



Healthwatch Wirral

Familiarisation visit

Author: Jacqueline Canning &
Karen Crampton

12/3/22

Table of Contents

| | |
|---------------------------------|------|
| Site Introduction..... | 1 |
| Foundations of Quality | 2 |
| What is enter & view | 2 |
| Methodology | 2 |
| Findings and observations | 3-8 |
| Recommendations..... | 8 |
| Glossary | 9-10 |
| Comment box | 10 |

Site Introduction



Park House Care Home is set in its own grounds, next to the local park in a pleasant area of The Wirral. They are close to shops and public transport, making it accessible for visitors.

The care team offers nursing care for people who have complex medical needs, as well as both residential dementia care and nursing dementia care for residents who require it. They also have additional specialist dementia accommodation for the area on the Sandhills unit within the home as well as Step Down beds available on the ground floor.



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 carry out 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.

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 firsthand.

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.

Disclaimer

The contents of this report are based on what the residents, staff and manager told Healthwatch Authorised Representatives. 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 we observed

- The car park appeared well maintained with ambulance access at one of the two entrances.
- On arrival we were asked to follow the signing in procedure, hand gel and masks were also offered. The ground floor appeared clean and smelt fresh with Christmas decorations on show. General good decoration throughout the foyer area and the dining room had tablecloths on all the tables (this is mentioned as was not apparent in the other dining areas).
- The building comprises 3 floors operating as separate units, ground floor known as Hamilton set up for T2A (Step Down Beds).
First floor, known as Sandhills unit- set up for residents who have Dementia
- Access to this floor was restricted at time of visit due to a possible D&V outbreak.
- 2nd floor Hamilton unit providing general Nursing Care.
- Current occupancy is 82 residents, including 9 on the T2A unit. The Manager told us that all residents have an individual care plan on admission which is reviewed monthly or as the need arises.

Staff/Workforce

The Manager told us that Staff levels are 122 employees at Park House and the home had current nurse vacancies at the time of visit. Annual appraisals and quarterly supervisions are offered by management.

There are 5 clinical staff on day duty and 15 care assistants. 8 staff on nights including 3 clinical and 8 care assistants.

Mandatory training for staff includes:

1. Safeguarding
2. Mental Health
3. RIDDOR/COSH
4. Dementia care
5. Basic Life Support
6. Fire Safety
7. Health & Safety
8. Basic First Aid
9. IPPC
10. Falls training

Six Steps to success End of Life Care is not mandatory but it is offered, and the Care Home have accreditation. Also offered is Legionella (Water Safety) training. To dip or not to dip has not been attended by all staff.

Environment



- The kitchen was a standard unit, and the Chef shared the menu which is for a four-week period and told us that the menu had been compiled with input from the Residents.

The chef also told us that:-

- A choice of two prepared meals is offered. Residents could choose to eat in their rooms if preferred.
- Meals were at set times with set teatime trolley breaks. Residents could request additional drinks, if required.

The Manager told us that :-

- The bedrooms had toilet and washbasin with 2 of the 40 bedrooms on the top floor having showers. There were 2 bathrooms with baths, one bathroom had possessions (coats and bags) stored behind the door which required removal. Ventilation was adequate throughout.
- Hoists are stored in the hall with individual slings stored separately depending on the resident's needs. All hoists were due to be assessed and serviced in February, according to the affixed labels (one hoist did not have a servicing label attached, but staff informed HWAR that all hoists are serviced the same day).
- There are 2 full-time maintenance people who keep on top of redecoration where needed. They have decorated 6 bedrooms in the last year and have recently renewed the flooring on the ground floor.
- The HW Authorised Reps noticed that there was plant life growing from the gutters, which could cause damp to walls.
- The dining area on the 2nd floor was in need of some minor redecoration as there was some scuff marks and damage, likely from trollies and equipment being wheeled in. This was in contrast to the much more recently redecorated ground floor dining area which appeared more comfortable in comparison.
- On the 2nd floor there was a cinema room that had been put in place so residents can watch films in small groups, this appeared to have a cosy atmosphere and comfortable looking chairs. The walls were adorned with photos of old movie stars to evoke the feeling of a cinema.
- On the 2nd floor there was an 'End of Life' lounge area, a comfortable area where families could take some time to reflect and recharge. The room was decorated in a calming fashion with some amenities such as a TV and tea and coffee making facilities as well as views over the grounds of the care home.

Health and Wellbeing

The Manager told us that :-

- The Care Home is supported by Claughton Medical Practice with weekly visits by a GP on Tuesdays and Fridays. Residents can keep their current GP if preferred.
- Mouth care checks are conducted on admission and included within care plans. Monthly checks thereafter, there is no dentist aligned to the care home as yet, if needed resident's own dentist is contacted.



- Resident falls have decreased in the last year. This is due to using the electronic recording system which issues alerts. Falls are assessed at pre-admission and included within care plans and if support equipment is needed. If a fall occurs a referral is made to the Falls Team in the LA and a full assessment is completed. The GP is also informed and if identified, a medicine review is requested.
- There are no issues re resident's personal belongings going missing to and from hospital although the red bags are rarely sent back with residents. Residents are given an COVID LFT test before attending hospital and the staff rely on the hospital to inform them if an LFT is required when arriving back at the Care Home.
- Minimal CDIFF was recorded in the past year and was contracted while in hospital. The staff had support from the Community IPC team and isolation procedures were put in place.
- UTI's are routinely monitored during normal observations. If a UTI is suspected a water sample is obtained and the resident is monitored and antibiotics are requested from GP.
- HW Authorised Reps noted that there appeared to be no obvious activities or interaction with residents during the visit and all residents were either seated or in bed. We did speak with a staff member who is the activity coordinator.

The Staff told us that the following activities are offered: -

- Armchair games
- Bingo
- outdoor shopping
- arts and crafts and a choir
- massages and hairdressing.
- There is a designated Minibus to transport clients to various venues/trips
- We were also informed that they perform one-to-one activities in the client's room using IPADS.

Some residents said that there could be more activities offered during the daytime.

Safeguarding

The Manager told us that :-

There have been 36 Safeguarding alerts in the past 12 months - 8 NHS and 28 LA. The Manager feels this was due to the integration of another Care Home (Grove House). She feels in normal circumstances they wouldn't have accepted some of the patients due to the complex nature of the support they needed.

A staff re-structure at mealtimes was identified by the care home, due to underweight residents needing more support to eat and those prone to falls as some preferred to stand and walk about at mealtimes. More staff were needed and

a change to roles and responsibilities was to help support the more vulnerable residents to eat.

The Manager's told us that their experience with the LA Safeguarding teams was not ideal. The Safeguarding teams prefer electronic referrals, and the care home is not equipped for this. The Care Home does not receive feedback on the outcome.

Complaints

The Manager told us that :-

Any complaints are investigated by the Manager and a response is formulated. Any upheld complaints are reported and discussed to the Contracts team with the outcome. All complaints are responded to with 21 days.

The Manager feels their processes and systems are robust enough to keep residents and staff safe.

Resident Engagement

- ❖ A resident stated at night that, noise is not an issue and they had a comfortable bed. The residents commented that the choice of food menu was fair only, and that sometimes it was cold upon arrival especially the chips.
- ❖ The residents said they received their medication on-time.
- ❖ Some residents said they were able to personalise rooms.
- ❖ The nurse call button was not always answered promptly. (We observed this during our walkabout, when on another corridor the nurse call button sounded but it took some time for it to be answered).
- ❖ The residents commented that the staff overall were very kind and attentive and that if a carer/resident relationship broke down then the carer was reassigned elsewhere.
- ❖ " I can have a shower at any time of day".
- ❖ We observed personalised patient folders in rooms showing a reposition chart, bedrail check and personal care plan and food plan.
- ❖ Residents told us they were happy with the standard of care received during their stay. There was a large window that looked out onto a garden, and a resident said they loved to look out at nature.
- ❖ There were family photographs on the bedroom walls to make it more like home. A resident commented that the food was overall good and they had a good choice of menu but that the entertainment was very limited and there were few activities available during the day.

Family Engagement - The Manager told us that:-

- There is an 'open door policy' and the Manager will meet with families whenever she can to discuss issues. They offer 3 monthly family meetings, but these are poorly attended.



- Families are contacted by phone if changes are needed to the resident's monthly care plan review and family feedback included.

Community Support - the Manager told us that :-

- The Care Home use the Tele Triage service although staff use 999 if they feel it, is an emergency.
- The care Home are not familiar with the 2-hour Urgent Care Response Service.

Plans moving forward

- The Manager would like to implement an updated electronic system instead of relying on a Pare system. They are currently trailing a dependency tool called DEPENSY
- Dining rooms décor needs attention due to wheelchair and trolley scuffmarks.
- The Manager will continue to attend LA forums to share knowledge and experience.

(Step Down Beds at Park House) - The Manager told us:-

A recently admitted resident said they were happy with the care and the room was comfortable and had everything to hand. The resident was due to see a specialist nurse (1st visit since discharge to the Home)

The residents said that the food was good, and the Home catered for Gluten Allergy. The variety was good; we spoke to the Chef who said that the menus are rotated every 4 weeks and there was always a vegetarian option.

A resident preferred to have meals mainly in their room and did not feel isolated as the carers did pop their heads in from time to time to say hello. The resident had not been informed as to the approximate length of time they will be at the home when they were discharged from Hospital.

A resident had been admitted a few days previously and was very happy with the care and environment of the care home.

A resident was unclear of their care plan or how long to expect to be a resident. The resident was unsure that their children may have been contacted about their care plan.

A resident was very happy with the staff and said they were very kind.

To date

- Contract signed with LA as 'Step Down Beds' provider from 7th December.
- 25 beds offered (ground floor) only 9 occupied so far.
- 2 assessments cancelled as unfit for discharge from hospital.
- Claughton GP Practice offering daily wrap around service re med reviews.
- Claughton Medical Centre GP attends twice weekly Tues and Friday.



- No D2A patients readmitted to hospital so far.

Current issues from the care home in relation to discharge from hospital.

- No clear pathway of discharge process e.g., what equipment/meds needed.
- Trusted assessor assessments not fully reflective of needs so Care Home Manager attending Hospital to conduct own assessment too for suitability and to ascertain if care can be offered.
- Hospital not assessing for correct equipment (i.e., flow mattress) upon discharge.
- No incontinence products being prescribed based on need from hospital.
- Patients being sent without all relevant meds, or pain relief- one patient had to tell care home what pain relief they needed immediately as not given any at hospital on discharge.
- Sometimes patient meds being sent in a taxi from the hospital after Care Home has chased up with ward.
- No instructions (care plan) or info for admin.
- No coordination from the hospital - referrals coming from wards and Discharge team- no pathways being explained to patient/family or expected discharge date.
- No care plan or recommended therapies - told to just offer bed for discharge from hospital.
- No explanation to patients or families of future plan.
- No communication from Discharge team- re meds if patient has capacity.

Recommendations

- The Care Home should actively encourage the residents, their families and the staff to share their experiences on the Healthwatch Wirral Feedback Centre <https://healthwatchwirral.co.uk/feedback-centre/> . This will ensure that the Care Home receives independent and regular feedback to help improve/change their service.
- All staff to attend the “to dip or not to dip” training.
- Bathrooms to be kept free and clear of obstructions and not to be used as storage space for personal possessions (staff or resident).
- All equipment, ie; hoists, should have an afixed servicing label or PAT test label clearly displayed.
- External guttering should be kept clear of vegetation to avoid issues such as damp and leaks.
- Emergency dentist should be identified and contactable for dental issues for residents.
- More engagement should be conducted with the residents around what activities are available and at what times.
- The care home should contact the urgent care response service to organise an awareness session with the staff team.
- Residents should be made aware pre-admission that physical therapies will not be available from staff of the care home.



Conclusion

This appears a well-run residential nursing home, which has a nice view of Birkenhead Park and the residents appeared to be cared for. The leadership and staff appear open to constructive feedback and there are some areas of improvement in terms of activities and interaction, care plans, family involvement, environment and décor- which was shared with the care home.

The visit was a snapshot of the care home, we aim to visit within the next 12 months, as this is our normal practice and we will liaise with CQC to ensure visits do not clash.

Glossary

- CQC- Care Quality Commission
- D2A - Discharge to assess
- DOLS- Deprivation of liberty safeguards
- ECIST- Emergency care improvement support team
- EMI- Elderly mentally Infirm
- Evacu-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.

Comment box

- 45 bedrooms have been decorated during the past year.
- Current issues were evident at the start of the contract, however, with regular meetings with contract leads these were managed and rectified quickly. Resulting in cohesive working from both the care home and the contracts team to increase residents' satisfaction.



- The hospital discharge team were responsible to advise that physical therapies were not part of the contract.