

Enter & View Report

Hillgrove Residential Home, Mayflower Care Homes

79 Eleanor Road, Bidston, Birkenhead, CH43 7QW
0151 652 1708

Authorised Representatives

Mary Rutter, Jo McCourt, Elaine Evans

25th August 2017

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 **Hillgrove Residential 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

Hillgrove Residential Home is a large detached Victorian building sited in a quiet residential area of Bidston in Birkenhead. It provides specialist personalized care for elderly people with varying degrees of dementia. Accommodation for up to 23 residents is provided over 3 floors accessed by stairs or lift.

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 at risk on Wirral and promote quality of local services.

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 Knowsley, Liverpool, Sefton and Wirral (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 arrival, Healthwatch Representatives were met by the Manager and taken to the ground floor dining room to have a discussion about the home. We were not invited to sign a visitor's book or to use hand gel on entry.

We were informed that the home provides care for up to 23 residents with varying degrees of dementia. At the time of our visit the home had 3 vacancies.

We were joined at the dining table by a resident who seemed happy to listen to our discussions, although she appeared to be confused. After about 15 minutes a carer asked the resident to come and help her with a task which the resident was happy to do so. The carer treated the resident in a kind and sensitive manner.

The Manager reported that their aim at Hillgrove is to provide 24 hour professional care for those who can no longer look after themselves at home or who need the company of others. They also aim to provide a safe and comfortable environment in which residents

can fulfil their full potential with the help of trained care workers.

We asked about the accommodation and were told that the home provides 3 double rooms with the rest being single. There are no en-suite facilities but each room has a wash basin and each floor provides bathroom and toilet facilities.

Three GP practices locally look after residents' healthcare and the home has a good relationship with them.

Residents are allowed to get up and go to bed when they please and are encouraged to socialize, participate in activities and eat in the dining room. The Manager reported that residents in Hillgrove all suffer from various degrees of dementia. They do have 'confusion' as a result of this condition.

Residents have choices in all aspects of their daily lives but this depends on how much capacity they have. Residents who like to go to their room during the day have a risk assessment to ensure they are safe to do so. Information, such as whether they wish to spend time in their room and what is in their best

interest, is recorded in the residents own care plan.

We were informed that visitors and relatives are made welcome during the day but meal times are protected for the benefit of the residents.

Health & Safety

It was reported that the home has a fire evacuation procedure, but it is not practiced with the residents due to their varying degrees of dementia. However, staff conduct simulated evacuation procedures.

The home employs a handyman who looks after the building and equipment. Hillgrove is currently under a programme of refurbishment and many of the actions set by CQC in a previous inspection had been completed or are a work in progress.

Care Plans

The Manager was very keen to show Healthwatch Authorised Representatives a comprehensive computerised software system that is used at the home. The system holds staff records, resident's 'person centred' individualised care plans and is also used to record information and to conduct and record audits. We were informed that staff have access to the system and like using it. The home has shared this good practice with other care homes.

Staff

14 staff are employed at Hillgrove.

The Manager reported that there is little turnover of staff as most have been employed for many years.

Staffing Levels

During the day

3 care assistants, a deputy manager, a manager, a domestic, an activities co-ordinator and a cook.

At Night

2 care staff

There is a senior member of staff on call 24 hours a day.

The Manager reported that staffing levels are more than adequate to provide safe care to residents and staff shortages, which are rare, are managed by using staff from their sister care home, Mayflower Court.

Training /Induction/ Appraisal

Management have NVQ 5 qualifications and care staff have NVQ 2 level.

All staff have annual appraisals and supervision every 6 weeks and these, along with training, are recorded

on the computer system.

All staff are required to complete mandatory training in Fire Safety, Safeguarding, Manual Handling, Infection Control, Dementia and First Aid. Other training is offered such as 6 Steps End of Life, Food Hygiene and Health and Safety. Training is delivered in-house and on line.

We were informed that the 6 Steps End of Life training has been particularly beneficial to staff. The home has been following the 6 Steps training programme for 2 years and they are regularly inspected to ensure that their standards are maintained. The Manager and staff are proud that they have always had a high standard in End of Life care and the 6 Steps certification proves this.

Medication

Medication is managed and administered by fully trained care staff and Healthcare assistants and all medication was safely stored in a locked cupboard.

Complaints

We were informed that the home has a complaints procedure which is displayed and that staff and residents are aware of how to make a complaint. A

copy of the procedure is provided to all residents. It was reported that the home receives very few complaints, but of those received, the general theme is about missing items of laundry. This sometimes occurs when clothes lose their labels or residents may swop clothes. The management have an 'open door' policy where residents, relatives and staff can approach them with issues or concerns.

Committees

The activities co-ordinator runs the residents' meetings. At these meetings, residents are encouraged to make suggestions and have their say about the home. Residents suggested that they would like to do table tennis and table football so this was added to the activities provided at the home.

Nutrition and Hydration

Hillgrove use MUST to monitor residents' nutrition and hydration.

Residents are weighed when they come to the home and their weight is recorded monthly. Dietary supplements are given when required and the home refers residents to a dietician when necessary.

We were informed that meal times are protected and

are at set times but hot and cold drinks are available throughout the day.

We were told that staff are aware of residents' likes and dislikes and are catered for accordingly.

Birthdays and other occasions are celebrated and, on the day of our visit, we observed people enjoying themselves at the birthday party of one of the male residents.

Pressure Ulcers

Hillgrove had no incidence of pressure ulcers when we visited.

Falls

All residents are risk assessed for falls and the Manager reported that the incidence of falls within the home is very low. The home uses assistive technology to monitor falls and all incidents are recorded and relatives are informed.

DoLS and DNAR's

The home follows best practice guidelines and all residents have been appropriately referred and have a DoLS authorization.

Quality

Hillgrove monitor quality by conducting audits using their software system.

Activities

The home employ an activities co-ordinator Monday to Friday from 10am - 2pm. Residents are encouraged to join in and activities include singing, reminiscent sessions, games, table tennis and table football and quizzes. They have a weekly visit from Pets as Therapy every Friday.

The home does not take residents on outings as they do not have their own transport and many residents require one to one support due to their varying degrees of dementia. However, family members are encouraged to take their relatives out.

Additional Services

These include hairdressing, chiropody and opticians.

Environment

Reception

The reception area was free from trip hazards and appeared safe and secure.

We did not see any hand gel or visitors book on entering the building as we were taken straight through to the dining room for a discussion with the Manager. There was a notice board displaying information on the wall in the front lobby and another board outside the main lounge displaying updated information about activities. We were later informed that the visitor's book is located on the wall just inside the front door. The home smelt fresh throughout and new flooring had been fitted on the ground floor.

Corridors/Stairs

The main stairs were bright and well-lit but in some areas they were steep and narrow, particularly up to the top floor and down to the basement. A children's safety gate was being used at the top of the stairs going down to the basement.

The home had adaptations such as hand rails and ramps to aid residents to move safely around the home and there were no trip hazards.

We observed an area where wheelchairs were stored safely.

We saw two residents sitting chatting in a communal area situated on the ground floor.

The call bell panel on the wall looked very outdated and we were unsure as to whether it was functional. However, we were informed by the Manager that the call system is relatively new, having been updated in the last 5 years. The engineer who checks the fire system also checks the call system quarterly. The Manager reported that, in line with CQC requirements, the system is fully functional.

Lift

We did not view the lift but were informed that it was due to be refurbished soon.

Communal Day Rooms/Dining Rooms

The dining room was clean and was set with table and chairs positioned to provide easy access for residents. A menu was displayed on the wall.

An elderly and frail resident was sitting in the lounge area. The resident had their head on a cushion which had been placed on a table in front of them. The

manager moved the person to a more comfortable position and informed us that the home was waiting for delivery of a special chair for this resident. The resident's response to the manager's intervention was "I love you".

There was a child safety gate in use on the exit to the terraced area in the garden. We were informed that this was to prevent residents accessing the terrace unsupervised.

The ground floor lounge was clean and fresh. Comfortable chairs were provided for residents use and were positioned with enough space for residents and staff to move around safely. Some of the décor appeared to be a little 'busy' for residents with dementia particularly the patterned carpet.

Residents and staff were celebrating the birthday of a fellow resident. Staff were observed interacting well with residents who were enjoying music and dancing. Everyone looked clean, tidy and happy.

Bathroom/Toilets

The home had communal toilets on each floor, one on the ground floor, two on the second and one on the third floor. One of the bathrooms had a specialist bath.

The rooms viewed were clean and tidy and decorated in a homely fashion.

Bedrooms

The bedrooms viewed were large and bright but did not have en-suite facilities. However, they did have wash basins and commodes. Some of the rooms were shared and it was evident that residents are able to personalize their rooms. We did not see a call bell cord in some of the rooms viewed but were told by the manager that all of the residents are on the ground floor during the day and at night residents are monitored closely by staff every hour. This monitoring is documented on the computer system.

Kitchen

The kitchen had a local authority environmental rating of 4 out of 5. It appeared well equipped, organized and clean and tidy.

Laundry

The laundry was situated in the basement with access to it from the ground floor though a child safety gate situated at the top of a narrow set of stairs.

It was large and equipped with washing machines and a dryer. We were told that the home is expecting the delivery of new electrical goods soon. Resident have

their own storage baskets with their photo displayed on them. Parts of the area appeared disorganized and untidy.

External Areas and Gardens

The front entrance was accessed down a steep sloping driveway. There was a small carpark in this area. The surrounding gardens and shrubs were tidy and well maintained.

The garden area at the rear of the building had a terrace for residents and their visitors to use. The terrace overlooked the main garden which was full of large plants and trees and was not accessible to residents because of the steep slope.

Staff Observations

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

Staff

“I enjoy working here and I know the residents well.”

“I have worked here a long time and enjoy what I do.”

Residents

“I sometimes do not want to join in the activities so I like to sit here quietly.”

“The staff are very nice and treat me well.”

“The food is nice.”

Visitors

“I am happy with the care that my relative gets from the staff and more importantly my relative is happy here.”

Safeguarding Observations

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 (CADT)

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.

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

Safeguarding Alerts Reported in the last 12 Months

The Manager informed Healthwatch Authorised Representatives that all Safeguarding alerts in the last 12 months were reported to CADT, were documented and investigated and that the outcomes were positive.

Conclusions

At the time of our visit the residents appeared to be well cared for and happy.

Staff interactions with residents were good. Staff treated residents with dignity, respect and kindness.

A small number of areas within the home would benefit from a refurbishment and the garden at the rear could be improved. However, we were informed that the home is undergoing a programme of refurbishment

It was evident that new flooring had been fitted to the ground floor, many of the rooms had new curtains and the Manager reported that most of the chairs in the main lounge had been replaced.

The computer system used by the home and demonstrated to Healthwatch Authorised Representatives was comprehensive and professional.

Recommendations & Considerations

- » Continue with the programme of refurbishment throughout the home.
- » Consider a more stimulating and 'Dementia Friendly' environment when planning the refurbishment.
- » Consider an alternative to using the child gate to access the basement.

Supplementary feedback from the provider post-visit

The three people who conducted this inspection were overall professional if not completely comfortable dealing with residents with dementia. I felt some of them lacked insight into dealing with this condition as they seemed uncomfortable about residents sitting with them (even though this is their home) and I was aware that they did not really know how to handle them.

There was also a comment about the décor being 'Busy' and carpets being 'patterned'. I have never noticed any resident being affected by the 'Busy' décor or patterned carpet unduly.

I think it would be beneficial for the inspectors in this case to spend a day or some time in an EMI care home to actually understand the concept of daily living for those with dementia. There is a difference in this type of home to an ordinary residential home. I have managed both since 1985 (Mayflower court) and 1999 (Hillgrove) and it may help when they are inspecting homes. Thank you for your report.

Eleanor Charsley

Healthwatch Wirral follow-up actions

Healthwatch Wirral note the comments from the Manager and currently provide annual Dementia Awareness and Dementia Friends training for Authorised Representatives. However, we may consider further training, as suggested by Hillgrove Manager, if we can find a willing Provider.

Distribution of Report

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

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

