



Healthwatch Wirral

Enter and View Visit - Daleside Nursing Home, 136-138 Bebington Road, Birkenhead, Wirral, CH42 4QB

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Site Introduction



Daleside Nursing Home prides itself on caring for the elderly. They aim to provide all necessary care and attention for those who live there. The Home strives to preserve and maintain dignity, individuality and privacy, while being sensitive to the ever-changing needs of all residents (extract from Nursing Home 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 and 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 findings are reported based at the time of the visit.


Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. If during a visit, Healthwatch Wirral identifies any serious concerns these will be referred to the appropriate regulator. Any safeguarding issues identified will be referred to the Local Authority or Commissioner for investigation and our visit will cease with immediate effect.

Observations

Upon arrival we met with Managers Chris and Rachel Tavener, we were invited to sign-in and offered hand gel and masks although this was no longer a requirement. Daleside Nursing Home has 35 beds (registered for 43) and has rooms spread over three floors. While Healthwatch Wirral Authorised Representatives (HWWAR) were talking to the management team it was established that they do not have an active D2A contract, meaning they don't provide this service and have no plans to offer this moving forward.

As HWWAR arrived at the building it was impossible to ignore the extensive building works and renovations currently taking place due to the large amount of scaffolding surrounding the building. HWWAR were informed that the renovations currently taking place are both internal and external and include adding solar panels to the roof of the home.





As we were guided around the home the first stop was the main lounge. There are current renovations taking place in the home for a secondary lounge further down the hall. The main lounge is pleasant and clean but potentially a little crowded due to the current renovations, the Manager assured the HWWAR that this will be rectified upon completion of the second lounge. There were plenty of entertainment options, two radios, a TV, a large TV-sized interactive touch-screen computer and the Activity Co-ordinator was on-site playing games with the residents.

The environment felt a little warm, and the HWWAR would note later in the visit, when finding a thermostat, that the temperature was set to 27.8c°.

In the dining room there was a meal plan on the wall to show what the food options were during the week. HWWAR did notice that there were elements within the room in need of repair, notably a ceiling fan appeared to need repairing or replacing.

The dining room seemed a little cramped due to the table size and shape.

The layout of the home does not have allocated floors for residents but does follow some general guidelines for where residents are placed in terms of need. The ground floor is largely for residents who need to be nursed in bed, as this makes for easier access for visiting nurses. The second (top) floor is largely for residents with dementia, with the first floor comprising of a mix of other residents that don't fit into either category.


Moving up to the first floor we were directed to the new palliative care room. This room was created so that patients and families could spend time together. The palliative care room is a new feature and is currently being installed and is not fit for residents yet, but the decoration is largely completed and looks to be a good feature of the home.

All rooms have some standard furnishings; a chest of drawers, a wardrobe, a TV, a bedside cabinet and bedside table, a radiator with a cover, a bin, either an air mattress or standard mattress, depending on the resident's care plan. If the residents washing is done in-house, a wash basket is available.

Bathrooms on all floors were generally clean and tidy, with the exception of the top floor which is currently being developed and is understandably unusable. HWWAR notes that even though this bathroom is not currently fit for purpose the top floor is currently still in use, meaning the residents with dementia who reside on the top floor will need to travel to another floor to use a bathroom. The corridor was rather narrow, compounded by the fact that renovation materials were left out.

Finally, HWWAR made their way to the garden, which adjoined the dining area. The outside space was pleasant, marred slightly by some old furnishings that were awaiting disposal, and some of the solar panels that are yet to be installed. HWWAR found the concrete ramp was a little slippery when walking into the garden.





Concerns were raised with the Manager regarding residents accessing the garden if they were a smoker. HWWAR were told by the Manager that there are currently no smokers in the home but, if there were, this situation would be addressed to ensure their safety accessing the garden. The garden was previously tended by a gardener but they are currently looking to recruit for this role.

HWWAR were informed that the Entertainments Manager organises days out for the residents at the local park.

The Manager told us that : -

- Residents care plans are reviewed monthly unless a change is necessary. Families are involved with the care plans on admittance and are consulted, when and if, changes are made.
- In terms of activities, there is always something going on, and residents are encouraged to engage with the activities.
- Staff use Core Vision handheld devices to update resident's care plans daily, for example menu choice at mealtimes.

Residents told us that : -

- They were generally very happy with their accommodation and said that the staff were very helpful.
- Some comments were made around the beds provided by the home, one resident in particular said that the beds were comfortable “for an air Mattress” but that moving in the night on an air mattress can be uncomfortable.
- To HWWAR, the meal plan seemed slightly restrictive, but residents did say “it was a reasonable selection, considering the number of people they are cooking for.”

Staff

The Manager told us that :-

Daleside employs 40 staff including Managers, RGN's, care staff, chef and kitchen assistant, laundry assistant, two cleaners and a maintenance person.

During the day shift on duty staff include:

- 6 Carers including a CHAPS (enhanced care assistant)
- 1 RGN over 24 hours shift.
- Manager Monday to Friday is an RGN and will assist as necessary.

During night-time shift staff on duty include;

- 3 Carers and 1 RGN over 3 floors





Mandatory staff training using ELFY (e-learning) includes;

- Health and Safety
- Safeguarding
- First Aid
- Privacy, Dignity and Respect
- Equality and Diversity
- Medications
- Life Support
- COSH
- Autism Awareness
- COVID-19
- Dementia Awareness
- Fire Safety
- Infection Control
- Moving and Handling

Other training includes;

- Pressure Ulcer Care
- Continence and Urinary
- Venepuncture- Common Practices Of Phlebotomy
- Data Protection and GDPR
- Learning Disability
- Bed Rails
- Communication and Record-Keeping
- End-of-Life (6 Step Training out of date - awaiting new dates set for April 2023) TBC
- Duty of Candour (the quality of being open and honest)
- Falls Prevention
- Food Safety
- Fluids and Nutrition
- Oral Health
- Positive Behaviours

Staff appraisals are conducted yearly and supervision 2-3 monthly, or ad-hoc if issue raised. If serious review or Safeguarding issues, supervision is provided immediately.

Medication

The Manager told us that : -

- The Care Home has recently changed pharmacy to Pharmalink which is only for care homes and is not open to the public.
- The Care Home uses “boxes and bottled” medication system.





Safeguarding

Healthwatch Wirral enquired about safeguarding referrals in the last twelve months, however this information has not been shared by the Care Home.

Complaints

The complaint procedure is displayed on the notice board in the foyer at the entrance. A full copy of the complaint's procedure has not been shared with Healthwatch Wirral, despite requests. Healthwatch Wirral also enquired about the number of complaints made, this number has also not been shared.

The Manager outlined the complaints procedure as below;

- Acknowledgement of complaint in writing
- 28-days' timeframe for response, unless urgent
- Meet with complainant and discuss response.
- Resolve outcomes at discussion.
- Complaints discussed at monthly contact meeting (Claire Doyle)

Falls

The Manager told us that : -

- Falls have decreased in the last twelve months. This is due to not having a D2A contract- it was handed back two years ago. The staff did not know the patients on D2A admission as sometimes there are 3-4 patients a day. They now have no more than one admission day, which has reduced falls incidents as patients are fully assessed at admission.
- A falls risk assessment is mandatory at admission. If the patient scores high on risk assessment an environment assessment is completed, and the nurse call system is installed which includes assistive technology in the patient's room.
- Falls are recorded in accident logbook and on the care plan and put on the system for Manager sign-off. The details are then referred to Falls Team.

GP/ Dental Access

The Manager told us that : -

- All admissions are offered to change to Sunlight Group Practice. If the resident chooses to stay with another GP Practice, they will have to have agreement from their Practice - particularly if out of Borough.
- Residents can use their own dentist but most dentists don't make house calls so many residents use the Community Dentist on Greenway Road, Birkenhead. For emergencies they call the emergency number in Manchester.





- All residents admitted are given an oral health assessment and reviewed monthly and entered onto the care plan.

Infection Prevention Control

The Manager told us that : -

- If residents are unwell and symptomatic the care home will test, and also test if a direct request is made from the clinic that the resident is attending.
- The home display posters in bathrooms to inform staff of symptoms and what to do if concerned. They use the Bristol stool chart also to check changes in normal pattern.
- Urinary Tract Infections (UTI's) are monitored through urine output charts. The Manager has attended the Dip or Not to Dip training and cascaded to all staff.

Families

The Manager told us that : -

- There is a monthly Resident Forum and families are invited.
- The Manager has an open-door policy for concerned families.
- Visiting is anytime.
- The activity coordinator organises themed events when families can meet the Manager and other staff.
- Families are included in the care plan reviews and sign the electronic system. They often need essential information from families if the patient is confused.

Community support

The Manager told us that : -

- The staff have used the teletriage system although they sometimes have internet issues. It has been useful during ambulance disruption due to strikes, etc.
- The Manager has no knowledge of the Urgent Care Response Service.

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.
- Healthwatch Wirral would recommend that the building is kept at a comfortable temperature. The NHS recommends a temperature of 26c° or below.





- Obstacles in the narrow upstairs corridor could be a health and safety risk, Healthwatch Wirral would recommend that communal areas are kept clear.
- Healthwatch Wirral would recommend steps are taken to ensure that concrete areas outside are not slip hazards.
- Healthwatch Wirral recommends that the Manager contacts the Urgent Care Response service for information that may support the care of their residents.

Conclusion

- The Manager is confident that the processes and systems they have in place are robust enough to keep residents and staff safe.
- They have changed from a paper record system to electronic in the previous twelve months so have no further changes planned.
- They have a full complement of staff so no recruitment plans/issues.
- They have recently developed a dedicated palliative care room with a full ensuite to enable family to stay over
- The resident lounge has recently been decorated and the resident rooms and corridors are on a rolling decorating plan.
- There is scaffolding outside the building while solar panels are being fitted.
- The Manager will continue to attend the Wirral Residential Care Home forum for updates and information.

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
- HWW- Healthwatch Wirral
- HWWAR- Healthwatch Wirral Authorised Representatives
- 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





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

The Manager was provided with a copy of this report to check accuracy and to respond to our findings.

