



Healthwatch Wirral

Enter & View visit to Birch Tree Manor Care Home, Wharf Street,
Port Sunlight, Birkenhead, Wirral, Merseyside, CH62 5HE

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Enter & View Report

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Site Introduction



Birch Tree Manor Care Home is located within the village of Port Sunlight, Wirral, and is a purpose-built 62-bed care home (this is cited on Birch Tree Manor Care Home, Bondcare website)

Foundations of Quality

‘Foundations of Quality Improvement should always have what patients tell us about their treatment and care at the heart of everything, as a system, that we plan and do. We must be able to evidence that all actions and decisions made come back to this, making certain that everyone feels respected, involved and valued at each and every part of the journey. We should all feel confident that we are either giving or receiving quality care.’

[Healthwatch Wirral, Age UK Wirral, NHS England and ECIST, Wirral System](#)

What is Enter & View?

Healthwatch has statutory powers and duties to conduct Enter and View visits to any site where Regulated care is given. Local Healthwatch Authorised Representatives carry out these visits to health and social care services to find out how they are being run and can make recommendations where there are areas for improvement.

Section 221 of 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, or provide, the service first-hand.

Healthwatch can also be invited in by providers to seek a 'fresh pair of eyes' on their service and gain some external assurances that they are on the right track prior to their CQC inspections.

Methodology

Purpose of visit - Familiarisation

This visit is not designed to be an inspection, audit, or 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 and service users and carers /relatives. The Familiarisation visits are a snapshot view of the service and what we observed at the time of the visit.

Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. If during a visit, Healthwatch Wirral considers there may be a serious concern then this will be referred to the appropriate regulator. This also applies if we have safeguarding concerns, and these will be referred to the Local Authority or Commissioner for investigation and our visit will cease with immediate effect.

Once the report has been drafted by Healthwatch Authorised Representatives it will be sent to the Provider for comments. After 10 days the report will be published.

Disclaimer

The contents of this report are based on what the residents, staff and manager told Healthwatch Authorised Representatives (HWWAR). The information within this report does not recommend or advocate on behalf of any service. Individuals should use a variety of information, such as CQC reports, when making a decision on where to reside and/or where to obtain care.

What Healthwatch Wirral Authorised Representatives (HWWAR) observed

Environment

Birch Tree Manor in Wirral is a 62-bed purpose-built residential care facility for respite and nursing care, as well as for people with dementia. Two units for people with dementia of 16 beds are on the ground floor and 32 residential nursing/care beds are on the first floor (information on Birch Tree Manor Care Home, Bondcare, website).

The building is in a pleasant area of Port Sunlight with well-maintained grounds. On arrival, in their car park we noted a large amount of redundant equipment/rubbish/contractors' debris in one of the parking spaces. The manager told us this remained after some refurbishment, and they were awaiting a skip to remove it.

On arrival HWWAR noted the fire notice was on display and no fire alarm testing was due during our visit.

HWWAR signed-in at the front door and awaited introduction to the manager. After discussion, we were escorted by a nominated member of staff around the building to complete our observations. The staff member informed us that, of the 2 floors, the ground floor was allocated for people with various stages of dementia and the first floor is for residential nursing/care. They said all bedrooms are ensuite (i.e., fitted with toilet and washbasin). Residents are encouraged to bring their own possessions and some furniture, if they wish to personalise their room.

Staff also told us they could not confirm whether fire evacuation drills were carried out, or if staircase evacuation equipment training had been given to staff.

The main reception area appeared untidy with storage baskets scattered throughout, some, impeding the main exit routes. We highlighted health and safety issues and trip hazards. The manager said that they were in the middle of re-decorating and it would be dealt with as soon as possible.

Whilst walking through the first corridor HWWAR noted painting being undertaken on doors and handrails with some wet paint signs in various places in the corridors on the ground floor. There was a strong smell of paint, and the painter did cause an obstruction. The area being decorated appeared not to be cordoned off.

HWWAR noted a timetable of resident activities were displayed on a poster-type board in the corridor, these were of past activities and not forthcoming events. The meals menu displayed in the corridor appeared not to be in dementia friendly print.

HWWAR observed a combined lounge-dining area. Most residents who were in this lounge sat in standard lounge chairs, all appeared close together with no gaps between.

HWWAR were invited to view some empty bedrooms that appeared clean, fresh and furnished.

We noted the communal bathrooms/shower rooms (which were empty at the time) had pull cords tied up. We asked the staff member about this, and they informed us that service users never use the bathroom alone, so the pull cords are not required to be in reach.

The ground floor toilet/shower room was not very well ventilated and, at the time of our visit, was malodorous.

Two of the bathrooms with hoists were also used for storage with sluice, clothing and towel bins.

HWWAR noted hoists inspected had been tested, with June 2023 being the expiry date.

The lift had a coded entrance and had the control panel secured with gaffer tape. HWWAR used the lift to move to the upper floors. The lift felt secure and safe. The staff member told us the lift is serviced regularly.

The laundry room appeared well ventilated and clean. The laundry system uses residents' labels to identify clothing items.

HWWAR noted the kitchen appeared to be a full modern unit with stainless steel work tops, food preparation area, cooking ranges and two freezers, and a canopy which was well-ventilated and clean.

The kitchen assistant told us the menu is discussed with the residents and families and covers a 4-week period, and residents are catered for alternatively if they do not want what is on the menu.

HWWAR observed that the medicine rooms were all locked and had coded key locks.

During the observations on the top floor there was a constant sound of buzzers. We asked the staff member, who said the system sounds longer when more than one buzzer was going off. HWWAR were assured by the staff member that there are enough staff on duty to cover the buzzers.

What we were told

Health and Wellbeing

The manager told us:

Falls

- There had been reports of falls to the Falls Team during the last 12 months and recorded onto care plans. If a resident is deemed at risk of further falls, they receive 1-to-1 care.

- Falls are recorded onto resident care records and incident forms are completed and actioned.
- Risk assessments are conducted monthly or sooner, if required by a manager or a member of the nursing team.

Hospital issues such as discharge

No issues recently to report.

Safeguarding

The manager informed us that there had been safeguarding alerts to CADT in the last 12 months and actions taken with lessons learned, the Care Home said that they have no issues with the process. We were advised that the alerts had followed the correct protocols and procedures, and that the appropriate authorities and regulators had been involved.

Complaints

What we were told by the manager:

- The manager explained the complaints policy is on display in the foyer.
- The manager will inform the regional manager when a complaint is received.
- CQC and Safeguarding Board informed if required by the manager.
- Upon full investigation verbal and written response is issued to complainant by care home or regional manager

Residents

We were told by a staff member that:

- There are daily activities held in the lounge such as armchair exercises (HWWAR did not witness any activities at the time of visit).
- Outings take place to local garden centres.
- Singing and dancing activities take place, which include a buffet.
- Special occasion activities happen in response to specific occasions, such as the Coronation weekend.

Staff engagement

The manager informed us:

- They employ 54 staff in total (including kitchen staff, gardeners, handyman and activity team).

Care schedules include:

- During the day they have nine care staff on duty across all floors including an RGN and nursing assistant and 1-to-1 staff.
- At night there are six care staff, two RGN and 1-to-1 staff.
- Recruitment is ongoing. At present they require five-permanent staff but currently use agency staff.

We were also informed all staff have received supervisions and appraisals in the last 18 months and the training they offer is:

- **Mandatory training includes:**
 COSHH
 Equality and Diversity
 Fire Drill
 Fire Safety
 Food Safety
 GDPR and Data Protection
 Health and Safety
 Infection Control
 Learning Disabilities
 Manual Handling
 Manual Handling Practical
 MCA and DOLS
 Medication Awareness
 Mental Health Awareness
 Nutrition and Hydration
 Safeguarding Adults at Risk
- **Other training includes:**
 Basic Life Support
 Diabetes Awareness
 Duty of Care
 Living with Dementia
 Oral Hygiene
 Privacy and Dignity
 Safer People Handling
 Safer People Handling Practical

Family Engagement

The manager told us that they:

- Have a Facebook page for communication with families.
- Hold quarterly family surveys.
- Carry out weekly catch-up calls to families including changes in meds, etc.

HWWAR did speak with some family members who told us that their loved ones are very happy there and they have no issues. The family members said they can visit whenever they want, and the staff are very caring.

Community Support

The manager told us:

- They use tele-triage and have used the Urgent Care Response Service several times.
- If a dentist is needed, they contact the family to arrange a visit to residents' own dentist.
- They have a contract for GP to conduct weekly ward rounds. They call GP as and when needed.
- The team participate in the Residential Family Forum when they can network and hear information.
- They have no issues regarding medications and use a local pharmacist.

Plans moving forward.

The manager told us they are in the process of redecoration.

Step Down Beds

The manager informed us they have no Step Down or D2A beds but would support the system when required.

Recommendations

- Rubbish in car park - Health and Safety risk and eyesore - needs removing immediately.
- All staff need to be fully aware of evacuation procedures and participate in evacuation equipment training immediately.
- Blocking of fire exits is a fire risk and needs immediate attention.
- Decoration could be undertaken at quieter times of the day or evening to avoid disruption or Health and Safety risk, such as blockages in walkways.
- Use dementia-friendly print on menus and activity posters.
- Better spacing of the chairs in lounge to allow privacy and dignity.
- Pull cords in bathrooms should not be tied up (Health and Safety issue).
- Better ventilation required in some bathrooms.
- More appropriate storage required for hoists and residents' laundry.

Conclusion

Birch Tree Manor Care Home has a pleasant outlook in a quiet area. HWWAR noted many of the bedrooms look out onto a garden. The manager informed us they have a caring workforce, and the residents are happy there.

Although we noted some recommendations that need immediate action (the manager was informed at time of observation), HWWAR would recommend an action plan be developed. HWW will aim to visit again within the next 12 months in relation to the recommendations made.

Glossary

- CQC- Care Quality Commission
- D2A - Discharge to assess.
- DOLS- Deprivation of liberty safeguards
- ECIST- Emergency care improvement support team
- EMI- Elderly mentally infirm
- Evac chair- A specialist piece of equipment that allows staff to help people with mobility issues safely exit a building during an emergency evacuation.
- GP - General Practitioner
- HWAR - Healthwatch Wirral Authorised Representative
- HWW- Healthwatch Wirral
- IPC- Infection Prevention Control
- LA- Local Authority
- LAQIP- Local Authority Quality improvement officer
- MCA- Mental Capacity Act
- PC- Personal Computer
- PPE- Personal Protective Equipment
- RGN- Registered general Nurse
- RM- Registered Manager
- UTI- Urinary tract infection
- RIDDOR - Reporting of Injuries, Diseases and Dangerous

Distribution

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.

-Comments box

Factual Inaccurate Points

- 2 floors and 3 units not 3 floors
- Fire drills and staircase equipment training- happy to provide training stats to show completion.
- The main reception was untidy, and it was being decorated the day of your visit, all items had been moved away from the walls to allow for painting but there was not an obstruction to the fire exit or doors to units.
- No painting was taking place on the first floor as the maintenance person was decorating the reception area only that week.
- Again, the only area being painted was the reception area, the smell of paint was not strong as we use odour free paint and it is also quick drying but yes there were wet paint signs up in reception, not on the first floor or ground floor corridors as you have stated.
- The area (reception) was not cordoned off as it is the reception area and this needs to be accessible at all times however the doors to the 2 ground floor units are key coded so residents cannot walk in the reception area freely therefore the risk is minimal to those people living at the service.
- Medicine rooms do not have a key code for entrance but a key to lock the door.
- Please clarify what is meant by 'most of the alerts' in the safeguarding section as we can assure you that all alerts are followed through with the correct procedures for a safeguarding.
- Staff number in total is incorrect- we have 54 care staff but with ancillary added it is much higher.
- Within the recommendation section, you state for us to remove rubbish from the carpark, we explained on the day of your visit that we had a skip being delivered the following day as the previous one was full due to the redecoration of the home.
- Within the recommendation section you refer to 'blocking of the fire exit' there was no blocking of any fire exit during your visit.

I would ask that you take the above into consideration and make the appropriate amendments to be a factually accurate review of your visit to Birchtree Manor.