

Healthwatch Cheshire West Enter and View Report	
Enter and View Visit to	Sandiway Lodge Dalesford lane, Sandiway, Northwich CW6 2DR
Date	19 <sup>th</sup> February 2015
Authorised Representatives	Denise Pritchard, Chris Banfi, Val Pasley, Margaret McDermott.
Staff Present	Beverley Smith - Manager
Background	Sandiway Lodge is a home providing care for the elderly and frail and also offers care for clients with physical and learning disabilities. No nursing care is available. The registered provider of the service is Springcare who advertise themselves as a family run business and operate a number of other care facilities in Cheshire, Shropshire and the Wirral. The manager told us that the company was very supportive. The home is an old property with two floors; first floor is accessed by a large staircase and a lift. It stands in large, well maintained grounds and has a 36 bed capacity with a 31 resident occupancy at the time of our visit. Most rooms are en-suite (toilet and wash-basin) other rooms have washing facilities.
Overall Impression	The general standard of the premises was good but there were areas which definitely need decoration particularly the corridors leading to the conservatory. Beverly told us that she had put in a request to address this. Cleanliness throughout the building was good and no unpleasant smells were noticed. All bathrooms but one had been refurbished to a high standard. <b>Representatives noted good interaction between staff and between staff and residents.</b>
Any ideas or suggestions for improving service?	Representatives felt that the following points should be addressed/considered: <ul style="list-style-type: none"> <li>• <b>Maintenance</b> - Internal decoration to some of the shabbier areas e.g. damaged paintwork, conservatory roof leak; to improve the home environment. Refurbishment of Toilet on ground floor.</li> <li>• <b>Food/beverages</b> - Daily menu is not displayed anywhere for clients to see. Beverly said she was planning menu cards for the tables in the dining room. This is a suggestion that was flagged up on a visit by Local Involvement Representatives in 2012 and has not been addressed. Introduction of tea and coffee making facilities for the use of residents and their relatives so that they feel more in control of their environment.</li> <li>• <b>Environment</b> - The large hallway is used as a sitting area by clients however the call bell system there is very loud. Representatives wonder if this could be moved so that it is less annoying for residents and their visitors. Storage of wheelchairs appears to be a problem; a number were observed in hallways and corridor. Representatives felt that the chair in the entrance lobby was a little shabby and did not give a good first impression to visitors, however, the fresh flowers there did.</li> <li>• <b>Health and Wellbeing</b> - Representatives felt that there was an increasing</li> </ul>

problem with the number of clients with dementia being admitted to the home with clients that have good communication and understanding, feeling isolated. One lady said, *“It isn’t like it used to be anymore. It’s more like a hospital now and there is a lot more noise.”* The activity co-ordinator told us that they find this is an increasing problem and more help would be useful. Problems in the dining room also need to be addressed with the dementia residents. Representatives feel that Springcare should provide Dementia training for all staff in order to avoid upset and promote well-being.

- **Complaints policy should be available and perhaps displayed.**

### Environment

At the entrance to the home is a small lobby with a table with fresh flowers. There was a visitor’s book for recording all entries. A file was prominently displayed here for compliments of which there were many. We saw no complaints entered. We did not observe a complaints procedure anywhere for the residents to see.

A large hallway, which many residents used as a sitting area led to a large lounge where seating was arranged appropriately. All seating was clean and well upholstered. All carpeting was in good condition. There was a smaller lounge and sun lounge which did not appear to be used very often, one resident said that [she], *“Felt cut off there.”* Representatives noted that the roof was leaking in the sun lounge.

We saw a well-equipped hairdressing salon.

The dining room was large and the tables well laid.

Bedrooms were of a reasonable size. We were told that when a new resident arrives they can choose the decoration of their room and maintenance staff then carries out the work.

External appearance of the home was good for the time of year; gardens were pleasant and interesting with seating for the residents.

Representatives felt that Housekeeping was good throughout the home.

### Health and Wellbeing

**Staffing** - We were told that Staff at the home are encouraged to advance their careers and all carers have an NVQ level three qualification. We were informed that the home had experienced a small amount of staff turnover over the last year due to staff members following career choices outside of Springcare. However, Beverly said the current staff are now settled.

Representatives understand that there is soon to be a change in shift patterns to bring the home in line with the rest of the organisation. Beverley told us the staff were happy with this as, *“It meant that all staff would have more consecutive days off.”* She said, *“Staff are flexible and amenable and happy to do extra shifts if required.”*

Springcare have their own company called Paramount supplying bank staff when needed; this ensures continuity. There is a computerised system used for staff rotas. Most staff appear to stay at the home for a considerable time indicating they are being well treated and happy in their jobs.

**We noted good interaction between staff and between staff and residents.**

**No complaints policy was visible; when staff were asked by Representatives about this they could not find the information.**

Representatives were informed that care plans are reviewed monthly or altered when change is needed and that the manager carries out monthly audits on 3% of care plans. We understand that residents are weighed monthly and a dietician adjusts diets if necessary. Fluid intake is also monitored regularly. If a resident requires nursing care district nurses will attend the home.

Springcare employs a podiatrist for foot care; they visit every four to five weeks.

The Winsford Pharmacy supplies medication in blister packs. A medicine trolley was seen parked in the hallway and we observed the morning medicine round taking place. There is also

a medicine trolley upstairs. We were told that both trolleys are locked away in the dispensary room at night although they are locked but remain out during the day. Some special medication is stored in the dispensary with the “homely remedies” these are medicines which are not prescribed eg. Paracetamol and cough tincture. Records of administration for all medicines are kept.

A GP from Danebridge surgery visits weekly on request. Residents’ own doctors are used on request. We were informed by the manager that the GP mentorship scheme is no longer functioning owing to GP funding, Beverley thought this was a great loss as managers found the meetings very helpful.

**Fire Precautions** - There are currently four zones but a new fire panel to be fitted will have six zones. Representatives were informed that the fire alarm is tested weekly at slightly different times. There are personal evacuation plans in place and these are shown on residents’ doors. There are fire sledges at places near the fire exits for use if required.

All residents’ rooms are marked with their names and universal card stickers denoting their particular needs.

We did not observe the laundry but were told by Beverley that it operates seven days a week; she said all residents’ clothes were marked and always returned to their rightful owners. Problems sometimes arise with respite care residents whose clothes are not always marked.

Mealtimes are protected but can be flexible to suit the resident’s wishes. All food is freshly prepared and a choice of menu offered. Food is locally sourced where possible. Staff assist anyone needing help. Some residents choose to eat in their rooms.

A problem for the home is the number of residents now suffering from dementia; this is impacting on life for those not suffering from dementia. The dining room should look attractive for those who can appreciate it but for those with dementia tablemats and linen napkins can be confusing. Beverley told us that some use the napkins as handkerchiefs, causing problems with hygiene; they can also be noisy and upsetting to the other residents at meal times.

### Activities and Community Links

The home employs a full time activities co-ordinator whom we spoke to. She has been there for four years and has a number of qualifications. She seemed very enthusiastic and experienced. She told us that they decorate the house at various times of the year such as Christmas and Halloween, staff bring in their own families and they all have a, “**Brilliant time!**” and that “**Residents really enjoy these family times.**”

Each resident has an activity profile in their care plan and in a separate activities folder. The activities coordinator said that she tries to collect information about residents’ past activities and interests thus tailoring activities to individual residents.

The home has the use of a company mini bus on a Monday; this is used for trips out for coffee and cakes, visits to garden centres and other local places of interest. The coordinator has a budget and also arranges fund raising events to help with the cost of trips.

Residents meetings are held quarterly and relatives are invited to attend. A quality assurance questionnaire is currently being done for feedback from the residents and relatives and the results will be published for discussion.

Local churches are involved with the home.

### Feedback

We had good opportunity to speak with the residents and these were their comments:

- A lady stated, she was very happy living there, and the staff, “**Do their best for you... They listen if anything is wrong and sort it out**”.
- Another resident said, “**There are more residents and that it is becoming like a**

*hospital. There is always too much noise.”*

- A gentleman resident stated, **“All good here I have no complaints.”**
- Another lady told a Representative that she was very independent, she had no complaints and was satisfied with everything. She said, **“The food is very good.”**
- Another lady said the food was good and she was, **“Well looked after!”**
- A lady stated, **“I’m well looked after here and have no complaints , the food is very good.”**
- Several other residents told us the food was very good.
- A lady stated, **“I would rather be at home. Only two of us out of thirty here have got their marbles.”**
- Another two ladies on the first floor told us that they stayed in their rooms most of the time. They told us, **“We have got the two best rooms; mind you we pay for them! Lovely! Nice girls look after us. We have a laugh with them.”**

**At the time of our visit there were no relatives present at the home for us to speak to.**

#### **Additional Comments**

Representatives commented that the facility, a magnificent old house, was well used in its conversion to its present use and that residents’ rooms were of a good size and reasonably furnished; that the staff at the home appeared to be all caring people, who did their job because they enjoyed it and would like to thank the manager, Beverley Smith, for welcoming us and for her time spent with us.

#### **Feedback from Provider of Service**

*At the time of publication no feedback has been received from the provider of this service.*