



Healthwatch Wirral

Enter & View visit to Dundoran Nursing and Residential Home, 47 Vyner Rd South, Prenton, Birkenhead, Wirral, CH43 7PW

Authorised Representatives: Jacqueline Canning, Dave McGaw. Observing: Leila Goodchild

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Site Introduction



Dundoran Nursing and Residential Home, 47 Vyner Rd South, Noctorum, Wirral, CH43 7PW, has 32 well-furnished and tastefully decorated bedrooms of varying sizes. All bedrooms have a TV aerial point, telephone socket and a nurse call bell. Dundoran can accommodate couples and those requiring ensuite facilities.

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.

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 Wirral Authorised Representatives it will be sent to the Provider for comments. After ten 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. 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 deciding on where to reside and/or where to obtain care.

Name of Home: Dundoran Nursing and Residential Home

Name of Manager: Elena Maftai

Managers E-mail: dundoran@newbloom.co.uk

Phone number: 0151 652 5481

HWW Authorised Representatives:

- Jacqui Canning HWW Staff
- Dave McGaw AR
- Leila Goodchild (Observing)

What we observed and were told

Environment

We were met at the front door by the Manager who informed us she was new in post. She explained she had been appointed to bring the home back up to standard after a poor CQC inspection.

We were asked to sign in and hand sanitiser was available. The Manager directed us to the information wall which had a pictorial activities board showing Monday to Thursday activities along with a 'you said we did' board.

The fire procedure notice was on display complete with information on which residents rooms had oxygen present.

The Manager told us that Dundoran Nursing and Care Home is a converted house with two single and two-storey extensions. She went on to explain they are registered for 31 beds but currently had 21 residents, due to being in Special Measures following a CQC inspection, and that they are not accepting any new residents at this time.

The Manager told us that the current residents needs ranged from residential, nursing care and EMI and that there are ten vacant rooms.

At the time of the visit the entrance area was very busy with people passing through the area, both entering and leaving.

HWW observed the garden area at the entrance to the home was well-kept. A builder's skip was placed on a grassed area, as the home is undergoing renovations and repairs, this was explained by a staff member. A small car park is available at the front of the building which appeared in good condition, with on-road parking also available.

We observed the outside garden area, which was fully accessible with a ramp and was well-kept. We noted the gates which were signed as Fire Exit were locked, we informed the Manager this could breach Health and Safety regulations and she had them unlocked by the maintenance person immediately.

Wooden benches appeared to require refurbishment/repainting.

The lift appeared in good condition with key code entry, and we were informed by the Manager that it is serviced regularly.

The laundry room on the second floor housed two washing machines and two electric dryers. There was no mechanical ventilation, relying on opening a window for room ventilation.

Resident washing used a name label system on clothing items. We noted that the clothing baskets blocked the Fire Exit and explained this was a Health and Safety issue. The Manager had them repositioned immediately.

The second-floor bathroom was in the process of being renovated, there was no mechanical ventilation, relying on opening a window for room ventilation.

We observed a number of empty resident's rooms, they appeared accessible and had adjustable beds, sinks with temperature-controlled taps, but no ensuite toilets.

We were informed by the Manager, that residents on the second floor were Nursing Care and Dementia residents, no hoists were observed. Cleaning and renovations were being carried out during the time of our visit.

Exit to the stairs was via a key coded door. Although, on exiting, the door failed to close using the spring system. This was brought to the attention of the Manager who was accompanying us. Although a 'shut the door' notice was in-situ, staff were exiting and failing to ensure the door was locking shut (recommendation).

The fire slide was on the corridor away from the stairs and when asked about fire safety training we were told by the Manager that the first 15 staff were to undergo training in the near future.

The first floor appeared similar in layout to the second, bathrooms were to undergo refurbishment.

Hoists had up-to-date test certificates displayed but did not appear in a clean condition.

The visitor's toilet was accessible to residents but had no emergency call system installed and again relied on opening a window for ventilation.

The ground floor contained a lounge, a dining room, a kitchen, and residents rooms. The residents lounge had standard lounge chairs spaced-out and a hoist with a valid test date displayed. HWW noticed some dolls and soft toys on a chair. If these are communal toys, they need to be included in a cleaning schedule, as this could be a potential cross-contamination risk. The dining room had several round tables, and a pictorial menu on display, and a residents notice board.

HWW AR viewed the kitchen, this consisted of standard stainless-steel units with a range cooker and freezer. A larder room had another freezer and three fridges, a temperature guidebook was present, and the room looked clean and tidy. A monthly menu was on display and the chef indicated that residents have an input into the planning of the menu.

Opened perishable condiments bottles were observed stored in the kitchen unrefrigerated and there was no indication on these bottles of the date that they had been opened.

The Clinic/Medicines room had a small fridge and small air conditioning unit. The fridge temperature was monitored using a remote temperature gauge. The thermometer on the medicines fridge appeared to be not working. The daily reading was not observed as being taken on 6th June.2023.

The rooms on the ground floor were an extension attached to the house, this appeared to be in better condition than the main part of the building.

HWW AR observed most corridors and stairs were carpeted (including one bedroom) this should be reviewed under their refurbishment programme in terms of infection prevention and control.

Health and Wellbeing

The Manager informed us that:-

- The number of recorded falls increased from last year. Several falls this year were controlled falls or near miss where staff might assist the resident to regain balance or assist the resident safely to their feet.
- We asked, "How do you prevent and manage falls?"

The Manager told us:

- they have residents who are on one-to-one support.
 - They also have residents assessed for bed rails to prevent them from rolling/falling out of bed, and some residents have a falls mat alarm in place which alerts the staff when they are trying to get out of bed so they can attend to them immediately.
 - Staff also complete resident 'ok' checks during night.
- We asked, "how are falls recorded?"
The Manager explained that:
 - all falls are recorded on incidents and accidents file by the nurse in charge, and they are reviewed by management.
 - They contact falls team for support and advice, and the nurses make referrals to physiotherapy or OT if there are any concerns about residents' mobility.

We asked the Manager about GP / Dental access - she told us:

- That all new residents are informed about their options in relation to GP registration and access.
- That all new residents are informed about their options in relation to Dentist registration and access. The home at present will contact the NHS Community Dentist for emergency dental care for residents who have NHS funding. For those residents who privately fund their care the Care Home will contact local private dentists or check if the residents are already registered with a private dentist.
- That the Care Home conduct mouth-care checks on admission and carry out regular dental checks.

Safeguarding

The Manager informed us that:

- They have had Safeguarding issues in 2023.
- All Safeguarding alerts were reported to the Local Authority.
- It is an easy process to follow.
- At the end of each month she completes an analysis of Safeguarding referrals and the appropriate actions that have been taken.

Care Plans

The Manager informed us that all care plans have been reviewed to reflect the residents' current needs. The nurses review the residents care plans once a month, or sooner if there are any changes in residents' conditions.

Infection Prevention Control

We asked the Manager “What processes do you have in place for testing patients for infections (such as C-Diff/Covid) who are traveling to and from hospital?”

We were told the home requires a negative covid test to be provided before a resident is discharged from hospital back to the home.

The Manager also explained at present that they do not have any residents with C- Diff. If any residents developed or are admitted back to the home with C-Diff, they would seek advice from the infection control team.

We asked the Manager “How do you and your staff identify UTI's?”
She told us they identify by:

- changes in behaviour, such as confusion or agitation
- reports of pain or burning sensation when passing urine
- residents needing to urinate more often than usual, or having the urge to urinate but only producing a few drops
- the urine looking cloudy and/or having a strong odour
- reports of abdominal or back pain
- residents having high temperature or feeling feverish, or a very low temperature below 36

We asked if any staff have attended the *DIP* or *Not to Dip* training.

The Manager told us they have a few staff who attended the *DIP* or *NOT to Dip* training last year.

General

HWW asked “Do you have any issues with patients being admitted or discharged from hospital? (e.g., lost property, medical aids, delays, missing medication)”

We were told there were no recent concerns.

Complaints

The Manager informed us.

- the complaints policy is in an accessible format and is available on residents/visitors notice board.
- all complaints are logged on the complaints file with details about the complaint raised, actions taken, resolution, follow up actions and the date the complaint is closed. The Manager also completes a monthly analysis.
- commissioners and stakeholders are informed if complaints are upheld and informed of the outcomes.

Staff

The Manager told HWW:

- 48 staff are employed.
- on a day shift there are seven HCA staff until 1pm, six staff from 1pm to 7pm.
- on a night shift they have four HCA staff.
- they have one Registered Nurse and seven staff as stated above and at night one Registered Nurse and four HCA's.

Resident Engagement

The residents we spoke with all appeared clean and said they were happy. They also told us there were plenty of staff available and that they liked the food.

Family Engagement

We asked the Manager; "How do you engage with the families of residents?"

The Manager told us that they recently invited all family members to come in the home for coffee and cake, and she was surprised to see so many families attending the meeting. They had an overall discussion about her being the new Manager and she told them that if they have any concerns or need to talk to her about their loved ones, they could contact her anytime or come in for a chat.

We asked the Manager whether families are included and/or informed in residents care plans.

The Manager told us the families are very helpful and provide the home with information about their relatives and the things that are important to them. This information is used in the 'This Is Me' booklet.

Staff Engagement

On speaking with staff during the visit they were all open about trying to improve the standards for the residents care and wellbeing.

The activity co-ordinator was very proud of the activities they had organised and discussed very enthusiastically the plans for future events.

Staff we spoke with were friendly, knowledgeable within their specific role and described residents as 'family.'

Community Support

We asked the Manager **“Have you heard of the Urgent Care Response service?”** and **“Do you use the Tele Triage system?”**

She told us they are all very helpful.

Moving forward

We asked the Manager **“Do you feel that your processes / systems are robust enough to keep their residents and staff safe?”**

She informed us that she felt their processes and systems were safe for residents.

we also asked **“What changes would you like to make to your processes / systems moving forward?”**

The Manager told us:

- that they want to start implementing new audits in the home and want to ensure continuation of audits already in place. They want to ensure audits are completed to a very good standard.
- that the building work on installing Fire Safety Door Barriers on each floor was to be carried out as well as complete refurbishment of bathrooms throughout.
- that they hope that the home will reopen for new admissions soon, and staffing levels will be reviewed when the level of residents increase.
- that there are more events planned with relatives and the theme for the summer is *“Summer at the Seaside.”* This will involve:
 - crafts for the wall displays
 - ice-cream tasting
 - summer fruits tasting
 - making kites
 - play sand for modelling with, and seashells to bring the beach into the home.
 - poetry and topics with postcards to families. A reminiscence activity pack has been ordered and will feature holidays from long ago.
- A Summer Fete with families to be invited, with a barbeque, tombola, and games.
- They are in the process of creating a list of all the works required, concentrating on residents' rooms and decorating residents' rooms, and the general condition of the home. The list will be completed and they plan to start working within the following week.
- They are willing to share these plans with other care homes as best practice.
- They hope to attend the Wirral Care Home Forum soon.

(Step Down Beds)

No step-down beds available.

Recommendations

- Fire exits need to be well signposted and doors unlocked.
- Wooden garden benches need to be refurbished, if used.
- Mechanical ventilation needs to be installed so as not to rely on open windows to ventilate rooms.
- Staff need to understand that clothing baskets in the laundry are blocking Fire Exits and are a fire hazard and Health and Safety issue.
- Key-coded doors with spring systems need to be checked for closing properly.
- Although hoists were checked they need to be cleaned and free from debris for infection control.
- The visitor's toilet needs an emergency call system installed and adequate ventilation.
- Dolls and soft toys, if communal toys, need to be included in a cleaning schedule. This is a potential cross-contamination risk.
- Opened perishable condiments bottles stored in kitchen need to be refrigerated and date-labelled when opened.
- We recommend using a probe for increased accuracy for monitoring the temperature of the small fridge in the Clinic/Medicines room, in place of the current remote temperature gauge.
- Repairs need to be undertaken as soon as possible on the thermometer on medicines fridge, which was observed as not working and the daily reading not taken on 6th June.
- Most corridors and stairs are carpeted (including one bedroom that we saw) – this should be reviewed in terms of infection prevention and control.
- An action plan is developed from our recommendations.

Conclusion

Although the Home is under CQC Special Measures, the new Manager appears to be in control of an action plan to bring the standards back up and prepare for a re- inspection.

They have taken advice from the LA and have the support from the staff team. The Directors are approving a refurbishment programme, moving forward.

We hope to that an action plan addressing our recommendations is developed and we will do a follow up visit within twelve months.

Glossary

- CQC- Care Quality Commission
- C Diff - Clostridium Difficile
- 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
- HWW AR - 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 Care Home Manager did not submit any comments.