



Healthwatch Wirral

Enter & View Visit to The Croft, 94 Irby Road, Heswall, Wirral
CH61 6XG

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Site Introduction



The Croft comprises of 10 bedrooms which are spacious, bright and tastefully decorated, each room is individually styled, 8 rooms have en-suite facilities, and 2 with their own appointed separate facilities (image and introduction from The Croft [website](#)).

The Croft, 94 Irby Rd, Heswall, Wirral. CH61 6XG.

Phone number: 0151-342-2175

Email: - enquiries@allandalecaregroup.com]

Owners: Allandale Care Group Limited.

HWW Representatives: Jacqui Canning, Georgina Higgins and Dave McGaw.

Acknowledgement

Healthwatch Wirral would like to thank the Care Home staff, residents and 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

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.

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.

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.

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 which is the provider’s opportunity to add their comments and which will be added verbatim to this report. After twenty days the report will be published.

What Healthwatch Wirral Authorised Representatives (HWWAR) observed and were informed of during the visit

Environment

Outside the Home

On our arrival at the Care Home, there was a skip on site in the small car park, placed there due to recent building work, we were later informed by the Manager that the skip would be removed soon.

We noted that signage to the front entrance was not clear to visitors. The entrance grounds looked well kept, and bench seating was available.

When we entered the building, we observed that there was a change in height and direction of paving flags in the area leading to the fire exit outside of the main entrance. This, although fitted with handrail, may be a little hazardous. We explained this to the Manager at the time.

The outside areas all seemed to be well maintained and in good condition.

We were made very welcome by friendly staff and we were told that they have an open-door policy for visitors/family who want to visit or to have a look at the Care Home.

We were introduced to the Manager and the Chief Executive Officer.

We were informed by the Manager during our visit that no areas were off limits and no infections were reported. She told us the Care Home is part the Allandale Care Group.

The Nursing Home is currently at full capacity with ten occupied beds and does not have a 'Discharge to Assess (D2A)' contract.

The Communal Areas

We were guided around by staff, and we observed a residents' lounge/dining area which appeared in good repair with a separate area that looked light and airy. We were informed that there had recently been renovations which had introduced extra light to the area. There was large television, and we were told by staff that residents participated in cinema nights and sometimes a pianist visits and plays for them.

The staff also told us that residents had input into menu choice each month. We observed menus on display with pictures and easy read text.

We observed the Activities Coordinator assisting a resident, accompanied by a new member of staff. The Activities Coordinator told us most activities take place within the lounge. We noted an activities board was displayed in the corridor and we were informed that the Care Home also has the use of a minibus for taking the residents on day trips.

The Corridors, Hallways and Stairs

- The entrance hall had a sign-in book and hand sanitiser available.
- The wall had notices, including fire instructions, which were not clearly visible.
- There was a staff notice board near to the main office.

- The resident areas were all on the ground floor, which appeared well decorated and carpeted throughout, and all looked in good state of repair.
- There was a staircase off the corridor, fitted with safety gate.
- The Medicine Room was key-locked, which a staff member opened for us to view. In the room was a temperature-controlled fridge for medication with visual display and lockable cabinets. We noticed recording logbooks.
- The laundry room appeared to be equipped with functioning resources. The staff told us the residents each had their own laundry basket and that items were clearly marked for identification.
- We noticed that fire doors were clearly marked and fire extinguishers were positioned throughout.

Bathrooms

- We noted that toilet and bathroom had opening windows for ventilation and the bath was served by a hoist which was within the inspection date and stored in the corridor.
- The shower room appeared in good repair, but the mechanical fan was inoperable, and this was pointed out to the Manager at the time, as well as the sluice room fan which was not functioning.
- We saw safety call cords and toilet frames in all bathrooms.
- The bathrooms appeared free from trip hazards.

Bedrooms

Of the residents' rooms we could view, they looked well decorated. We were told by staff that residents are encouraged to bring their own items to enhance their rooms. The rooms we viewed were ensuite and fitted with temperature-controlled taps in the sinks. We could see there were call cords in the bedrooms but did not observe, at the time of our visit, whether the call cords were located in the correct position. Lighting and ventilation appeared good.

Kitchen

The kitchen appeared clean and in good condition. All equipment appeared to be in good working order. We observed a hygiene rating of 5 which was displayed on the kitchen door.

Lift

No lift is available.

Health and Wellbeing

Falls

The Manager informed us that falls have increased recently due to the change in one resident's condition. This had been reported to the Falls Team.

The Manager said that they used a variety of falls monitoring equipment including clip alarms, infrared monitors, chair sensors and sensor floor mats and that staff engage with the Falls Team for advice, and accidents are investigated to reduce the risk of issues happening again. The Manager also said that if a resident does fall, staff will reassess the resident and inform the GP if necessary. The Falls Team will visit on request.

The residents that we saw all looked well cared for, clean and tidy. They also appeared in good spirits.

GP and Dental Access

The Manager told us:

- The Care Home complete a pre-assessment with any new residents and/or their family, which will include discussing GP and Dentist information. Most residents are already registered with a Dentist. If not, the resident will be registered with a local Dental Practice.
- All residents are registered with Heswall and Pensby Group Practice; a GP from this Practice visits weekly for a ward round and that this is explained to residents upon admission. We were told that the Care Home has a good relationship with the GP Practice and can call for advice.
- An oral assessment is completed on admission and reviewed with the monthly risk assessment or as needs change.
- The resident's family or care home staff (if logistics allow) take the resident to dentist appointments.
- Oral hygiene and mouth checks are recorded on the resident's record on the care system. This is to ensure regular oral hygiene is being offered and completed.

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Safeguarding

The Manager and CEO explained they have had one safeguarding alert to NHS/LA in the last twelve months which was unsubstantiated.

Care Plans

We were informed by the Manager:

- Care plans are amended when something changes. The plans are reviewed monthly.
- The plans are monitored regularly by Management and Team Leaders.
- Changes to resident's needs are emailed to the Team Leaders and Management so all are aware.
- GP ward rounds are also communicated to all and recorded on resident's care plans.
- Family are informed regarding changes.

Infection Prevention Control

The HWW visit scheduled for three weeks prior was postponed due to a C. Difficile outbreak. The Manager explained the process and how they are informed if infection is identified during hospital discharge.

The Manager showed us a detailed set of written instructions to be followed by staff until infection is cleared.

General

The Manager told us they experience delays in discharge times from hospital and have sometimes felt put under pressure to readmit residents outside of their scheduled cut-off times. They explained the cut-off times are in place so they can admit residents back safely, rather than during staff busy times, i.e. during mealtimes.

We were informed that If a resident has spent some time in hospital, the Care Home staff will visit the patient in hospital to reassess their needs before they are discharged. Previously the Care Home has had the wrong information passed to them from hospital, such as a change in the resident's mobility.

They also told us that on occasion they experience issues with a particular Pharmacy company and that they are researching other more reliable providers, such as Boots Pharmacy.

The Manager explained the procedure for UTI Identification:

- Needing to pee suddenly
- Dark, cloudy, bloody or smelly urine
- Lower tummy pain
- Loss of bladder control

HWW explained the *To Dip or Not to Dip* training which is available.

The Manager said they have used both the Urgent Care Response Service and Teletriage and have had positive experiences with both services. They reported that the Teletriage service is excellent; very quick, efficient and supportive of the Care Home staff.

Complaints

The Manager told us there is a copy of the Care Home's Complaint procedure in the reception area and in the welcome handbook which is in each bedroom. They said the complaints procedure is also included in the resident's contract. A copy of the complaint's procedure was offered to HWW Authorised Representatives (AR).

The Manager explained they take complaints very seriously and:

- Will start an immediate investigation based on the complaint.
- The complaint is dealt with by the CEO and the General Manager.
- Depending on the outcome, an action plan is completed addressing any areas that require improvement.
- Trustees of the Allandale Care Group, and the LA Contacts Lead are informed during meetings of any complaints and their outcomes.

Resident Engagement

Residents appeared to be well cared for and those that invited conversation stated that they enjoyed their residency. We observed a resident who was enjoying a cup of tea and cake with family.

Another resident told HWW AR that they liked living there, had recently had their hair done, were really happy in their room and liked to sit by the window to see into the garden, and that the food was nice.

Engagement with Staff

The staff member who showed us round travelled-in from further away each day to work at the Care Home. They had been working there for a number of years and really enjoyed their work. They said they are treated well, and everyone is friendly. They said there are always enough staff

on duty and they felt supported by the Management. They receive regular induction, training and supervision.

Staff

From our observations, staff appeared to treat residents with dignity and respect.

Questions we asked the Manager during the visit.

Q. How many staff do you employ?

A: We currently employ 18 staff.

Q. How many staff do you have on the day shift? What is the ratio of staff to residents?

A: The day shift will include 1 Deputy Manager, 1 Care Team Leader, 1 carer, 1 Cook, 1 Domestic Staff, and Maintenance Staff work across both Wirral Care Homes owned by Allendale Care Group (The Croft and Heathermount CH60). A General Manager and CEO are also available for support, if needed. Ratio is 1staff to 3 residents.

Q. How many staff are on the night shift? What is the ratio of staff to residents?

A: 2 staff are on night-duty. Ratio is 1 staff to 5 residents.

Q. How many Registered Nurses and HCAs do you have on shift during the day?

A: We do not employ Registered Nurses. We have 2 HCAs.

Q. How many Registered Nurses and HCAs do you have on shift during the night?

A: We do not employ nurses as we are residential. We have 2HCAs

Q. How often do you complete staff appraisals and supervisions?

A: When staff are first employed, they have a 2-weekly supervision. This then changes to 8-weekly. Staff appraisals are carried out after the first six months of employment, then annually. The General Manager monitors this and sends the list of supervisions due each Monday to the Manager and Care Team Leaders.

Q. Which training have you been able to complete during the last year?

A: Mandatory training

Moving & Handling	Medication
First Aid	MCA
Communication	DoLS
Dignity	Nutrition
Equality and Diversity	Oral Health
Fire Safety	Person-Centred Care
Food hygiene	Challenging Behaviour
Health and Safety	Safeguarding
Infection Control	Care Certificate
Autism	

The Manager said, they have several staff with H & S care qualifications from Level 2- Level 5.

Other training

Confidentiality
Consent
COSHH
Dementia
Diabetes

End of Life
Falls Prevention
HACCP
Hand Hygiene
LGBTQ

Some of our staff have attended the House of Memories in Liverpool Museum with more sessions to be arranged. This has always had positive feedback from the staff who have attended.

Q. Have you completed the 6 steps training (Six Steps to Success in End-of-Life Care <https://eolp.co.uk/SIXSTEPS/>)?

Yes, we have a Six Steps certificate.

Family Engagement

The Manager informed us:

- They have excellent relationships with family members, and they actively encourage relatives and advocates to be involved in resident's care plans.
- Visiting is throughout the day with no need to make appointments. Family members and friends are invited to have meals with their loved ones and are always made welcome.
- They recently conducted their annual family survey and reviews are available on the website carehome.co.uk. The Croft recently scored 9.9 for satisfaction.
- The Management have an open-door policy for discussing resident's issues with family members.
- They sometimes hold Family Days.

Community Support

The Manager said they have accessed support from Medequip Community Equipment Service, Wirral, regarding safety and support equipment.

Plans Moving Forward

The Manger explained:

“The Croft has recently undergone a big transformation in the communal lounge. We have created a bespoke cinema lounge; this was designed by a company who specialise in designs for care homes. She said their next aim is to transform the hallways.

They had purchased a new minibus for residents to partake in trips out.

Their Activities Coordinator works over both Wirral Care Homes owned by Allendale Care Group (The Croft and Heathermount CH60). They use a system called *OOMPH*, which is online interactive activities that can be shown on TV and laptops. The coordinator also engages in one-to-one activities such as painting, quizzes and flower arranging.

The Manager informed us “staffing is a country wide issue, recruitment is difficult. Our aim is to keep our staff motivated and for them to enjoy what they do; happy staff will benefit the residents and create a positive environment for them.”

We asked the Manager if they felt their processes and systems are robust enough to keep their residents and staff safe.

The Manager told us:

“The initial pre-assessment ensures that we can meet the person’s needs before they move into one of our Homes. Person-centred care plans and risk assessments are created which are reviewed monthly or amended as needs change. There is regular monitoring by Care Team Leaders (CTLs) and management of falls and putting preventative measures in place.

Residents are checked throughout the day and night and all checks are recorded on Person-Centred Software (PCS). At the beginning of each shift the staff on duty have a handover meeting to discuss any changes and concerns. We have a weekly ward round with the local GP surgery.

Other professionals are contacted if we have concerns and we have regular contact with GPs, District Nurses visit daily, Falls Team, SALT team, Mental Health Team, Parkinsons nurse, skin integrity etc.

All staff are given a ‘red care guide’ when they commence employment, this guide can support them with all aspects of the work they do. Good communication is key for staff to be aware of any risks and changes in the resident’s needs.

Communication books are in-situ in our Homes which staff read at the beginning of their shift and emails passed between CTLs and Management.

Our staff have regular training and supervisions. In their supervisions they are encouraged to be as open as possible regarding any concerns they may have and in their own personal lives they can discuss any problems. We have an open-door policy and staff are able, and often do, contact Management if they feel that they need guidance.

Our CEO is a trained Paramedic and is always available and on hand to be able to offer advice. Our team’s mental health is important to us, and we provide a counselling service for them free of charge. This year they were given a well-deserved 9.8% pay increase.”

Recommendations

- Clear signage could be placed at fire exits to identify potential hazards.
- Clear signage desirable to direct to front entrance.
- Overloaded notice boards could be cleared so important information is clearly visible.
- Fans need repairing in areas such as bathroom and sluice.
- Source *To Dip or Not to Dip Training* for staff team (re UTI infections).

Conclusion

This appears to be a well-run, clean and caring Care Home, with ten beds which are all occupied. They have plans to develop and extend the premises, based on demand with a waiting list in place. Residents seem happy and well cared for and have activities to keep them engaged.

The staff team are led by experienced Management and supervisory staff.

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
GP -	General Practitioner
H & S -	Health and Safety
HCA -	Health Care Assistant
HWWAR -	Healthwatch Wirral Authorised Representative
HWW -	Healthwatch Wirral
IPC -	Infection Prevention Control
LA -	Local Authority
MCA -	Mental Capacity Act
NHS -	National Health Service
PCS -	Person Centred Software
UTI-	Urinary Tract Infection.

Distribution

Healthwatch Wirral submit the report to the provider for comment, and once received and added to the report, the report will be sent to the Commissioner and CQC. Healthwatch Wirral publish all Enter & View reports on its website and submit to Healthwatch England in the public interest.

Comment box

Manager's Comments: Thank you for the report which we are very pleased with, there are a couple of things that need amending:

Page 3

- The fire instructions are visible under the fire alarm panel.

Page 4

- Bathroom fan was operable on the same day

Recommendation

- We have rectified the signage in the fire exit in question for potential hazard
- Better more pertinent front entrance signage is being sought post expansion
- Fan repaired on same day
- Dip or not Dip training is on 19th November 2024