

**healthwatch**  
Cheshire West



**Enter and View Report  
Acorn Hollow Care Home**



<p><b>Address</b></p>	<p>Acorn Hollow 419 Manchester Road Lostock Gralam Northwich CW9 7QA Tel: 01606 45603</p>
<p><b>Service Provider</b></p>	<p>HC-One</p>
<p><b>Date of Visit</b></p>	<p>20<sup>th</sup> November 2020 at 1.30pm</p>
<p><b>Type of Visit</b></p>	<p>Announced Virtual Visit via Zoom</p>
<p><b>Representatives</b></p>	<p>Jem Davies David Crosthwaite</p>
<p><b>Date and detail of previous visit by Healthwatch Cheshire West</b></p>	<p>Healthwatch Cheshire West last visited Acorn Hollow in January 2020.</p>

# healthwatch

## Cheshire West

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# Report Details

## Acknowledgements

Healthwatch Cheshire West would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View visit.

## Disclaimer

Please note that this report relates to findings observed on the date listed above and to this specific visit to this service. It is an account of what was observed and contributed at the time and as such is not representative of the experiences of all service users and staff.

# What is Enter and View?

Healthwatch Cheshire (HWC) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWC represents the consumer voice of those using local health and social services and provides both Healthwatch Cheshire East and Healthwatch Cheshire West.

The 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 Reg 14 of the 2013 regulations.

Visits conducted are followed by the publication of formal reports where findings of good practice, and recommendations to improve the service are made.

Enter and View visits are undertaken by a small team of staff and volunteers, who are trained as “Authorised Representatives” to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

Enter and View is an opportunity for Healthwatch Cheshire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter and View visits may be carried out as “announced visits,” where we advise in advance the time and date of the visit; “with Prior Notice”, whereby the service is advised of a period window of when the visit will take place; or if certain circumstances dictate as “unannounced visits” whereby the service does not know that a visit will be taking place.

Enter and View visits can happen if people tell us there is a problem with a service but equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the services first-hand.

**Contact Details:** Healthwatch Cheshire, Sension House, Denton Drive, Northwich, Cheshire, CW9 7LU. Tel: 0300 323 0006.

### Purpose of Care Home Visits

- To engage with service users of the named service and understand how dignity is being respected in the care home environment
- To observe the care provided at this home, looking at a number of key themes; Environment, Food & Drink, Safeguarding, Staffing and Personal Care
- To observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change.

## Description and Nature of the Service

### Details of home (taken from Carehome.co.uk)

The following details are taken from the website Carehome.co.uk which is an independent, informative site with a comprehensive list of over 17,000 care homes. The details held on this site for Acorn Hollow were last updated in October 2020.

*Acorn Hollow offers plenty of spaces in which to relax, dine, exercise, socialise and be creative, including a pretty landscaped garden, a dedicated activities and entertainment room, and a hairdressing salon. The garden, which is looked after by some of the residents, is a favourite spot for having a catch up with friends and family. All bright, comfortable bedrooms - some with garden views - and living areas are accessible by wheelchair.*

**Group:** HC-One

**Person in charge:** Rachel Astles (Home Manager)

**Local Authority/Social Services:** Cheshire West and Chester Council and Cheshire Clinical Commissioning Group

**Type of Service:** Care Home with nursing - Privately Owned, Registered for a maximum of 48 Service Users.

**Registered Care Categories:** Old Age

**Specialist Care Categories:** Cancer Care • Colitis & Crohn's Disease • Epilepsy • Hearing Impairment • Orthopaedic • Parkinson's Disease • Speech Impairment • Stroke • Visual Impairment.

**Admission Information:** Ages 65+. **Languages Spoken by Staff (other than English):** Tagalog

**Single Rooms:** 48

**Rooms with en-suite WC:** 48

**Facilities & Services:** Palliative Care • Respite Care • Pets by arrangement • Smoking not permitted • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Residents Kitchenette • Television point in own room • Residents Internet Access

**Latest CQC Report (February 2018) - Rated as GOOD:** see link here [Download CQC inspection report PDF](#)

Acorn Hollow has its own website which can be accessed [here](#). At the time of the inspection, Healthwatch Cheshire found the information held on this website to be accurate, current and easy to read.

## Methodology

### **This was an Enter & View visit undertaken with Prior Notice.**

In light of the COVID-19 pandemic it is recognised that Enter and View visits are unable to take place in person in order to protect residents, staff and Authorised Representatives.

The recent challenges that care homes face have rightly been at the forefront of the national conscience and therefore Healthwatch Cheshire felt it appropriate to utilise available technology in order to 'virtually visit' the care home.

The care home Manager was contacted and a mutually convenient date was arranged at a time when residents would have finished their lunch.

The visit was conducted via 'Zoom' using a handheld device belonging to the care home Manager. This allowed her to move around the home, and introduce residents and staff to the two Authorised Representatives who both asked questions of staff and residents and took notes. Jem Davies acted as Lead Representative.

The purpose of this visit was to independently hear from the residents about the effects of the pandemic and to gain an understanding of how the home is currently operating during this time.

HWC recognises the limitations of a 'virtual' visit and will be reverting to visits in person when this is permitted.

## Details of Visit

This was a pre-arranged visit with the Manager, who was happy to answer any questions and introduce us to staff and residents for informal conversations. The visit lasted approximately 1.5 hours, during which our Representatives spoke to five residents and two members of staff. Below is a summary of our findings:

- Acorn Hollow currently has 31 residents.
- Staff ratio is 7 morning staff, 6 afternoon staff and 4 night-time staff. This is further supplemented by the Manager, Activities Co-ordinator, Catering and Cleaning staff. There is a nurse on duty at all times. Currently, there are also some agency staff and a few bank staff.
- At the time of our visit the home was in a period of 14-day quarantine due to an individual testing positive for COVID-19 the previous week.

## Building and Premises

Healthwatch Cheshire previously visited the premises in January 2020, following which an Enter and View report was published which contains a more detailed description of the physical environment. You can view this report on our [website](#). As this visit was conducted virtually it wasn't possible to fully view the home on this occasion, and so this report will only make reference if specific observations were made.

## Food and Drink

The home follows the MUST (Malnutrition Universal Screening Tool) care system of nutrition and diet and during the pandemic continues to receive weekly visits from dieticians to provide individual advice for each resident. This care system provides reassurance that residents are receiving a balanced diet which is supplemented where required. There is a weekly menu, but meals are adapted to suit residents' personal tastes.

At present, due to a positive COVID-19 test in the home, all meals are served in residents' rooms to maintain 14 days' isolation to prevent further spread of infection. Our visit was purposely timed for just after lunch in order to gain the residents' views on their food. All of the residents we spoke to on the day had had fish and chips, followed by rice pudding and all told us that they were very happy with their meal.



## Recreational Activities

The home benefits from the full-time employment of a Wellbeing Coordinator, who works from 9am-5pm, Monday to Friday and occasional weekends when an event is planned. She explained that she began the role during the pandemic and as such she has only ever known planning and delivering activities in this way.

Her enthusiasm for the role was evident; she told us about the activities she had devised and delivered including art and crafts activities, games. She stressed how each resident has their own activities pack to maintain a COVID-19 secure environment. Additionally, her predecessor is now part of the care staff and provides support when required.



Prior to the second lockdown a trip had been organised to Blackpool for a few of the residents. They had been to see the illuminations and enjoyed a fish and chip supper which, the Wellbeing Coordinator told us had been a great success.

The Manager explained that as the home was in lockdown, a form of corridor karaoke and Bingo had been developed where residents sat socially distanced along the corridor allowing them to play and sing, enjoying interaction with each other and



staff, and effectively combatting feelings of isolation and loneliness. All residents are encouraged to engage with a large number of activities which are displayed on an activity board, updated weekly, and for those who prefer a one-to-one session this can also be accommodated.

## Residents

As on our previous visit, it was evident there is a great rapport between staff and residents, with those people we saw and spoke with all appearing happy. The Manager told us that one of the benefits of the home not being full is that staff have been able to have more time with residents on a one-to-one basis, and she believes this has helped the emotional wellbeing of both residents and staff.



The Manager approached a number of residents and asked if they would like to talk to Healthwatch and in total we spoke directly to five. We were able to observe more in the background who were watching television or having a nap following lunch.

Those that we did chat to told us about their fish and chips and how much they enjoyed it. One lady was able to tell us how she uses her phone or the home's iPad to Facetime her family and that she could do this on a daily basis. She seemed in very good spirits.

Communication systems have taken on a new meaning with staff, residents and families having to come to terms with using social media, Instagram, Google Meet and Zoom. The home has a number of iPads that residents can use to allow access to families, and a Bluetooth speaker is also used to help those with hearing difficulties.

The Manager stressed the importance of social and emotional welfare has never been greater and residents are encouraged to personalise their rooms and staff will support them in doing so. The rooms we saw during our virtual visit appeared to be unique to each resident and had photographs and items pertinent to them. Each room was seen from the Manager's viewpoint in the doorway, the Manager having first clarified that the resident was happy for HWC to view their room.

We were told that the laundry room operates seven days a week; all clothing is bagged separately to ensure that residents' clothing does not get lost or placed into the wrong room. In the event of any resident being diagnosed with COVID-19, their laundry is dealt with in isolation of any other washing.

We were told that family and friends can bring in gifts and clothing for their loved ones, however all items are isolated for 72 hours prior to being handed out.

In respect of Christmas gifts, the home has recently agreed the protocols and is in the process of communicating with family and friends to ensure their loved ones receive their gifts in a safe and timely manner.

The local Methodist Minister has been a regular visitor to Acorn Hollow previously and has remained in touch via video link during lockdown. We were told all denominations are supported to ensure residents have their religious and spiritual needs catered for. Spiritual visits are taking place in person when a resident is at End of Life should it meet with the wishes of the resident and family.

## Relatives and Friends

General visiting is currently prohibited due to the home being in lockdown following an outbreak. As there are reduced numbers of residents in the home at present, there is greater space within the home to support against social isolation. The home is using this time to prepare a 'visiting hub' off an empty corridor, which we are told will be a dedicated room with wipe down chairs and table for use when visitors are permitted again. This will facilitate safe visits and support the emotional health of both residents and family and friends. Prior to lockdown 'window visits' were being allowed for general visiting; these were scheduled by the home to ensure reduced numbers on the premises.

Some of the rooms have also been made into staff rooms to accommodate increased social distancing in the workplace.

We were told 'End of Life' visits are being accommodated and all safety protocols adhered to.

Plans regarding Christmas have already begun and the Wellbeing and Activities Coordinator is assisting all residents in sending Christmas cards and messages to their family and friends.

We were able to make contact with the daughter of one of the residents, who said:

- *"The Wellbeing and Activities Coordinator has been absolutely fabulous in helping us have the video calls with my father."*
- *"I had had no concerns at all and I know if I need to know something the staff will tell me - they are very good at keeping us informed."*
- *"All of the staff has gone above and beyond helping my father - ensuring he has haircuts and keeping him entertained."*
- *"We are very grateful for everything they do."*

## Staff

All staff presented in a professional manner and were wearing name badges and uniforms. The staff the Representatives met appeared cheerful, happy to chat to us and engaged in a great manner over the media devices.

We were taken to the front entrance of the building and shown the process any person undertakes prior to being permitted into the home which includes hand sanitising, taking temperature, registration and putting on PPE.

All staff undertake the same process as visitors; in addition, they arrive in their own clothes and a separate room is used for putting on uniforms. The home also provides staff meals during each shift which minimises the need for them to leave the premises on any meal breaks. At the end of their shift, staff change back into their own clothes and all uniforms are laundered on the premises.

During our 'virtual visit' the areas we were able to see appeared clean and free from obstructions. All staff we saw were wearing PPE such as masks, gloves and disposable aprons.

## Promotion of Privacy, Dignity and Respect

The residents we observed were either sat on chairs or on their bed, they were all dressed and appeared to be clean and tidy.

The home provides both baths and showers, with aids such as hoists to assist. Residents can shower/bathe as frequently as they wish and all residents are actively encouraged to bath/shower at least once a week.

The home has its own hair salon. Due to COVID-19, the hairdresser has not been able to attend, however three staff who have hairdressing experience have put these skills to use in the home. The Wellbeing Coordinator has given manicures to residents who would like them.

During the pandemic it is recognised that we have all had to endure restrictions and so allowing residents to exercise choice is so important. The choice of meals, activities and decoration of their rooms has been greatly encouraged.

During our conversations with the Manager, she spoke of how proud she was of the residents in how they have dealt with this situation; their resilience has had a huge effect on her and the staff. It had also given her a new awareness of the qualities of staff and residents.

## Website

Acorn Hollow is part of the HC-One Group but also has a website of its own. The website is clear, concise and easy to navigate. It contains all of the necessary information regarding the care home.

## Staff Training

We were informed that all staff training had continued during lockdown, albeit via online platforms and this included both statutory training and additional ad hoc training that had been identified. Notably training has included ensuring staff have the knowledge to support residents in using technology to facilitate contact with their family and friends.

## Medication and Treatment

The Representatives were informed that when it comes to care; care plans, medicine administration and risk assessments (MAR) are reviewed on a regular basis by the Manager and Deputy Manager.

All the above reviews are also based on the needs of the residents, and their families are involved with quality Care Plans. It was mentioned that there had been a requirement for more emotional support during the pandemic and this has been able to be achieved due to increased staff capacity.

The head Nurse was able to tell us about what health services have been provided:

- All residents and staff had been given the seasonal flu vaccination.
- GP visits (Danebridge Medical Practice) via video link.
- Visits from Speech and Language Team still taking place in person.
- Visits from Physiotherapy still taking place in person.
- Visits from Dieticians still taking place in person.
- Social Worker visits take place virtually.

## Recommendations

None at this time.

## What's working well?

- Good adaption to social activities such as corridor karaoke and quizzes to maintain structured activities.
- Willingness to embrace social media to assist residents in communicating with family members.
- Providing staff with meals to reduce the need to leave the home during their shifts thus reducing risk of infection
- Good teamwork from an enthusiastic manager and staff, working with great professionalism during pandemic to ensure residents' needs are met.

## Service Provider Response

“Thank you, this was lovely to read.” - Care Home Manager.