

# Enter & View Report

**Hoylake Cottage Care Home, Hoylake Cottage Trust**

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## **Authorised Representatives**

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## What is Enter & View?

Part of the Healthwatch Wirral 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 2012 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.

## Acknowledgements

Healthwatch Wirral would like to thank the management, residents, carers and staff at **Hoylake Cottage Care Home** who spent time talking to us about 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 some of the residents spoken to may have an illness and/or disability, including dementia, which may have an impact on the information that is provided.

# Type of Visit Undertaken

## General Profile

Hoylake Cottage Care Home is a registered charity. It is a purpose built facility that offers nursing and dementia care. Attached to this facility is a Daycare Centre which offers client centered specialist dementia care and support. The facility is located in a popular suburban area close to shops and local transport.

## Purpose of Visit

Responding to feedback

## Type of Enter & View Visit Undertaken

Announced Visit

## 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 KLSW Safeguarding Adults Combined 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.

## Discussions, Findings and Observations

On entering the property, the reception staff were welcoming. We were asked to sign in and use the hand gel provided before being escorted to the Business Managers office. The Business Manager was very willing to have a discussion about the home and answer our questions.

She informed us that she had registered with the CQC as the new 'Registered Manager'. The home is about to recruit a nurse to provide cover for the Clinical Nurse Manager who is on sickness leave at the moment. This post may be offered as a secondment to a current employee.

The home provides care for up to 62 residents. All rooms have en-suite facilities.

The home is purpose built over 3 floors. The ground floor and first floor provide accommodation for nursing care residents and the 2nd floor for residents who require

dementia care.

The ground floor is used for more dependent residents who have physical illnesses such as Parkinsons or Stroke. We were informed that there can be a natural progression of some people who attend the Day Centre becoming permanent residents in the home.

At the time of our visit the home had 3 vacancies but two were booked and awaiting admission. It was reported to Healthwatch Authorised representatives that it is rare for the home to have vacancies.

The manager appeared to be very proactive and keen to provide an outstanding service and at the time of our visit she was applying for funding from a lottery bid for the home to create a dementia village.

## **Health & Safety**

The management are reviewing processes and are being supported by an external organisation. Personal emergency plans are in place to advise how people should be evacuated in the event of an emergency.

We were informed that the 3 caretakers are responsible for specific areas of maintenance of equipment and the environment. An external company looks after PAT testing of portable equipment.

We were informed that management intends to have more staff trained as Fire Wardens and the Fire Evacuation procedure is practiced and staff are aware of where to evacuate. The Fire Brigade recently carried out Health and Safety check at the home.

## **Care Plans**

The Manager reported that all care plans are person centred and are designed to reflect a holistic approach to all support needs.

The plans contain a personal profile about

the person which includes their story/history, what is important to the resident and how they can be supported by staff. Residents or their relatives can fill in the profile if they wish to do so. All personal information is kept at the front of the plan followed by the clinical information.

## **Staff**

Hoylake Cottage Care Home employs 120 staff and uses volunteers to assist around the home. We were informed that the home has good team of volunteers who support them. Some of the volunteers have lost family members who were former residents, but they continue to come along to support the current residents.

## **Staffing Levels**

### **During the day**

AM - 4 RGN plus 15 Healthcare Assistants

PM - 3 RGN plus 13 Healthcare Assistants

### **At Night**

1 RGN, 1 RMN plus 6 Healthcare Assistants

The home manages staff shortages by using

their own staff, bank staff or agency workers.

### **Training / Induction / Appraisal**

We were informed that all staff have an annual appraisal and receive supervision every 3 months.

New staff receive an Induction and are required to complete the 'Skills for Care Certificate' qualification. This has 15 outcomes and is validated in house. Mandatory training is undertaken and compliance is monitored. The home has completed the End of Life training '6 Steps' The Manager reported that staff are actively encouraged and provided with other training which improves their confidence and competence.

Registered Nurses have RGN, RMN or RNLD qualifications. Healthcare Assistants have NVQ 2 or 3 qualifications.

Training is delivered in-house or by external professionals. The in-house trainer has

delivered training in areas such as safeguarding, food hygiene, dementia, and infection control and she also mentors and supports staff.

### **Medication**

Medication is administered by qualified nursing staff.

We were informed that medication is stored in locked cupboards in the residents own rooms and that controlled drugs are stored safely in the Clinic Room.

### **Complaints**

The home has a Complaints Policy and Procedure and all staff, residents and relatives are made aware of it. Complaints are rare and the home has set up a Residents and Carers Forum which has been incorporated into an activity session where issues and concerns can be discussed.

The Manager has an Open Door policy and all complaints are discussed and investigated.

## **Committees**

Hoyle Cottage Care Home hold resident and relative committees as well as the Carers Forum where issues and concerns can be discussed.

## **Nutrition and Hydration**

We were informed that all staff are aware of the importance of adequate nutrition and hydration. The MUST tool is used, residents are weighed on admission and their weight is monitored monthly. When appropriate, dietary supplements may be prescribed by the GP or speech and language specialist.

## **Pressure Ulcers**

The home manages the prevention of pressure ulcers by providing ongoing training to staff, using repositioning and specialist equipment such as pressure relieving mattresses and cushions.

## **Falls**

The home has new Falls Prevention documentation and a copy of this was made available to Healthwatch Wirral Authorised Representatives.

All falls are documented on an accident form and a trend analysis is carried out monthly. On admission residents are assessed (including falls) and a care plan is drawn up.

## **DoLS and DNAR's**

The Manager told Healthwatch Authorised Representatives that all residents are assessed before admission and the home follows legal requirements and best practice guidelines. Residents are reviewed depending on needs but normally on an annual basis or when there is a significant change. Best Interest meetings would be held if required.

## **Quality**

The manager has an 'Open Door policy' to encourage staff, residents and family members to raise any questions or make comments. Hoyle Cottage Care Home works within its own Quality Assurance Framework.(QAF)

We were informed that Hoyle Cottage defines the quality of their services through:

- » Their ability to respond to the health and wellbeing needs of our residents
- » Involvement of people who they support and employ in service delivery and development
- » The attitude, behaviours, skills and knowledge of their workforce
- » Transparency in their processes to review the quality of their services

They have in place a number of tools to assist them in delivering, assessing and continually improving the quality of their services. Their aim is to ensure that the balance is struck between delivering the clinical support that people need and being safe, but equally ensuring people are supported to partake in ordinary life experiences.

The suite of audits within the QAF has been developed to provide quality assurance around the Care Quality Commission (CQC) 16 outcomes relating directly to quality.

Management measures quality at Hoylake Cottage by using a variety of processes –

- » Feedback – comments, compliments and complaints
- » Observation of working practices
- » Analysis of data – accident incident
- » Staff competency
- » Review of documentation
- » Cycle of audit of regulated activities

### **Activities**

We were informed that the home offers many activities for the residents to enjoy and that they also have their own minibus to take residents out. They employ a full time Activities Co-ordinator and also have a newly appointed Fundraiser, who is responsible for the recruitment of volunteers. However, the Manager felt that extra staffing was required to assist the activity organiser and is looking to recruit a person to help.

The home plans to hold a weekly reminiscence group for residents and families.

## **Additional Services**

A hairdresser comes weekly, chiropody is provided by “Foot Works” when required and physiotherapy is available via GP referral.

After the discussion with the Manager, Healthwatch representatives were invited to look around the facilities.

## **Environment**

### **Reception**

Reception area was bright, clean, tidy and welcoming. We were asked to sign in. Hand gel was available with a notice requesting all visitors to use this on entry and exit. There was key pad access for relatives and staff.

Notice boards were apparent with Health and Safety information, relevant policies including the Complaints Procedure, and other information on display. There was also a large notice board that displayed photographs and names of staff and volunteers who worked at the Home. We were also greeted by a lovely dog,

who was owned by the Manager. It was obvious that residents took great delight in interacting with the dog.

### **Corridors**

The corridors were wide, well lit, bright, clean and free from obstruction. The home appeared to be safe and secure. Fob operated security doors provided access between areas and floors. There were suitable handrails to aid residents with mobility problems. Information boards were apparent and also collections of photographs, thank you cards etc. The home used dementia friendly signage in this area.

### **Lift**

There was a lift that served all three floors. It was well lit, clean and fresh. It was accessed by using a security key pad.

### **Communal Day Rooms/Dining Rooms**

There was a cinema room on the first floor which was suitably equipped with a projector and was set out with comfortable chairs for residents to enjoy a cinematic experience.

All areas had call bells within easy reach for residents.

There were communal lounges on each of the three floors. All areas were well decorated, bright, comfortable and clean. There was a variety of seating to suit each resident's individual needs. On the day of our visit it was very warm and there were fans in use to cool the rooms. The atmosphere was homely and welcoming with pictures on the walls. A TV and a piano were available for residents to use and there were plenty of books to read.

There were large windows at a height which allowed seated residents views of the gardens. Attached to the communal lounges were small kitchenettes, sited next to the dining rooms, where relatives and visitors could use to make themselves refreshments.

The dining areas were set out to ensure plenty

of space for residents to manoeuvre safely around. The tables were set with cutlery, crockery, table-cloths and pretty centre-table decorations. The menu was clearly displayed on a large whiteboard in the dining area. Residents said they enjoyed the food and were offered alternative choices when required.

During our visit we were able to visit the dementia area where residents, family members and volunteers were enjoying a singalong. The home had also created 2 dementia friendly areas for residents to enjoy. One was a small pub/lounge area complete with bar, darts board, juke box and board games, and the other was a kitchen presented in a 1970s style with an old radio, table and chairs, ironing board and 50s type groceries.

In the corridor the home had installed a replica launderette style washing machine with sound effects. These areas have been developed to allow residents with dementia to talk about

their memories and what is familiar to them.

There was a notice displayed on the 3rd floor lounge which was an acknowledgement from a family who had a loved one stay in Hoylake Cottage for a number of years. The article stated how much the family appreciated the care they had received. The family had also funded facilities for the residents as a 'Thank You'.

### **Bathroom**

The bathroom viewed was large, clean and fresh. It had a bath with hoist and a call bell within easy reach for users.

### **Bedrooms**

All bedrooms viewed were spacious and well appointed. They were clean and fresh and included en-suite facilities. The en-suites had a level access shower, WC and wash basin. It was evident that residents were able to personalize their own room as many proudly displayed family photographs and other personal items.

A member of staff informed Healthwatch

Authorised Representatives that the home is planning to fit letter boxes to each resident's door to reinforce their personal space and impression that they are living in sheltered accommodation.

### **Kitchen**

The kitchen was modern, spacious and well-equipped. It was clean and tidy with lots of storage for food, utensils and equipment. There was a board which had details of some individual residents' nutritional needs and preferences. We were told that residents are allowed to have food brought in and special diets, including religious beliefs, are catered for.

We were able to speak to the catering manager who appeared to be very enthusiastic about his role. He informed us that he enjoyed his job and always tries to source food as locally as possible. The kitchen had an environmental rating of 5.

### **Laundry**

The laundry room was modern, spacious, and

well equipped.

It was clean and appeared to be well organized. It was reported that residents' clothes came to laundry in net bags and after washing are stored in an individual, clearly labelled basket on the appropriate shelf. We were informed that all clothing should be marked by relatives, but they often have unnamed items which are periodically displayed in reception so that they can hopefully be reunited with their owner.

### **External Areas and Gardens**

The home had good car parking facilities for staff and visitors. All external areas were very well maintained. There were parking areas at the front and rear of the building. At the entrance were well cared for flower beds.

There was a large, sheltered, well designed and maintained garden with good pathways to various areas. We noticed raised vegetable beds and were informed that residents are encouraged to join in gardening sessions with

volunteers. Appropriate and comfortable garden furniture was available and it was reported that the gardens were well used daily and for specific events.

We also viewed a replica bus stop and post box to promote reminiscence for residents. Staff showed us the memorial area, where the names of residents who had deceased, were inscribed on the brickwork.

Residents access the gardens via several doors opening out from both the Residential and Day Care unit.

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

#### **Staff**

All of the staff were smartly dressed, very cheerful and fully engaged with the residents whom they treated in a friendly manner but with respect and dignity. Healthwatch Authorised Representatives noted that, when one member of staff appeared to have

been summoned to assist with a resident, she respected their dignity by knocking on the resident's door before entering.

Staff were observed to be carrying out their work in an efficient and appropriate manner.

### **Volunteers**

There were several volunteers helping in various areas. We spoke to a number of the volunteers and they praised the work of the staff. Some of the volunteers travel a distance each week to come along and help.

### **Residents**

The residents were all nicely dressed and cared for. They appeared comfortable and happy in their surroundings.

All of those spoken to appeared cheerful and enjoying living in the home. They were happy with the food provided, the activities and the level of staffing.

### **Relatives**

The relatives were very happy with the quality of care and the environment. Some have continued visiting and volunteering for activities after their loved one has passed away and said that this was because they were made welcome and felt like part of a supportive "family".

## **Safeguarding Observations**

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.

## Safeguarding Alerts Reported in the last 12 Months

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

Any alerts were reported to the CADT and CQC. They were all documented and investigated. The home had some concerns that the CADT can be a little inconsistent in their approach and the home is not always made aware of outcomes.

The home has recently agreed a more formal approach with CADT so that a referral can be confirmed as a Safeguarding issue or not. Improvements made after outcomes from alerts have resulted in the home reviewing security (locks, doors, fire escape) in the dementia unit.

## Conclusions

» All areas were fresh and there were no

unpleasant odours.

» The home was very well presented, the atmosphere was happy and staff were friendly and enthusiastic.

» The management were approachable, committed and appeared to have many ideas for further improvement (lottery bid for the development of a 'dementia village')

» The facilities were very good and the residents actively engaged and happy.

» The relatives we spoke to praised the home and the staff.

» The Manager would welcome information about any training opportunities available for staff.

» Healthwatch were impressed by the outcomes from discussion with CADT re

Safeguarding

## Recommendations & Considerations

- » Display Healthwatch 'Your Voice' leaflets to allow feedback to be gathered independently.
- » Explore opportunities within the local area for residents to access and take part in; this would support the work of the Activities Co-ordinator.
- » Continue to work on any recommendations/actions advised by CQC

### **Supplementary Feedback from the Provider, Post-Visit**

The visit was welcomed as an opportunity for us to share what we are particularly proud of or works well, but also gave us a voice to share what was not working and how we could make changes to improve.

The representatives were friendly, approachable and very professional. It is clear

from what is written in the report that they listened to what we said.

The recommendations/considerations are very useful and are supporting us in enhancing care.

### **Healthwatch Follow-up Action**

Provide the home with Healthwatch leaflets and any information about training appropriate to staff.

### **Distribution of Report**

Healthwatch Wirral will submit the report to the Provider, Commissioner and CQC.

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

## Glossary

- » **CADT** - Central Advice and Duty Team
- » **COSHH** - Control of Substances Hazardous to Health
- » **CQC** - Care Quality Commission
- » **DoLS** - Deprivation of Liberty Safeguards
- » **DNAR** - Do not attempt resuscitation
- » **EMI** - Elderly Mentally Infirm
- » **Falls Team** - Advice from Community Trust
- » **KPI** - Key Performance Indicators
- » **RGN** - Registered General Nurse
- » **NVQ** - National Vocational Qualification
- » **MUST** - Malnutrition Universal Screening Tool

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