

Halton View Care Home

Enter & View visit

17 January 2024

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What is Enter & View?

People who use health and social care services, their carers, and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable us to carry out our activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton has a legal power¹ to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care.

These visits are carried out by small teams of trained members of our staff and volunteers to observe a service at work.

We carry out our 'Enter & View' visits not as inspectors but as visitors to that service. We view the service provided and observe the care and support offered and we look to obtain the views of the people using those services.

Prior to our visit we sent the manager a link to an online questionnaire to pass on to staff and also one for family / friends of residents to give their views.

¹ [Section 225 of the Local Government and Public Involvement in Health Act 2007](#) and [Part 4 of The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)

Why did we carry out this visit?

Enter and View visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to Halton View Care Home was an announced visit to learn more about the service, and to find out where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

Our Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

There were no safeguarding concerns identified during this Enter and View visit.

Enter & View Visit Report

Care Home: Halton View Care Home, 1 Sadler Street, Widnes, WA8 6LN

Service provided and run by: Hillcare 1 Limited

Manager: Jo Cookson

Service type: Dementia and Residential Care home.

Healthwatch Halton Enter & View Team:

Tracy Cresswell, Jude Burrows, Julie Birchall

Date of visit: 17 January 2024



Who we share the report with

This report and its findings will be shared with the provider, Local authority quality team (depending on the visit), Halton Place ICB, Care Quality Commission (CQC), Healthwatch England, and other local stakeholders as appropriate. The report will also be published on the Healthwatch Halton website.

Healthwatch principles

The Healthwatch Halton Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

- 1. A healthy environment:** Right to live in an environment that promotes positive health and wellbeing.
- 2. Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients reaching crisis.
- 3. Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family.
- 4. A safe, dignified and quality service:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect.
- 5. Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.
- 6. Choice:** Right to choose from a range of high quality services, products and providers within health and social care.
- 7. Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.
- 8. Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Halton View Care Home

Halton View Care Home is located in a residential area of Widnes. The home provides support to older people including those living with dementia and can accommodate up to 64 people. The ground floor provides accommodation for people who require general residential care, and the first floor accommodates people who are living with dementia.

At the time of our visit the home had 39 residents. Following a CQC visit in June 2023 the home had been given an 'inadequate' rating and they had been working with the CQC and Local Authority on an action plan, and the home voluntarily suspended admissions and in December 2023 the home chose to lift the suspension and take admissions slowly.

There are several staff employed across various roles including seniors, care assistants, housekeeper and their team, catering, maintenance, admin, manager, and deputy. Shifts are split into 12-hour shifts, 8am to 8pm and 8pm to 8am; for both carers and senior staff. During the day there are six carers and two seniors on shift (four staff on each floor) and in the evening two seniors and two carers on shift (two of each floor). There were 20 residents living with dementia residing on the first floor and 19 residents requiring residential care residing on the ground floor.

Initial Impressions

The outside of the building seemed to be reasonably well maintained and tidy on the approach to the main entrance. The area by the main entrance was gritted as it was an icy day.

There was parking at the rear of the home with a drop off point in the immediate front of the property.

The garden at the rear of the property was very spacious with a number of different seating areas for the residents. It seemed to have decent accessible access. It appeared a bit untidy in places, especially a courtyard which had some litter in it. We were informed that the area is checked regularly by maintenance staff and any litter will be removed.

Access to the home is via a secured door with a doorbell. A 5-star food hygiene rating is displayed on the main door.

Internal Environment

On arrival we were welcomed by the care home manager, Jo Cookson. We introduced the team and were asked to sign the visitors' book. There were face masks and hand sanitiser to use if required.

The reception had a warm and welcoming feeling to it and was bright and airy. There was comfortable seating situated within the reception area, with a piano situated in the corner area.

The decor throughout the building was in the process of being updated, the maintenance / handyman explained that they were currently painting a feature wall in each of the resident's room who had chosen the colour.

The lounge area on the ground floor seemed a little sparse and not as homely as the dining area.

The dining area downstairs was nicely decorated with artwork, patterned curtains and the table set with cloth tablecloths and napkins. Menus were displayed on the tables with that day's meals. A radio was playing music in the background, the dining area had a LifeVac kit mounted on the wall with a poster explaining how to use it if a choking incident occurred.

On the dementia floor, there was a brick style wallpaper throughout the corridors. Each resident's bedroom door was numbered and coloured to make them look like front doors. The majority of residents' rooms had a picture of the resident and a few sentences around their interests outside their room. We observed that there were some rooms that had no information outside, which we were informed was each resident's option to choose.

Different areas of the dementia floor had different areas with a range of artwork, one section had old photos of the local area, one section had a pleasant beach front style and another section had flowers. The corridors had contrasting coloured handrails, however a small section of handrail was slightly wobbly, we fed this back to the manager at the end of the visit.

There were two dining areas on the dementia floor, one was locked and unused with the other one being set for dinner with tablecloths and napkins, menus where displayed. Outside of the dining areas there was a pictorial menu displayed on the wall, it had the date, time, and clear image of the meal choice for the day, however it was positioned quite high above people's eye-line. There was a large clock on the wall which was displaying the wrong time.

Essential Services

The manager and deputy told us they assess to see if they can meet the needs of the residents. If they can meet the needs, they will liaise with the social worker, resident and family members. They are invited to view the home, if they are happy and the home can meet the needs of the resident, they will arrange a date for them to move into the home. On the first day they are made welcome, introduced to the other residents, a full body map is taken with consent, this includes photos, again with the residents' consent. A care plan is fully implemented within seven days which includes all the medical history, life story, likes, dislikes etc. Plans are reviewed monthly or sooner if any changes happen.

All staff receive mandatory training, the manager explained that they have received dementia awareness on-line. We also asked if staff were offered training on learning disability and autism, if it was appropriate to their role. We were informed that the home already provides learning disability and autism training on e-learning and is considering the Oliver McGowan training. The manager explained that they currently have no residents with challenging behaviour, however they would be referred on if it became a challenge and affected the delivery of care for the resident.

Some staff expressed that they had received the relevant training since the new manager had been in post, with one staff member saying that they had been doing their role for a while and they had only received the training since the manager had been in post from June 2023.

Access

We were welcomed into one resident's room to have a chat. The room was clean and decorated nicely. They said they were waiting for the continence team to visit after the home put in a referral, at the residents request. They were told there is a 3 week wait. A GP had come to the home and the resident had expected a consultation but felt she was missed out. Staff were aware of this issue. The resident also expressed they would like to see a physiotherapist. We shared this information with the manager who assured us that they would look into this for the resident.

Residents welfare

During our visit, we noted that access to the first floor was via a keypad code.

We observed all the toilets and bathrooms were clean, with safety cords and appropriate heights and dementia door signs, however we did not observe any of the toilets having contrasting colours, as for some residents living with dementia they may not be able to distinguish the toilet seat if it is the same colour as the pedestal, so having a contrast colour toilet seat limits them having issues finding the toilet.

Whilst we were chatting to residents, we observed that staff responded promptly to call bells.

Several residents invited us into their rooms, we noted the rooms being clean and decorated nicely. One resident expressed *'the girls are lovely'* and *'they are very busy, so I don't want to trouble them often'*. They told us they liked to keep their independence. Another resident appeared to be struggling to use their TV, however they did not want any support with finding the TV programmes they wanted to watch.

We observed that in the dining room had a Life Vac kit mounted on the wall with information explaining how to use it if a choking incident occurred.

All the residents that we engaged with throughout the visit told us they were happy, with one resident saying, *'It is very nice here, I like it here and want to stay here, staff are good, and they always help in the night'*.

Information

The homes complaints procedure and safeguarding information was displayed on a notice board in the reception area. The board also contained information on Care Act Advocacy, but no contact information for the Advocacy Team. A Healthwatch poster was displayed which had the correct contact details but the incorrect address. We will supply the home with updated posters.

Another notice board displayed in the reception area included support information and weekly food menus, along with photos of residents taking in part in activities.

There was also an information folder near to the signing in book. Included in this folder was useful information around what the staff uniforms meant, there was a space for the hairdresser details, but this had not been completed.

As the home was waiting for a new activity coordinator, weekly activities had not been displayed but they displayed days / times that entertainers were coming into the home. There was an entertainer due in the afternoon of our visit.

The manager explained that they put meetings in place for staff, relatives and residents and they would take place every three months. The meetings would be displayed in reception via the noticeboards or sent out by emails.

We suggested having a resident noticeboard and the meetings and other information could be displayed.

During our visit we observed all staff wearing name badges.

Staff members we spoke with told us that staff are included in the meetings and have opportunities to have an input. In addition to quarterly meetings, the home holds daily / weekly flash meetings for the Heads of Department.

The manager explained that since they started at the home in June 2023, they have ensured that all the staff have support / development with a yearly appraisal, and they have a matrix to follow. The manager receives support on a

weekly basis from the regional manager who was in attendance during today's meeting.

Staff told us that they had previously not received appraisals or supervision due to the constant change in managers. One staff member said they had worked under five different managers in just over five years, however since the current manager has been in post they have received supervision and continued support.

Choice

Several of the residents expressed that they had choice over the clothes they wear.

Several of the residents told us that they had choice over the food, however one said, *'food is never hot enough for me, I'm sick of cheese on toast'*.

During our visit we saw there were menus displayed including pictorial menus that residents can choose from.

One staff member told us that when they cleaned resident's rooms, one resident only likes to have her bed done.

During our visit we noted there was juice and water readily available for the residents, however we didn't see any snacks being available.

Being listened to

We asked how the home shares lessons learnt from the compliments / complaints etc, and we suggested a *'You said, we did'* or didn't do format with an explanation as to why, this would update all the relatives, staff and residents and the home will be open and transparent.

One family told us they visit the home each day and told us they can call in at any time they choose. They requested that their family members bedroom door be left open, and that the TV be switched on each morning. This was followed up

by the home and signs were put up to make all staff aware. This has made the resident more comfortable.

Being involved

We observed friendly interactions with the care staff and residents, chatting about family and supporting the residents to get ready for their day.

We saw care staff checking with the residents on the dementia wing, asking if they would like to see the entertainer performing that day. We later saw the performer singing to a big group of residents in the lounge.

Current challenges for the home

The manager told us that they are working with the team to adapt changes, supporting staff with change management as several staff have not had the consistency of management.

We asked staff what they would change in the home, they mentioned re-decorating throughout the home, including changing the carpets, to have more of a social area, and a minibus to take residents out and about.

Friends and Family feedback

An online questionnaire was made available for residents' families to feedback their comments about Halton View Care Home.

They were asked, 'What does the home do well?' and 'What could the home do better or improve?' Nine responses were received to the survey.

What does Halton View do well?

- Give my mum the feeling of security. I have every faith in the team at Halton View and I feel reassured every day knowing she is in safe hands.
- The one-to-one care is excellent. Residents are treated with dignity & affection as well as personal care being delivered efficiently. The rooms are

comfortable and clean. Food appears to be tasty and plentiful. Some refurbishment & decoration is ongoing & I am looking forward to a replacement events organiser starting soon.

- Very welcoming home. Staff are very friendly and care about their residents.
- The staff are friendly and welcoming and great at communicating. I feel like they genuinely care for my mum.
- Overall day to day care of my brother. They keep me informed about his needs and care.
- It provides appropriate care in friendly surroundings.
- Has a few staff that care for their residents.
- Very friendly and caring staff
- Staff are very friendly and attentive.

What do you think Halton View could do better or what do you think could be improved?

- Well, I think it is on the way – events organiser due to start & refurbishment has started. I am MUCH MORE CONCERNED about my husband's personal care & I have never had any cause for concern.
- Care is very good for the residents- the activities could be improved although they were advertising for an activities coordinator.
- They need more staff on duty and more activities in the home to entertain the residents.
- I would like him to join in more with activities. I appreciate this can be difficult if he does not want to join in, but really would like him to be more involved and more active. It would be nice if they could maybe go out on outings occasionally.
- More opportunity for regular social activities and encouraging residents to participate.
- Have more staff that know their residents. Follow medication guidelines fully. Communicate better.
- I know it's all down to money but I would like my father's room to be slightly smarter, new carpet, walls re-painted more homely etc

- Communication with relatives needs attention More social media posts so we can see what they are doing.

Additional comments

- I cannot thank the team enough for all they do for my mum. The smile on mum's face when I take her back from a visit says it all. They are genuinely caring and have the most amazing empathy. Debbie and Jenny are an absolute asset to the care home. I trust them immensely. Keep up the good work Halton View
- New management appears to be effective, as is the office manager. The atmosphere at Halton View is friendly & welcoming. I have found staff supportive to relatives who are naturally distressed at times.
- They need more staff on duty so they can spend more time with the residents and taking care of their needs and more entertainment/activities. It would also be good if they had occupational therapists and physiotherapist in there to aid the mobility of the residents who need it.
- Staff are always friendly and quick to access medical support from external services when needed.
- Happy with care given. Room tidy Lack of communication I never know how each day or week has been. Personal hygiene is sometimes an issue.

Summary

Healthwatch Halton would like to thank all the residents and staff at Halton View for allowing us into their home and workplace and for taking time to talk to us.

During our visit, residents at the Halton View seemed happy, comfortable and well looked after. We viewed good engagement between the manager, staff and residents. Our visiting team stated they could see the improvements that had been made at the home and were pleased to hear about what further works were planned. The feedback we've received from family members also highlighted the positive changes taking place to ensure residents receive the best care possible. We hope the home's management will pass on these positive comments to staff at the home.

There were also some comments received which highlighted areas the home could further improve on, in the view of the respondents. We hope these will also be taken into consideration by the management.

Recommendations and suggestions

We acknowledge the pressure that providers in the social care sector are under. Financial pressures, capacity pressures and the growing complexity and number of medical conditions that service users have makes it an incredibly challenging environment.

We provide the following recommendations as suggestions towards providing what we feel would be best practice.

- 1.** We are aware that the home is in the process of recruiting a new Activities Co-ordinator. The need for this role, to provide more activities at the home, was highlighted by a number of people in the report. We recommend this post be filled as soon as possible.
- 2.** We recommend providing The Oliver McGowan Mandatory Training on Learning Disability and Autism for all staff.
- 3.** We recommend the introduction of a *'You said, we did'* board for all residents, and regular updates for relatives that would include any changes that have been made from comments, complaints etc.
- 4.** During any planned redecoration or renovations consider making dementia friendly changes to the environment. In particular, we recommended that toilet seats should be in a contrasting colour. This can help reduce confusion and lowers the chance of accidents.
- 5.** During our visit we highlighted a section of handrail that was not secure. We would like to request confirmation when this has been repaired.
- 6.** During our visit we noticed that not all clocks throughout the home were displaying the correct time. This could cause confusion for some residents. Ensure that all clocks display the correct time.
- 7.** If there are plans at the home to change the layout on both floors, we would suggest there is a need to update the home with some new soft furnishing, plants etc.
- 8.** We noted that residents had access to juice and water available for residents, we'd suggest having snacks readily available as well.

Service Provider Response

Response received from Ann Gregory, Regional Manager, Hill Care Group.

Our response to your recommendations and suggestions are as follows:

- 1.** New activities co Ordinator has now started and is in post.
- 2.** The Provider is considering the Oliver McGowan training at this home.
- 3.** A 'you said, we did', board is currently being prepared.
- 4.** As part of our continuous development and program of improvement we are making changes to the environment that support those living with Dementia.
- 5.** The handrail has been repaired.
- 6.** All clocks have been checked and are displaying the correct time.
- 7.** The environment is included as part of the improvement plan.
- 8.** Due to the nature of the people we support we can't readily make available snacks for reasons such as choking risks on both floors however snack and drinks are offered mid-morning, mid-afternoon and in the evening. Fluids are also offered at all mealtimes and with all medication rounds and the residents are encouraged to ask for snacks and fluids as and when they choose.



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