



Enter and View

High Peak

Semi Announced Visit

15th January 2025



What is Enter and View?

Part of Healthwatch Warrington's remit is to carry out Enter and View visits. Healthwatch Warrington Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. 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 that we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Warrington's 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 Warrington's Safeguarding Policy, the Service Manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

Details of the Visit

Details of Visit	
Service Address	High Peak Main Lane Kenyon Warrington WA3 4AZ
Date and Time	15 th January 2025 1:30 PM – 3:30 PM
Authorised Representatives undertaking the visit	Lisa Fidler Norman Holding Dot Holding

Acknowledgments

Healthwatch Warrington would like to thank the Registered Manager, staff and all the residents for their co-operation during our visit.

Disclaimer

Please note that this report is related to findings and observations made during our visit on 15th January 2025. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Who we share the report with

This report and its findings will be shared with the Manager of High Peak Care Home, Care Quality Commission (CQC), Healthwatch England and other partners. The report will also be published on the Healthwatch Warrington website.

Healthwatch Warrington's details

Address:

The Gateway

85-101 Sankey Street

Warrington

WA1 1SR

Website: www.healthwatchwarrington.co.uk

Telephone: 01925 246 893

Healthwatch principles

Healthwatch Warrington's 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.

Purpose of the visit

The visit was semi announced and was part of the ongoing work programme of Healthwatch Warrington.

Details of the service

High Peak is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual

agreement dependent on their registration with us. High Peak Care Home is a care home with nursing care.

Provider Service and Staff

The care home has 33 beds (at the time of the visit 27 were occupied)

Joanne Goodwin was the registered manager at the time of visit; Joanne has been in post for a month having been transferred from Chester, Joanne has had previous roles as care home manager and has a background in nursing.

The home has a multitude of staff including:

- Home manager
- Deputy manager
- Registered Nurses
- Care Assistants
- Laundry Assistants
- Housekeeping
- Chef
- Assistant Chef (currently on maternity leave)
- Maintenance Operative
- Activity Coordinator
- Administrator

Results of the Visit:

Residents Feedback: High Peak

“I am very happy here; I have no complaints”.

“I feel safe and looked after very well”

“It is not regimented in getting up and I can join in with things I like”.

“Sometimes there is a bit of conflict with other residents, but I get on with most of them”.

Enter & View

Relatives voice:



First impressions

High Peak had good signage that was easy to see from the road. The building and external greenery were tired and unkempt on entering the grounds, the building is part listed (stained glass at the front of the building). There was very limited visitor car parking, no car parking spaces were available on arrival, the building sits on a narrow road with very limited street parking.

Entrance to the building was locked with a button to ring and we waited for the door to be opened by a member of staff. The authorised representatives (ARs) were greeted by a care worker who checked our identification and asked us to sign in on the book provided. The reception area was warm but small and cluttered with boxes, there is no reception desk. ARs were given a tour of the home by the care worker as the manager was otherwise engaged in a meeting at the time of our semi announced visit.

The décor was tired, and the carpets were worn, this contributed to the general feel of the home. There were no noticeable odours on entering the reception area, however ARs noted unpleasant odours on entering the resident's area.

Well Lead

A member of staff gave the ARs a tour of the home. Staff were friendly and welcoming. Staff wore appropriate clothing according to their roles and were readily identifiable, however not all staff were wearing name badges. There was a duty staff notice board which was not filled in, there were pictures of staff but how this related to those on duty was unclear. Mandatory training for all staff includes dementia training, feeding needs and moving and handling among others, these are accessed via an online training portal.

ARs were informed that agency staff are not rostered but are sometimes utilised to cover staff sickness or leave, the same agency are used if possible.

Staff that ARs spoke to stated that they are well supported, receive training as required and that it is a welcoming, friendly place to work. It was stated that some staff utilise their registered bodies for additional training. Some staff that ARs spoke to stated that there is a high staff turnover due to the semi-rural location of the home. It is difficult to get to without their own transport and it has a limited bus service. Other reasons noted were due to the age and layout of the building.

The manager expressed the challenges of no investment being made into the building and management of staff that are not receptive to change. Joanne is enthusiastic about promoting person centred practice.

Access to Services

The residents at High Peak are registered with Culcheth Medical Centre.

High Peak stated that residents are registered with Hob Hey Dental Practice who provide domiciliary visits for residents unable to leave the nursing home. Opticians attend High Peak on an annual basis.

Residents have access to a hairdressing service once a week.

The home has an activity co-ordinator and offers activities such as pony visits to the home. There didn't appear to be a structured schedule of activities however there were some activities posted on the notice board.

Safe

The building was secure with signage visible at the entrance to the car park.

There were visible fire alarms throughout the building which were well signed, and all fire panels have a location drawing located adjacent to them.

Throughout the building there are alarm panels which are visual and audible. It was observed that most panels had activated alarms, some up to 18 hours old which appeared to have been actioned but not cleared from the system. ARs enquired why this was the case, they did not know and cleared the screen. Residents that ARs spoke to stated that the staff respond to the alarms.

There are three floors, there is lift access to two floors in addition to stair access and a stair lift available on two floors. Handrails were observed throughout the home.

Bathrooms were adequate and well equipped with safe lifting equipment and alarms in place, toilet seats are dementia friendly as they are in a contrasting colour. Bathrooms and shower rooms had inadequate signage; signage should be dementia friendly. Some bathrooms were being used as storerooms for equipment.

Nurses that ARs spoke to stated that medication rounds are controlled and monitored via a handheld IT system, however medicine rounds were not always protected, and staff can be interrupted.

Safety equipment for evacuation is available on landing areas. The top floor has a sprinkler system installed. During our walk around the home numerous items of equipment were left on corridors and landings, these included hoists, wheelchairs and vacuum cleaners. The building, particularly where resident rooms are located is a labyrinth of corridors, many of which are very narrow. Resident rooms vary in size and shape.

On the first floor a food tray was observed left on a corridor windowsill with partially eaten food which was removed when brought to the attention of a staff member. On the same floor a window was cracked and held together with Sellotape.

The dining area which adjoins the large lounge was untidy.

Caring

Staff were observed speaking and interacting with residents and using their preferred name. There appeared to be a good relationship between residents and staff. Each resident had their own care plan which is discussed with them and relatives on a regular basis. Care plans are held electronically.

Noise levels observed were appropriate and residents stated that they are generally not disturbed by noise. There are two communal living room areas and dining rooms. There were appropriate chairs provided with a few assorted styles.

Rooms and communal areas were looking tired, and the lighting levels were exceptionally low giving a depressed feeling.

We did not observe a 'you said, we did' board, the manager confirmed to ARs that they do not have one in place currently; however, feedback is listened to during meetings with residents and relatives once every 2 months. A 'you said, we did' board helps the home illustrate that they are listening to residents and family members and implementing positive changes.

Responsive

The home has an activity co-ordinator who provides activities for the residents to participate in. A few examples of activities on offer include:

- Games
- Therapy animal visits
- Talks
- Exercise classes.
- Trips to various locations.

ARs observed staff interacting with residents ensuring everybody gets involved.

A hairdresser visits the home weekly, a Podiatrist and Optometrist attend periodically. The home has regular relative/resident meetings to allow for feedback.

There are limited outdoor areas available for residents. There is a patio area with uneven paving flags, following this area is a windy narrow ramp leading to the grassed area where summer activities are held. Staff informed ARs that the lower grassed area is only really used in the summertime. The outdoor areas are in need of a general tidy and ongoing maintenance.

Food

The residents spoken to were happy with the food quality and the amounts provided. The menus seen on the day of our visit were limited in choices at lunch and dinner. Hydration was available. The dining area was dim and decoration, as well as carpets are looking tired.

Special occasions are catered for, and relatives were always welcome at these events.

Effective

The building is showing its age with internal and external maintenance required. Internal decoration is very subdued and would benefit from a refresh to brighten the home. The lighting levels throughout are low and lifting this would be beneficial. The home was generally clean but is in need of redecoration and maintenance. Carpets in corridors and stairways had an unkempt appearance and appeared to have not been vacuumed for some time.

The residents are able to personalise their room if they wish.

The bathrooms observed were large and had room for a wheelchair, they were clean, had hoists fitted and an alarm. Equipment is being stored in corridors and in bathrooms. A hoist was observed propping a door open.

Activities are being delivered regularly; some are posted on the notice board in the corridor however it would be beneficial to have a weekly written and pictorial schedule that can be viewed by both residents and visitors.

Conclusion

In summary, High Peak offers a caring and supportive environment where residents feel safe and well-looked after by a dedicated and friendly staff team. Both residents and their relatives expressed satisfaction with the care provided, highlighting positive relationships and staff responsiveness. The home provides access to essential services and activities, although there is room for improvement in creating a more structured and visible activity schedule.

However, the physical condition of the building, including its décor, lighting, and maintenance, detracts from the overall experience, creating a tired and somewhat depressing atmosphere. Bathrooms are adequately equipped, but storage issues and clutter in communal areas raise concerns about safety and accessibility. Similarly, the outdoor areas require attention to enhance their usability and appeal.

Food quality is appreciated, but menu choices are limited. While feedback is welcomed through regular meetings, the implementation of a "you said, we did" board could further demonstrate responsiveness to residents' and families' concerns.

Overall, while the home provides effective care and fosters a supportive environment, addressing the issues of maintenance, clutter, and organisation could significantly enhance the quality of life for residents and visitors alike.

Recommendations

Recommendations made from findings	
1	Please display the Healthwatch Warrington poster in the reception area, which will offer an independent choice for the patients to feedback.
2	We recommend that a weekly activity schedule is displayed and is both written and pictorial.
3	We recommend that the duty staff board is filled in daily.
4	Consider all nurses on medicine rounds displaying or wearing a 'do not disturb' sign to allow complete focus.
5	We recommend redecoration and maintenance of all areas.
6	We recommend that appropriate dementia friendly signage is installed on bathroom doors.
7	We recommend that all staff members wear a name badge.
8	We recommend more choice for residents at mealtimes.



healthwatch

The Gateway

85-101 Sankey Street

Warrington

WA1 1SR

Warrington

www.healthwatchwarrington.co.uk

t: 01925 246 893

e: info@healthwatchwarrington.co.uk

📱 @HWW

📘 [Facebook.com/Healthwatchwarrington](https://www.facebook.com/Healthwatchwarrington)