



## Enter & View Report

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**Care Home:** **SYLVAN HOUSE**

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**Service address:** 2-4 Moss Lane, Prenton, Wirral,  
Merseyside. CH42 9LD

**Service Provider:** Sylvan House Residential Home

**Date and time:** 22<sup>nd</sup> June 2015, 11.30am

**Authorised representatives:** Diane Hill  
Kate Gratwick  
Elaine Evans



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## Acknowledgements

Healthwatch Wirral would like to thank the Manager, residents, relatives, carers and staff at Sylvan House 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.

Sylvan House is a privately owned Residential Home registered to provide accommodation for up to 20 people. The home also provides a Domiciliary Care service. There are 18 bedrooms, with 2 providing shared accommodation. The home is a detached two storey building in Prenton, Wirral and is close to local shops and amenities.

## 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

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 and deputy.

After signing in at reception, Healthwatch Wirral Authorised representatives were escorted to the manager's office to discuss the day to day running of the home. The manager and deputy were very accommodating and took the time to provide us with information. We were informed that Sylvan House provides residential care for up to 20 people some of which have dementia conditions. There are 17 residents living at Sylvan House at the moment. The home provides Domiciliary Care and respite care if rooms are available.

Many of the residents have lived at the home for a long time and consider it to be their home. Social workers often refer people to the home as it is small and staff spend a lot of time with residents who have dementia.

The home has recently been inspected by CQC and is currently working on an action plan to improve compliance in some areas of service provision.

During the day the staffing levels are 3 care staff and the Manager and deputy, with further ancillary support from the cook, 2 cleaners and a handyman.

At night there is are 2 care staff on duty. These staff are NVQ2 and NVQ3 qualified and are supported by both the Manager and Deputy if required.

The manager informed us that this was enough cover to provide good care to the residents. When staffing levels are lower, due to sickness absence or unplanned leave, levels are adjusted up to ensure quality care for residents whenever necessary. The home does not use agency staff and prefers to use their own staff including the Domiciliary Care staff.



We asked about staff training and were informed that all staff get mandatory training. Some are due to complete the Mental Capacity DOLS training programme which will be rolled out to other staff during the year. The manager has recently installed a computerised system to monitor training and all training will be ongoing. The End of Life '6 Steps' training programme (this is workshop style training in end of life care) will be offered to staff in the future along with dementia awareness training.

Staff receive an annual appraisal and the home is working on an induction and improved supervision procedure.

We asked about the complaints procedure and if staff, residents or their relatives would know how to voice any concerns. We were told that Sylvan House has a complaints procedure which is in the Service User guide and staff, residents and their relatives are aware of this. The manager has an open door policy for staff residents and their families to voice any concerns or issues. Resident's families are given the managers mobile phone number and the home runs residents meetings. Periodically the residents and families are requested to complete Quality Assurance questionnaires.

The manager informed us that the home had not received any formal complaints in the last 12 months.

We were informed that residents can make decisions about their life in the home and can choose their room and personalise it.

The home has a good relationship with local GP's and Community Services and medical advice is sought when necessary. However, one of the GP Practices, who look after 7 of the residents, was criticised by management for not providing timely home visits. The home often has to wait until 8 or 9pm for the doctor to visit despite requesting a home visit early morning. This can cause delays in obtaining medication for residents and on occasion has resulted in a call to GP Out of Hours.



We enquired about nutrition and hydration for residents and were informed that all meals are cooked in house and residents have a choice from the menu. The cook will prepare an alternative if residents request this. Drinks are available at all times and a drinks trolley is sent around to all residents on a regular basis. Residents have their own fluid and nutrition chart. All residents are weighed on admission and their weight is regularly recorded on their chart. Any problems are referred to the GP or dietician. Residents may eat in their own room if they wish to do so and are given a choice of suitable food to meet their needs or special dietary requirements.

We were informed that falls, pressure area care, leg ulcer care, infection control and medication monitoring are all recorded in the care plans.

Community Nurses manage the care of any residents who acquire a pressure ulcer and will order a mattress or profile bed for use by the home. Turn charts are used along with repositioning and specialist equipment such as slide sheets.

Residents who have frequent falls are referred to the Falls Team for assessment.

Sylvan House does not have a dedicated activity co-ordinator but all staff ensure that there is always something enjoyable for residents to do. Staff spend a lot of time talking to residents and birthdays and special occasions are celebrated with parties and activities. Relatives are invited to participate in any events organized. Residents may also pursue their own hobbies such as knitting and painting.

Activities include games/crafts, themed events, pet therapy and outings.

The Manager informed HW representatives of the new initiatives and service improvements introduced or planned. These include addressing the action plan after the recent CQC visit, implementation of a new



Quality Assurance system and continuing with the refurbishment programme of the home. A dementia friendly garden is to be established to create an improved external environment for residents to enjoy. A local children's martial arts class are raising funds to enable this initiative.

## **Environment**

### **Outside the home**

The home had a small parking area to the front of the building. This area and the garden situated to the side are awaiting refurbishment.

### **Entrance and Hallway**

On entering the premises we were asked to sign in at reception. The reception area was small but was fresh and airy. The usual statutory notices were displayed in the reception area including the Statement of Purpose, CQC registration, Health and Safety and Fire regulations and 5 Steps to Risk Assessment poster. The flooring was non slip laminate type.

### **Corridors**

The corridors have recently been refurbished and were clean, tidy and fresh and free from obstructions. The flooring was non-slip laminate type. The home intends to display pictures on the walls as part of the continuing refurbishment programme. All Health and Safety and Fire Evacuation signage was in place and resident's room plans were displayed.

The lift to service the upper floors was large, clean and well lit.

### **Lounge**

The lounge was a good size and was bright and fresh. The residents were watching TV and were seated in comfortable chairs which were grouped in areas around the perimeter of the room. The furniture was positioned to enable residents and staff to move around safely. Staff were observed speaking to residents and appeared to treat them kindly



and with respect. Each resident had a tray or table next to their chair. The room had a view of the garden area.

We were shown some of the smart, newly refurbished chairs which staff had painted with fabric paint and wax.

### **Dining room**

The dining room was large, bright and airy. Menus were displayed which showed a good choice of food. The tables and chairs were positioned so that there was plenty of space for residents to manoeuvre around safely. There was an activities cupboard and posters and pictures were displayed on the walls along with thank you cards and reminiscence posters. The flooring was non-slip type.

### **Bathrooms and wet room**

The rooms viewed were well decorated, clean, tidy and furnished with appropriate safety equipment, including a call bells positioned within easy access for residents use. The signage on the doors was dementia friendly.

### **Bedrooms**

The rooms viewed were large, clean and bright and residents had personalised them. The call bells were accessible and easy to reach and each room had a wash basin. The shared room had room dividers to enable privacy. The signage on the doors was dementia friendly including a photo of the resident.

### **Kitchen**

The kitchen has a Food Standards hygiene rating of 5 which means the home was found to have a very good standard of hygiene when assessed.

The room was well equipped and clean. The cleaning schedules were displayed on the wall.



### **Gardens**

The home is currently awaiting a programme of refurbishment for the garden areas. A group of young people, who attend a Martial Arts class, are fundraising to help with this refurbishment which will include a dementia friendly garden

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

#### **Staff -**

"I enjoy working here and know the residents and their families well"

"I feel supported by the owner particularly in the care requirements for the residents"

One member of staff, who had started working at Sylvan House in February, said that she found it very satisfying and rewarding and the residents were lovely to care for.

She had not worked in this type of setting previously. The home had provided training and she had completed Level 1 NVQ in Care and was working towards level 2. She said that the staff and management were very helpful and supportive to her and that she was keeping a portfolio of her work.

#### **Residents -**

"I enjoy living at Sylvan House, the staff and managers are very nice"

"The staff take time to talk to us and nothing is too much trouble"



## **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.**

None

**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

- The atmosphere was welcoming and friendly and the general environment and ambience was good.
- There was a homely atmosphere and staff demonstrated a genuinely kind and caring attitude to the people that they support.
- The residents appeared to be well cared for, happy and contented with some saying that they had lived 'Many happy years' at the home.
- The home is undergoing a programme of refurbishment and the areas completed are to a good standard
- The management and staff were working hard to provide good care and seemed honest and sincere in their intentions.
- It was gratifying to see Sylvan House employing keen people who have not worked in a Care Home environment before and providing them with NVQ training.

## 8.0 Recommendations

- Continue working on the action plan to comply with the CQC recommendations for improvement.
- Access local training and awareness courses for staff.
- Access volunteers to help with activities within the home.
- Ensure Training for Mental Capacity Act, DOLS (Deprivation of Liberty Standards) Six Steps for Palliative and End of Life Care is commenced and maintained for all care staff.



### **8.1 Supplementary feedback from the provider post visit**

We enjoyed our visit from Healthwatch. We found it to be informal and personal. Healthwatch representatives are very knowledgeable and offered advice where needed. We were given the opportunity to discuss our home as it is now and our plans for the future. Our staff have also said that they did not feel intimidated or pressured during the visit. I believe taking this approach will benefit other homes and will help homes and Healthwatch build a good relationship. We agree with the information in the report and look forward to our next visit.

### **9.0 Healthwatch follow up action.**

Provide the manager with details of;

- The End of Life Charter Care Home Event.
- Training courses around dementia awareness.
- The volunteering team at Community Action Wirral
- Encourage future contact with Healthwatch Wirral by asking the manager or member of staff to be part of the Healthwatch Champion Project.



## 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.

## Glossary

CQC	Care Quality Commission
DOLs	Deprivation of Liberty
GP	General Practitioner
NVQ	National Vocational Qualification

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