



Enter & View Report

Care Home: Elderholme Nursing Home

Service address:	Clatterbridge Road, Bebington, Wirral CH63 4JY
Service Provider:	Wirrelderly Ltd
Date and time:	19 th March 2015, 1pm
Authorised representatives:	Tricia Harrison Margie Gill Elaine Evans



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Acknowledgements

Healthwatch Wirral would like to thank the Manager, residents, relatives, carers and staff at Elderholme who gave us a warm welcome and spent time talking to us about their or their relatives' experiences of living at the home.

Please note that this report relates to findings observed on the specific date and time of the visit. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

The visit also takes into consideration the fact that many of the residents spoken to will have an illness and/or disability, including dementia, which will have an impact on the information that is provided.



What is Enter and View?

Part of the Healthwatch Wirral's work programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch 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 we can learn about and share examples of what they do well from the perspective of people who use the service first hand.



1.0 General profile of the service that was entered and viewed.

Elderholme is a not for profit registered charity with a board of directors. It provides care to elderly or infirm people in a two storey purpose built building. The home provides nursing and personal care for up to 61 people on the ground floor. It is situated in the grounds of Clatterbridge Hospital, Bebington, Wirral.

2.0 Purpose of visit

To verify service user feedback

Responding to a request from a services regulator or commissioner

Responding to a request from the service provider

Incoming Concern/complaint

Familiarisation ✓

Other



3.0 Type of E&V visit undertaken

Unannounced visit

Announced Visit ✓

4.0 Methodology

The visit is not designed to be an inspection, audit or an investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff, service users and carers/relatives. Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. However, if during a visit Healthwatch Wirral identifies any aspects of a service that it has serious concerns about, then these concerns are to be referred to the appropriate regulator or commissioners of the service for investigation or rectification. Any safeguarding issues identified will be referred to the Local Authority or Commissioner for investigation.

The rectification of less serious issues may be directly with the service provider.

The Enter & View visits are a snapshot view of the service and findings are reported based at the time of the visit.

Enter and View visits are conducted in a way that works in accordance with Wirral Safeguarding Adults Partnership Board's principles and procedures. Information will be shared accordingly in order to safeguard adults at risk on Wirral and promote quality of local services.



5.0 Findings and observations

Healthwatch Wirral authorised representatives were met in reception by the Manager who requested that we sign in and use the hand cleanser gel provided.

We were escorted to the Managers office sited off the main reception area. The manager and her shift leader were very accommodating and took the time to discuss the day to day running of the home. They informed us that Elderholme provides residential, nursing and end of life care for up to 61 people in single rooms, some having ensuite facilities. The home is currently at full capacity and staffing levels are adjusted up to ensure quality care for residents when necessary. Elderholme also provides intermediate care for 15 residents and hopes to increase capacity in the near future. There is a substantial programme of refurbishment happening to support this.

Residents are aged from 50 to 102 years old and have varying degrees of dependence. Some are independent and some require intensive care.

Elderholme has achieved the Beacon Status in the Gold Standards Framework End of Life Care programme. This is a systematic way of working and involves the care home staff, at all levels, working together as a team and with other professionals, such as consultants, physiotherapists and occupational therapists to provide the highest standard of care. Referrals are also taken from the local hospice.

The home has a physiotherapy and occupational therapy team on site 7 days per week. They have their own office and therapy room.

Residents can receive up to 12 weeks of therapy from this service.



We were informed that residents may keep their own GP should the practice allow this and that the home has a good relationship with local GP practices. Elderholme were recently part of a pilot scheme developed by the Alliance Clinical Commissioning Group. The scheme was called the Care Home Assessment Review Service (CHARS). The project was developed with its main objective to avoid unnecessary hospital admissions. Elderholme continues to use the resident's charts which are discussed and faxed to the GPs monthly. An audit conducted provided some assurance that hospital admissions were reduced.

The manager said that care plans are computerised, comprehensive, detailed and individualised and cover all aspects of the person's life and needs. A new electronic system will be introduced soon to assist with medication and iPad will be available for staff to use. Risk assessments include nutritional risk, risk of falls and risk of developing pressure sores are all recorded and alerts are highlighted. Any resident who has 3 falls in 6 months are referred to the Falls Team. Dietary intake is monitored using the **MUST** tool (Malnutrition Universal Scoring Tool) monthly or more often, if necessary, and end of life choices are recorded through the advance care planning.

When applicable, dietary supplements are provided. All staff are aware of the need for adequate hydration and nutrition for residents. Residents are given a good choice of food which is varied and interesting and drinks are offered on a regular basis. Relatives are encouraged to attend at mealtimes and can assist their relatives should they have any difficulty managing to eat their meals.

We asked whether any residents had pressure ulcers at the moment and were told that there were two. Both residents acquired their pressure ulcers at Wirral University Teaching Hospital. Elderholme uses specialist equipment such as air mattresses and repositioning to manage patients with pressure ulcers and staff receive training in pressure ulcer care.



All staff files and training records are kept on the computer system and Elderholme employs a full time HR manager to manage employment issues. All staff have an induction when they start work. The home supports professional development for staff and offers opportunities for staff to obtain further qualifications. Healthwatch Wirral representatives were unable to talk to staff about personal development on the day of the visit, due to time restrictions, but will follow this up on a future visit. All staff have End of Life and Protection of Vulnerable Adults training.

Mandatory training in core subjects such as health and safety, manual handling, infection control, fire training and safeguarding is also provided. Staff are appraised annually and training needs are identified at their appraisal.

We asked about staffing levels in the home and were informed that the levels were as follows;

Morning - 4 qualified nurses plus manager plus 11 HCA
Afternoon - 4 qualified nurses plus manager plus 9 HCA
Overnight - 2 qualified nurses plus 6 HCA (all waking staff)
A shift leader is also on duty every day along with the matron.

Elderholme provides placements for student nurses and cadets who support staff to meet the needs of residents.

Staff levels are increased when necessary to accommodate complex cases. The home has its own bank staff and occasionally uses agency staff.

All kitchen, laundry and housekeeping staff are in addition to the above staff to enable care staff to concentrate on residents care.

There is a complaints book, procedure and a compliments file. All staff and residents are aware of how to proceed if they wish to make complaint. Any complaints are dealt with in house by the manager and the board is informed.



There is also a Whistleblowing Policy and we were assured that staff would be supported and protected when voicing any concerns.

Elderholme hold regular residents and relatives meetings and conducts audits to obtain views and feedback from relatives, residents, staff and other health professionals.

The home provides activities over seven days. Elderholme takes into account the resident's interests, skills, experiences, personalities and medical condition when organizing activities for residents. The home employs two activities coordinators and offers a wide range designed to encourage mobility and most importantly take an interest in life. Staff encourage and help residents to pursue their hobbies and interests.

They have their own mini-bus and use volunteers, student nurses from the NHS skills Academy and young people from the community to help with activities and outings. All activities are displayed around the home on the activities boards.

Activities include

- Bingo
- Crafts, quizzes and board games
- Book club
- Outings
- Pastimes and reminiscence
- Computer games and Skype
- Chair based exercise

Recent service improvements include

- The development of a Dignity and Respect group resulting in the home having 2 Dignity Champions.
- Continuing the CHARS pilot resulting in reduction of hospital admissions.
- Introduction of weekly training for staff.



- Reaccreditation of Gold Standards Framework.
- Intermediate Care.
- Physiotherapy and Occupational therapy on site 7 days.
- Introduction of shift leaders.
- New staff office, therapy room and training room.

Environment

Outside the home

The home is sited in the grounds of Clatterbridge Health Park. There was a large car park set in landscaped gardens with a number of garden seats for residents to use.

Entrance and Hallway

The entrance was a large glass foyer with comfortable seating and the entrance door was secure. Inside a number of residents were sitting in the reception area chatting. The area was very spacious, comfortably furnished and warm despite evidence of an extensive refurbishment programme being undertaken. There was an area where residents could buy sweets and chocolate as well as a display and photos of a recent event held at the home.

Corridors

The home has 5 corridors, each having 12 bedrooms. They were bright and free from obstruction. Hand rails were provided on the walls along with hand gel. There was a call bell system and the notice boards displayed information about the Gold Standards Framework and Dignity in Care. The menus were also displayed and details of daily activities.

Lounges

The communal areas had views over the gardens, were bright, clean, tidy and comfortably furnished. Specialist chairs were available in one of the rooms and the request for the provision of these chairs was supported by the onsite physiotherapy and OT team.



We observed a physiotherapist conducting a chair based exercise class in one room.

Dining room

At the time of our visit lunch was being served and staff were observed assisting residents who required support. The members of staff were very attentive and treated the residents appropriately and respectfully. The tables and chairs were positioned so that there was plenty of space for residents to manoeuvre around.

Bathrooms

The bathrooms viewed were large, clean, tidy and furnished with appropriate safety equipment, including hoists to aid the staff and residents. In one was a specialist bath and stand aid. Shower rooms were also available on each corridor.

Bedrooms

The bedrooms were individually styled and had views over the gardens. They were not very spacious but were clean and tidy and furnished to a good standard. We observed a bariatric bed in one room.

Kitchen

The kitchen was large, clean and well organised. It had recently been refurbished and has a 5 star rating. There were walk in fridges and a storage area. The chef told us that all food is fresh and that she is aware of residents likes and dislikes.

Laundry

The laundry room was very large and organised. Staff informed us that there is a fast turnaround for laundry and staff have access to a sewing machine for repairs. Laundry is done on site and there is a low incidence of loss of items due to the fact that clothes are labeled.

Therapy kitchen, bathroom and conservatory

We were shown these rooms where residents can practice their cooking skills and be supervised using equipment safely.



Feedback (from Staff, Service Users, Relatives, Visitors, Carers)

Staff -

“I enjoy working at Elderholme”

“ I feel very supported by management”

“I enjoy working here and feel more productive since having my own desk space in the new office”

Residents -

“I love living at Elderholme and am very happy with the care that I receive from all staff.”

“The matron and staff are really nice”

“I cannot fault the care I receive”

“This is a lovely place to live”

Relatives -

“My relative has made good progress at Elderholme and I am sure that it is due to the excellent care she receives”

“This is a lovely care home and I am confident that my relative is treated well and cared for”



6.0 Safeguarding observations on day of visit.

No Safeguarding issues were identified at the time of our visit.

Healthwatch Enter and Views 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.

If any safeguarding issues are identified during a Healthwatch Enter and View the Local Authority will be notified on the same day as the Enter and View visit.

6.1 Number of Safeguarding Alerts reported in the last 12 months.

Three safeguarding alerts have been made in the last 12 months, none were directed at Elderhome or staff. All issues were resolved.

It is seen as good practice for all Health and Social Care Services to report potential Safeguarding alerts to Wirral Council Central Advice and Duty Team.

7.0 Conclusions

1. Within the limits of a short visit, Healthwatch Wirral representatives were impressed by the caring attitudes of the management and staff.
2. The atmosphere was welcoming and friendly.
3. The Service Users appeared to be well cared for, happy and contented.
4. The impression gained during our visit was of a well-managed care home with appropriately trained and motivated staff.
5. Service Users spoken to were very satisfied with all aspects of their care.
6. The home is constantly looking at ways of continuing good practice.



8.0 Recommendations

Elderholme to inform Healthwatch Wirral when the refurbishment programme has been completed.

8.1 Supplementary feedback from the provider post visit

I was very happy with the visit from Healthwatch Wirral representatives. The visit from Healthwatch was a very positive experience. The reps were polite and courteous to staff and were very interested in what we do at Elderholme.



9.0 Healthwatch follow up action.

Revisit Elderholme when refurbishment programme has been completed.

Healthwatch Wirral will share elements of the report to encourage good practice elsewhere, especially the 7 day a week activities programme.

10.0 Distribution of report

Healthwatch Wirral will submit the report to the Provider, to CQC and Health & Wellbeing Board.

Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest



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