

Enter and View Report

The Willows - Blacon



Care Home Contact Details:

**The Willows,
Nevin Road,
Blacon,
Chester
CH1 5RP**

Date of Visit: 14th November 2018

Time of Visit: 2.00 pm

**Healthwatch Cheshire Authorised Representatives: Neil
Garbett and Mark Groves**

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 trades as both Healthwatch Cheshire East and Healthwatch Cheshire West.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health and social care services. Enter and View visits may be conducted if providers invite this, if HWC receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the services first hand.

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

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

1. Description & Nature of Service

Located in the heart of the Blacon community and surrounded by a mixture of low-rise and high-rise social housing the willows is a purpose built care home of single storey design.

The home is positioned near; though not directly on; bus routes and within walking distance of local services - library, medical centre, pharmacist, salon, SPAR supermarket and Post Office.

Most residents at the home have been diagnosed with some form of Elderley Mental Illness (EMI) - mainly Dementia and dementia related conditions.

Group: [N Hussain](#)

Person in charge: Laura Blythe (Home Manager)

Local Authority / Social Services: Cheshire West and Chester Council ([click for contact details](#))

Type of Service: Care Home with nursing - Privately Owned , Registered for a maximum of 73 Service Users

Registered Care Categories*: Dementia • Old Age

Specialist Care Categories: Alzheimer's

Admission Information: No restrictions apply, admission is decided on a case by case basis. Ages 18+.

Single Rooms: 65

Shared Rooms: 4

Rooms with ensuite WC: 26

Facilities & Services: Day Care • Respite Care • Separate Dementia Care Unit •

Own GP if required • Own Furniture if required • Close to Local shops • Near Public Transport • Wheelchair access • Ground Floor Accommodation only • Gardens for residents • Television point in own room
(*Information from carehome.co.uk*)

Latest Care Quality Commission (CQC) Report on The Willows: Following its most recent visit ([April 2018](#)) CQC had a number of concerns and gave the home an overall rating of INADEQUATE. Two areas were assessed as inadequate - Safety, and Leadership whereas other areas - effectiveness, caring and responsiveness were judged as REQUIRING IMPROVEMENT.

Website information - The group N Hussain comprises three homes - two in the Lancashire area - has no dedicated website.

Carehome.co.uk rate the home as having a review Score of 7.3 (7.290) out of 10 and an Average Rating of 4.2 out of five from three Reviews over all time.

There are a number of Google reviews on the service, however, at least one of these appears to be malicious.

2. Acknowledgements

Healthwatch Cheshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

3. Disclaimer

This report relates to findings gathered on a specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to Healthwatch Cheshire Representatives at the time of the visit.

4. Purpose of the Visit

- To enable Healthwatch Cheshire Representatives eps to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement
- To enable Healthwatch Cheshire Representatives to observe how the service delivers on the statements it advertises on its website

5. Introduction/Orientation to Service

On arrival Representatives were met by administrative staff and given a warm welcome to the home.

We were introduced to Peta McClland - Deputy Manager and Clare Bult - Business and Admin Manager.

We signed in via the visitors book.

Peta was kind enough to give us a brief tour of the building so that we had some idea of the layout. Afterwards we were allowed to roam freely.

6. Methodology

Representatives were equipped with various tools to aid the gathering of information. The following techniques were used by the Representatives:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors

7. Summary of Key Findings

A welcoming friendly home that appears to serve its community well
Great efforts made to brighten the internal environment with dementia friendly displays.

Committed staff team open to new ideas and keen to improve/develop the service.

8. Detailed Findings

8.1 Location, external appearance, ease of access, signage, parking

Situated on the outskirts of Chester and only a short walk away from the Welsh border, The Willows is located in the heart of a large social housing estate and overlooked to the south and east by tower blocks that dominate the local landscape.

The direct environment is one of high social deprivation though the community itself is generally considerate of its elderly citizens - examples of which include Dementia Friendly Initiatives and regular community based events for the elderly sponsored by Brightlife, Local Churches and community centres.

Many of the residents at the Willows are former residents of Blacon and have lived themselves in this community for many years.

The willows does appear to have an important role to play in this community where general health and overall life expectancy is much poorer than in other more affluent areas of the borough.

The home is clearly signposted with a large nameplate positioned at the front of the property and visible from the road.

The outside building itself appeared tidy and free from litter.

Car parking spaces are available at the front and side of the building. On street parking is also available.

Representatives feel that The Willows, is ideally placed to develop its role in the community that it serves.

8.2 Initial impressions (from a visitor's perspective on entering the home)

Our first observations on arrival focussed on information displayed in the entrance hall.

A number of notice boards were well positioned and provided essential information (fire evacuation procedure, Food Hygiene Certification (Level 4), Insurance documentation etc.) and general information - planned activities, newsletters and future fundraising events. It was pleasing to see our Healthwatch letter and leaflets displayed.

Other information displayed included the home's complaints procedure, safeguarding information and menu choices.



One of the entrance hall display boards.

From our initial walk around we gained an impression of a home with a calm, comfortable environment and many pleasant displays and features. All areas appeared clean and fresh with no unpleasant odours. Staff appeared as friendly and open.

Representatives were impressed by corridor displays that included pictures of the local area as well as three dimensional 'tactile' displays designed to stimulate

'fiddling' interactions e.g. locks and fasteners, strings, birdboxes and a gardening display with window boxes.



Gardening Section



Bird boxes



Handles and switches

Some of the many varied displays viewed around the home.



The office



The factory



The Wedding

8.3 Facilities for and involvement with family/friends

We were told that visiting times are completely flexible and include mealtimes. Whilst we were at the home we saw a number of relatives and friends coming and going.

Representatives were also informed of relatives meetings that take place. Peta told us that systems are in place to ensure that relatives are immediately informed if the condition of a resident changes.

Apart from individual's own rooms there are a number of areas where residents can meet their guests - these include the conservatory area (which is generally quiet) and three separate 'quiet' lounges.

Relatives can stay overnight if required - sleeping in one of the vacant rooms or relatives own room.

Visitors can eat with their relatives/friend either in the residents own room or in the dining area.

8.4 Internal physical environment

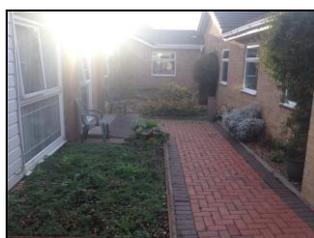
8.4.1 Décor, Lighting, heating, furnishing & floor coverings

All the decoration in the home appeared in extremely good condition. We understand that the home has recently been refurbished with floors also improved.

Walking around the home everywhere appeared bright and well lit with a mixture of natural and artificial light. Daylight light bulbs are used to good effect in corridor areas.

In total the home benefits from having six lounges, a dedicated activity room (which is also used for storage) and an internal courtyard garden area.

Furnishing all appeared in good order. Tables in the dining room were suitable for wheelchair users. Lounges had sufficient space for the storage of walking aids - strollers etc.



Part of the courtyard garden area - in summer months a real sun trap.



Other internal garden area with bench seating.

8.4.2 Freshness, cleanliness/hygiene & cross infection measures

The home appeared clean throughout

8.4.3 Suitability of design to meet needs of residents

The facility is all on one single level which is a bonus being free from lifts and stairs.

All corridor areas were free from clutter, wide enough to allow for easy wheelchair /stroller use and fitted with appropriate grab rails in a contrasting colour.

Bathrooms were adapted with appropriate aids and lifting equipment. Toilets were clean.

Dementia best practice has been used throughout in terms of decoration with mostly plain colours for walls and a contrasting door with pictorial signage for bathroom and toilet areas.

Throughout the home we noticed no unpleasant smells.

Wall fittings appeared in good order and at an appropriate height.

8.5 Staff support skills & interaction

Throughout our visit Representatives noted plenty of social interaction between residents and between staff and Residents. We noted that staff appeared to have formed a good bond with residents many of whom had some difficulty with communication.

Staff were observed taking time to listen to residents needs and to ensure that residents understood what was being communicated to them.

Staff were supportive of resident's movement showing gentleness and concern with help and encouragement given to residents in need of support.

8.5.1 Staff appearance/presentation

Staff appeared mainly in uniform and in most cases wore name badges. However, one senior carer had forgotten both name badge and uniform. Three members of staff were spoken to at length by a representative. All commented that they felt supported by management. They felt that training opportunities were available.

8.5.2 Affording dignity and respect/Approach to care giving

Staff were observed working with a number of residents and were observed paying attention to residents preferences.

We saw no incidents where a Residents dignity was compromised.

8.5.3 Effective communications - alternative systems and accessible information

Resident's room doors are furnished with a personalised nameplate that includes a pictorial image appropriate to their interests - e.g. fishing, needlework.

Pictorial images are used to indicate doors that open into bathroom and toilet areas.

The lunch and dinner menu both had pictures to aid choice.

Residents who need support with communication are assessed and arrangements for equipment etc. are made via the Speech and Language (SALT) Team. Individual's needs are recorded in care plans.

8.6 Physical Welfare

8.6.1 Appearance, dress & hygiene

All residents seen, whether in bedrooms or in communal areas, were properly and appropriately dressed.

All appeared clean and well looked after.

Showers and bathrooms are available and are regularly used with residents able to choose.

8.6.2 Nutrition/ mealtimes and hydration

We were not on site during a meal service. When we arrived the majority of residents had just finished eating and getting ready for an afternoon nap or activity session.

A copy of the week's menu was displayed. Residents choose meals in advance, but alternatives are always said to be available. There were in fact several choices available including sandwiches at lunchtime. We were told that the weekly menu is rotated on a four weekly cycle.

The dining room is large and spacious with plenty of room between tables. We understand that residents can if they wish eat in their own room.

Food was described by several residents as ***“Excellent.”***

One resident described the food as being, ***“Similar to that I would make myself.”***

A staff member was observed bringing drinks to residents in own rooms and also to lounge areas. A member of staff commented, ***“We try to keep resident's fluid levels high and regularly help them with drinks.”***



The home is divided into sections with each section named after a local area around Chester.

A bus stop with bench provides an additional corridor display.



8.6.3 Support with general & specialist health needs/Maximising mobility & sensory capacities

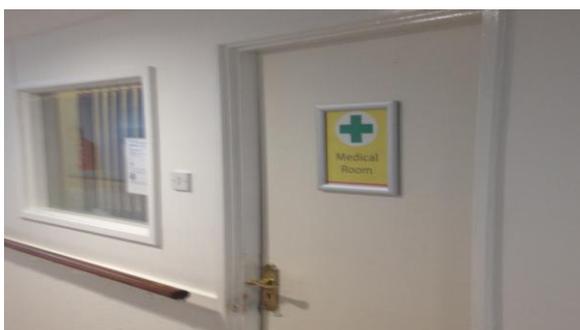
Representatives understand that GPs visit the home regularly from City Walls surgery. Residents are allowed to keep their own GP and some are still registered with the Blacon surgery.

All residents at the Willows have Elderley Mental Illness (EMI) in one form or another but many also have a variety of conditions that include end of life matters.

We were told that two nurses are on duty during the daytime and nigh-time shifts and that both the manager and her deputy are qualified nurses.

We were told that a Podiatrist visits on a weekly basis and other health professionals as required.

Although there is no hearing aid loop we understand that all staff are skilled in hearing aid maintenance.



The home benefits from having a separate medical room

8.7 Social, emotional and cultural welfare

8.7.1 Personalisation & personal possessions

Personalisation of rooms is evident through photos, pictures ornaments etc. One lady resident spoken to by a Representative went on at length listing orally all the items she had been able to bring from her own house - it was quite a list!

Residents are not allowed to bring pets into the home but there is some contact with animals when 'Pets as Therapy' visit.

8.7.2 Choice, control & identity

Residents we spoke to generally did give the impression that they were able to exercise a degree of choice over their care and what they were able to do at the home. This needs to be taken into context, however, with many residents experiencing EMI problems choices often had to be made for them by staff and

relatives for their own safety and wellbeing.

Staff do support residents with things that they are interested in an example was viewed where one member of staff was helping a resident with a word- search.

We were told that several residents visit Chester City Centre.

A Smoking shelter is provided in an outside area. Residents are allowed alcoholic drinks but only after a medication assessment.

8.7.3 Feeling safe and able to raise concerns/complaints

Some residents we spoke to were able to have a short 'lucid' conversation - two indicated that any problems are sorted quickly.

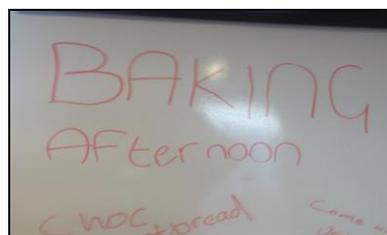
We understand that resident's meetings are held monthly and organized by the activities co-ordinator.

Some residents benefit from having an advocate or relative to speak up for them.

The home's complaint policy is clearly visible in the entrance to the home.

8.7.4 Structured and unstructured activities/stimulation

A number of activities are planned over the week and month and a plan is displayed. There is a hairdresser who works on site.



Activities planner clearly displayed. On the day of our visit a baking activity had taken place.

As well as music, craft, quizzes and the usual bingo co-ordinators will also work with individuals on a one to one basis.

Recent large events have included a Bonfire Night and Halloween Event. (It was noted that posters for these events were still on display).

Regular trips are arranged into Chester.

We were told that the home has close links with Chester City football club and the local community centre - the latter attended regularly by some residents for Friday coffee mornings.

8.7.5 Cultural, religious/spiritual needs

Currently only a Church of England service takes place monthly at the home and conducted by local clergy. We were informed that in the past, if a resident wished to attend a special service, arrangements have been put in place to facilitate this.

8.7.6 Gardens - maintenance & design/suitability for use/enjoyment

It was noted by Representatives that all the garden areas were tidy and well maintained.

All internal garden areas appeared safe for residents. We understand that some residents enjoy gardening and take part in some planting. We were also told that plans are in place to extend this activity next year with the provision of raised planters/beds.

9. Observations

9.1 Elements of observed / reported good practice

Comments received from residents:

- *“I like it here. The staff all look after us well and we mostly all get on.”*
- *“We could do with more activities but then again some of us are not up to much.”*
- *“I like it when the singers come in.”*
- *“We all like the manager - she will support us.”*
- *“Some of the men are a bit noisy at times. I don’t mind but others don’t like it.”*

One member of staff commented on the management team - *“The management team and staff here go above and beyond to provide for residents. There is a high standard of cleanliness. The manager and Deputy manager have worked hard.”*

9.2 Other observations / findings of note applicable

Representatives viewed most of the toilets in the building and found them to be clean. However, we had some concerns that a disabled visitor (wheelchair user perhaps) would have some difficulty accessing a visitor’s toilet without assistance. We feel that recent refurbishments should have considered this.

It was noted that for a short period the office area was left unlocked.

10. Comparisons

10.1 Comparisons of observations against providers website

As outlined above - there is no specific website for either the home or the owner.

10.2 Comparisons with previous Healthwatch visit(s) where applicable

This is the first visit that Healthwatch has made to this establishment.

11. Recommendations

- Consider modifications to door furniture and layout of visitor's toilet to make fully disabled friendly.
- Update poster displays
- Continue with garden improvements/involvement

Feedback from Provider of Service

At time of publication - No feedback received.