal Screening Tool)	A tool used to identify adults who are malnourished, at risk of malnutrition(undernutrition), or obesity. It also includes management guidelines which can be used to develop a care plan.	Yes the care home uses this tool.
Restore2 (Recognise Early Soft-signs, Take Observations, Respond, Escalate)	A tool designed to help staff recognise when a resident may be deteriorating or at risk of physical deterioration and act appropriately according to their care plan to protect and manage the resident.	No the care home does not use this tool.
RITA (Reminiscence /Rehabilitation & Interactive Therapy Activities)	A digital reminiscence therapy with user-friendly interactive screens and tablets to blend entertainment with therapy. It assists patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke and watching films.	No, the care home Nanager said a lot of the description is carried out within activities.

Does the care home use any of these initiatives? The Laurels engages with the end-of-life-partnership.

Recommendations

- To ensure all toilet rolls are in a holder for hygiene purposes.
- Staff to support residents more in activities.
- More activities to be available in the home, including more one-to-one activities.
- Introduce an activities planner weekly for each resident to have a copy in their room; this will help relatives who are visiting to know what is going on and help to encourage residents to attend activities.
- While residents enjoy playing bingo, other residents do not attend bingo, plan a second activity for these residents.
- Improve meal option choices – possibly two main meal choices and then a light option to give residents more variety.
- Make sure all cigarette ends are disposed of correctly; don't leave on the floor by the garden door.
- Secure the garden door with a keypad for safety.
- Complaints procedure to be more visual in reception. Look at what information is on display, update, laminate and paper posters to keep clean and tidy.
- Deep clean the communal toilets and bathrooms
- Remove activity items such as books and games from windowsills; it looks untidy and cluttered.
- Remove all decorative display items that are looking worn out that make the home look untidy.
- The care home's décor needs refreshing and updating; it's looking tired.
- Regular deep cleans of the whole home to reduce any odours.
- Monthly newsletter- information on what activities are due to take place, photographs of previous month's activities, general news about the care home, celebration events etc.

- Improve staff interaction with residents and family, interaction to be more person centred.

What's working well?

- The Activity team successfully organise fundraising events for residents.
- Residents are given choice where to eat their meals.
- External activities are planned, Singers, zoo lab etc
- Regular residents and relative meetings.
- Long standing staff.

Service Provider Response

At the time of publication, no response had been received from the care home manager.