



Healthwatch Wirral

Enter & View Visit to Marine View Lodge Nursing Care Home,
3 Alexandra Road, New Brighton, Wirral, CH45 0JZ

Authorised Representatives: Jacqueline Canning, Dave McGaw & Adrienne Berkson

Date of Visit:
19 July 2023

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Site Introduction



Marine View Lodge is a modern, purpose-built home in New Brighton, Wallasey, Wirral, with scenic views across the Mersey Estuary, offering both residential and nursing care services in a comfortable setting. (this is cited on Marine View Lodge website).

Acknowledgement

HWW would like to thank Managers, staff, residents and their families for their cooperation during our visit.

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

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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.

Purpose of visit

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 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 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 making a decision on where to reside and/or where to obtain care.

Name of Home: Marine View Lodge Nursing Care Home

Name of Manager: Sue Lawler

Owners: Athena Healthcare Group

Manager's email & phone number: Manager@marineviewlodge.co.uk 0151 9091111

HW Representative: Jacqui Canning (staff) Dave McGaw and Adrienne Berkson.

What Healthwatch Wirral Authorised Representatives (HWWAR) observed and were told about during the visit.

The Manager told us they have currently 55 residents in general nursing or EMI beds:

- 34 Nursing
- 21 EMI
- They are not at full capacity; they are equipped for 80 beds
- No step-down beds are available.

Environment

The Care Home is situated in New Brighton close to public transport in a popular area close to the beach, promenade, local restaurants and shops.

The Home boasts a lovely outlook from picture windows of the River Mersey. The outside garden area was well kept with no trip hazards. At the time of visit some residents and families were seated in the area.

We noted the car park was well kept and the building had a buzzer-controlled entrance leading to the main reception area.

On entering, hand sanitizer was available and sign-in was via an electronic device . The reception area was well-kept and felt welcoming, with seating and lounge areas, along with drinks-making facilities.

Following introduction to the Manager, Sue Lawler, we commenced our visit starting on the third floor accompanied by the Manager.

The Manager told us that no areas were off-limits.

The lift to the third floor was accessed by coded keypad. There are two lifts, however one was under repair awaiting a replacement part and had been out of use for several weeks. The lift we used appeared in a good state of repair and no sign of damage to interior was noted. The Manager told us lifts are serviced regularly.

The third floor was occupied by 19 residents. We noted it was quiet with only one resident in their room. The Manager told us that many of the residents were out on a visit to the promenade in New Brighton or visiting with family in the garden.

The lounge looked well decorated and clean, with carpeted areas and lounge chairs all in good order.

Part of the large lounge area was for dining which was clean and tidy.

The menu was typed but not pictorial or dementia friendly. We mentioned this to the Manager at the time who said she would speak to the floor supervisor to correct.

The corridor looked clean and tidy with no obstructions.

PPE equipment was available on the corridor as on all floors. The uniformity of the decor was not dementia-friendly, being the same throughout the building.

A residents open outside area (veranda/patio) was sealed-off and awaiting repair following storm damage last year. The Manager told us an insurance claim was now settled and the replacement of the balcony will commence soon.

Toilets appeared clean, with mechanical ventilation and temperature-controlled taps. Emergency pull-cords were within reach and not impeded.

Hoists were within inspection date and we were informed by the floor Manager all residents had their own slings.

The residents had their own ensuite facilities and were encouraged to have their own personal items on display, all rooms were decorated the same with all doors identical. The names of the residents were displayed on the doors with decorative plaques.

The medication room had a controlled entrance, and had an air conditioning unit and fridge with control temperature monitoring. Temperature checks had been completed that day.

We asked the Manager whether staff stay with residents who have dietary requirements, need support with eating and those who stay in their rooms at mealtimes, as choking is a potential risk. The Manager assured us staff will stay with residents at mealtimes if needed. We also asked if staff ensure medication is taken and not left on bedside tables, she assured us staff do not leave the resident until medication is taken.

There is a dining room/kitchenette and lounge on each floor.

The staircase down to the next floor was by coded entrance door with mechanical closure. It was noted that staff rely on the door closing mechanically at the speed that they moved away from the doorway to the stairs without ensuring that the door was closed behind them. This could lead to a door staying open in the event of a mechanical failure.

From the corridor door to the stairs there is a large full-height clear glass window straight ahead to maximise the view of the river. This could give the perception that this may be a doorway. We suggested to the Manager that something such as transfers be attached to the glass to make it more apparent that this was a glass window.

The next floor was a mirror image of the upper floor layout, again, the residents lounge/dining area was clean and tidy. We once again pointed-out to the Manager there was no pictorial or dementia-friendly menu.

First floor was again the same layout, with the staircase having the same issues as previously mentioned (see recommendations).

This floor had name frames/plaques on the doors, similar in all ways to the other floors.

The laundry serving the home is located on the first floor. This was generally of a good standard, with two washers and two dryers. The laundry room did not appear to have sufficient ventilation, relying only on a small opening window. It was

extremely hot and uncomfortable, and at the time of the visit the temperature was excessive, with the laundry operator relying on a short break every hour for relief.

The kitchen looked clean and tidy, with a cooking range, convection oven, fryers and large walk-in freezer. Sauces and condiments were in individual sachets.

It was well kept and the Chef informed us that residents had input into the menu which was revised every four weeks. Alternative meals were catered for when requested.

The outside garden area was well kept with no trip hazards. At the time of visit some residents and families were using it.

Health and Wellbeing

The Manager informed us about falls in the care home:

The number of recorded falls decreased this year.

We asked the Manager "How do you prevent and manage falls?" She told us they use the SAFE app and care planning with risk assessments. They use sensory equipment and effective management of staff on all floors.

We asked the Manager "How are falls recorded?" She replied that all falls are recorded in daily notes, incident forms and through their Governance and these are reviewed by Management. They use the SAFE app to record all falls and inform the Falls Team.

GP and Dental Access

The Manager told us:

- All new residents are informed about their options in relation to GP registration and access. The Care Home is aligned to St Georges Medical Centre who conduct weekly visits every Monday.
- All new residents are informed about their options in relation to Dentist registration and access. The residents are advised they can stay with their own Dentist or register with a more local one if necessary.
- They conduct mouth-care checks on admission and conduct regular dental checks.

Safeguarding

The Manager informed us:

- They have had Safeguarding alerts in the last 12 months.
- All Safeguarding alerts were reported to the Local Authority.
- No changes were required after the alerts.

Care Plans

Care plans are discussed with residents and families and recorded on the electronic system using handheld devices and downloaded to a central drive.

Infection Prevention Control

We asked the Manager “What processes do you have in place for testing patients for infections who are traveling to and from hospital?” The Manager replied that this is no longer required according to IPC guidelines.

We asked “What preventative measures do you currently have in place to prevent Clostridium Difficile (C.Difficile) infections in your establishment?” The Manager informed us that they follow IPC Infection Control guidance if infection is suspected i.e. full use of PPE.

We asked “How do you identify UTI's?” The Manager informed us they check for symptoms.

We asked “Have you attended the DIP or Not to Dip Training?” The Manager said they have a few staff who attended the DIP or Not to Dip Training last year.

General

We asked “Do you have any issues with patients being admitted or discharged from hospital? (e.g., lost property, medical aids, delays, missing medication)” The Manager informed us they have no issues with patients being admitted or discharged from hospital or missing medication.

Complaints

The Manager informed us the complaints policy is in the service user guidebook and displayed on the notice board.

They follow Athena Healthcare Group's complaints policy and procedures.

They inform commissioners and stakeholders if complaints are upheld and of the outcomes.

HWW were given a copy of the complaints procedure.

Resident Engagement

We spoke with a number of residents and families who all assured us they were happy with the care they received. One resident said the food was often monotonous but they can request alternatives such as cheese on toast.

They told us that a hairdresser comes in once a week and they can also have their nails manicured.

They like the activities on offer such as walks to the promenade, wheelchair tennis, one-to-one time such as reading.

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Staff

The Manager told us that 80 staff are employed including:

- 2 Managers
- 7 Day Nurses -RGNs
- 7 Night Nurses -RGNs
- 4 UNIT Leads- Senior Carers
- 2 Senior Leads on nights
- 29 Day HCAs
- 10 Night HCAs
- 4 Lifestyle and Wellbeing Coaches
- 6 Domestic Staff
- 2 Chefs
- 3 Kitchen Porters
- 3 Concierges
- 1 Administrator
- 1 Maintenance Person

We asked the Manager: "How many staff do you have on the day shift?" and "What is the ratio of staff to patients?" She told us: Day staff 15.5 and ratio is 1.5 – 3 RGNs and 12.5 HCAs.

We asked the Manager: "How many staff do you have on the night shift?" and "What is the ratio of staff to patients?" She told us; 10 on nights and ratio 1.7 – 3 RGNs and 5 HCAs.

The Manager informed us that training conducted in the last year included:

- Mandatory
- BASIC Life Support
- COSHH
- Duty of Care
- Equality and Diversity
- Fire Safety
- Food Safety
- Health and Safety
- IPC
- Living with Dementia
- MCA and DOLS
- Mental Health
- Medication Administration/Awareness
- Positive Behaviour Support
- Safeguarding Adults and Children
- Manual Handling
- Other training
- Bed Falls Management
- Dysphagia
- First Aid Awareness
- GDPR and Data Protection
- Nutrition and Hydration
- Oral Health
- Privacy and Dignity
- Reaction to Frailty
- Six Steps to Success in End-of-Life Care

She said that staff supervisions are carried-out every three months and appraisals once or twice a year.

Staff Engagement

Staff told us they use iPads and PCS for use around the Home and for recording resident observations and issues. This enables swift record keeping.

When we asked about training, they informed that it was all e-training and continual. They would prefer some face-to-face training.

Some staff have been there a long time, and many live locally which helps with transport and travel time.

They all said they are happy there.

Family Engagement

We asked the Manager “How do you engage with the families of residents?” She told us they have bimonthly family meetings including access to the nurse for advice, emails, phone calls and day-to-day contact while they are visiting loved ones.

We asked “Are families included and informed in residents care plans?” She told us they are included and informed if changes are needed.

Community Support

We asked the Manager “Have you heard of the Urgent Care Response service, or do you use the teletriage system?” She told us both services are very good.

Plans moving forward

We asked the Manager “Are your processes and systems robust enough to keep your residents and staff safe?” She confirmed this and advised that they have just completed a PAMMS assessment with the LA and have been rated ‘Excellent.’ She said there are no changes she would make to processes in the future.

We asked the Manager “What changes would you like to make regarding staff/decoration or activities etc. ?” She told us they want to increase activity recruitment and open a new unit. She said she wants to continue enhancing the lives of their residents.

The Manager also told us she would be willing to share best practice with other homes and attends the Wirral Care Home Forum regularly.

Recommendations

- Move some information/notices from the notice boards and walls of the small and quickly accessed entrance area to the main notice board. The notice board in the main reception area would allow visitors better opportunity to read and take proper note of the displayed information.
- Menus should be pictorial and dementia friendly to engage residents and encourage involvement.
- The Manager may find it helpful to research dementia friendly colours and decor, as it was observed that the uniformity of the decor was not dementia friendly.
- The staff team should check and ensure that the auto-close safety doors on the stairways have locked securely behind them.
- The large full-height clear glass window from the corridor door to the stairs could benefit from the addition of transfers or similar to make it safer.
- Installation of mechanical ventilation in the laundry room would aid ventilation and make a more comfortable environment.
- The staff team may benefit from some face-to-face training to enable group discussion and higher-quality learning.

Conclusion

This Care Home is in a pleasant and easily accessible area with views across the river from most rooms. The design of the building incorporates several large picture windows which enhance the view making it a pleasant outlook. The residents we spoke with said they enjoy the views.

It is a modern building with plenty of well-kept outside space.

There are verandas/balconies enabling residents to sit outside without having to go to the garden area.

The residents and families we spoke with told us they were happy with the service and had no issues that could not be rectified by the staff.

The staff appear caring and professional.

We have made some recommendations for improvements and we aim to visit again in the next twelve months to observe if these have been addressed,

Glossary

COSHH-	Control of Substances Hazardous to Health
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-	Specialist equipment that allows staff to help people with mobility issues safely exit a building during an emergency evacuation.
GP -	General Practitioner
HCA-	Health Care Assistant
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
PCS-	Person Centred Software
PPE-	Personal Protective Equipment
RGN-	Registered General Nurse
RM-	Registered Manager
UTI-	Urinary Tract Infection
RIDDOR -	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
PAMMS-	Provider Assessment and Market Management Solution.

Distribution

Healthwatch Wirral submit the report to the Provider, Commissioner and CQC. Healthwatch Wirral publish the report on its website and submit to Healthwatch England in the public interest.

Comment box

No Manager's comments were received.