



Enter & View Report

Care Home: Leighton Court Care Home

Service address: 112 Manor Road, Wallasey, Wirral CH45 7LX

Service Provider: HC -One Ltd

Date and time: 17th July 2015, 1.30pm

Authorised representatives: Diane Hill
Elaine Davies
Elaine Evans



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Acknowledgements

Healthwatch Wirral would like to thank the Management, residents, relatives, carers and staff at Leighton Court who spent time talking to us about the home.

Please note that this report relates to findings observed on the specific date and time of the visit. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

The visit also takes into consideration the fact that many of the residents spoken to will have an illness and/or disability, including dementia, which may have an impact on the information that is provided.



What is Enter and View?

Part of the Healthwatch Wirral's work programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and 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 the service first hand.



1.0 General profile of the service that was entered and viewed.

Leighton Court is a Care Home in Wallasey, Wirral.

It is part of HC-One group of healthcare services and is registered to provide accommodation for up to 48 people who require nursing, residential or intermediate care.

It is situated in a quiet residential area, close to shops and community facilities. The home is a large building over 3 floors.

2.0 Purpose of visit

To verify service user feedback ✓

Responding to a request from a services regulator or commissioner

Responding to a request from the service provider

Incoming Concern/complaint

Familiarisation

Other



3.0 Type of E&V visit undertaken

Unannounced visit

Announced Visit ✓

4.0 Methodology

The visit is not designed to be an inspection, audit or an 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, service users and carers/relatives. Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. However, if during a visit Healthwatch Wirral identifies any aspects of a service that it has serious concerns about, then these concerns are to be referred to the appropriate regulator or commissioners of the service for investigation or rectification. Any safeguarding issues identified will be referred to the Local Authority or Commissioner for investigation.

The rectification of less serious issues may be directly with the service provider.

The Enter & View visits are a snapshot view of the service and findings are reported based at the time of the visit.

Enter and View visits are conducted in a way that works in accordance with Wirral Safeguarding Adults Partnership Board's principles and procedures. Information will be shared accordingly in order to safeguard adults at risk on Wirral and promote quality of local services.



5.0 Discussions, findings and observations

Healthwatch Wirral authorised representatives met in the reception area, signed in and used the hand sanitizer gel provided before waiting for a member of staff to unlock the entrance door.

In the main entrance area we observed staff, including the business manager, participating in evacuation procedure training.

We were escorted to the clinical office sited on the first floor. The clinical manager provided us with the information detailed in this report and took the time to discuss the day to day running of the home. We noticed that an information board in this office had details of residents displayed but the information was out of date and had not been updated for a noticeable time.

We were informed that Leighton Court provides residential, nursing and intermediate care for up to 48 people in single rooms, all having en-suite facilities. At the time of our visit there were 45 people residing at the home.

We were told that the home had been open for 15 years and had recently been awarded a contract to provide 25 Intermediate care (IMC) beds. 24 of these beds are provided on the first floor. Another IMC bed is on the ground floor where the residential/nursing beds are provided. The laundry, hairdressing salon and staff facilities are on the 2nd floor.

IMC care is provided by Nurses, Care Assistants, Physiotherapists, Occupational Therapists and Social Workers who are all based in the home. Residents are given goals and objectives to work towards to help them with their rehabilitation and independence. GP's also work with the other health professionals and meet weekly with the multidisciplinary team to review and discuss residents' progress.



During the day the staffing levels are 2 senior trained members of staff, and 7 or 8 care staff, plus management and administration staff, IMC health professionals and other support staff ie. Kitchen staff, cleaning staff etc.

At night there are 1 or 2 senior trained staff and 4 or 5 care staff.

The clinical manager informed us that this level of staffing was enough cover to provide good care for residents. When staffing levels are lower, due to sickness absence or unplanned leave, an assessment of residents' acuity and dependency is made to ensure that staffing levels are adjusted by using their own staff or bank staff.

Staff are provided with ongoing opportunities for learning and development including End of Life 6 Steps training and NVQ level 3 Mandatory training in core subjects such as health and safety, manual handling, infection control, and safeguarding is also provided. Staff are appraised annually and training needs are identified at their appraisal.

We asked about the complaints procedure and if staff, residents or their relatives would know how to voice any concerns. We were told that the complaints procedure and policy is in each of the resident's handbook. The Home holds resident and relative meetings but these are not well attended. Staff are aware of the complaints policy and the whistle blowing policy and can discuss any concerns at staff meetings. We were assured that staff would be supported and protected when voicing any concerns. All complaints are logged onto the computer and are fed back to head office. We were told that the management have an open door policy for residents, relatives and staff and very few complaints are made.

We were informed that residents can make decisions about their life in the home and any End of Life wishes are recorded.



There are no residents with DOLS (Deprivation of Liberty) and DNAR (Do not attempt resuscitation) forms are in place for some residents.

Residents can keep their own GPs if the practice allows this and the Home has a good relationship with GPs locally. There is one GP in attendance for the IMC facility daily.

Residents weight is monitored and recorded monthly or weekly as required. Any problems are referred to the Dietician. Residents have a good choice from the menu made available to them and the chef provides alternative food when requested to do so. When applicable, dietary supplements are provided. All staff are aware of the need for adequate hydration and nutrition for residents.

Hydration is monitored by clinical assessment and by using fluid charts.

Falls are recorded and audited monthly. Frequent falls are managed by the Falls Team.

Currently there are no occurrences of pressure ulcers in Leighton Court but anyone at risk is managed by using repositioning and specialist equipment.

The Clinical Manager informed us that they have a dedicated activities co-ordinator and all staff get involved in the planning and organisation of activities. These include arts and crafts, outings, bingo and cheese and wine events.

There has been a recent programme of refurbishment of the facilities which included the installation of new windows, interior redecorating of rooms and corridors and separate dining rooms and lounges for the IMC facility. More offices have been provided for the Physiotherapists and Occupational therapists.



Environment

Reception

The public entrance was bright and pleasant. The Mission Statement, Philosophy of Care and a 'Welcome to Leighton Court' poster was displayed. There were 2 signing in books, one for staff and one for visitors and hand gel was clearly displayed.

There was a suggestion box and information about the home available in brochure form. Visitors were invited to complete a questionnaire on how the home manages the admission and placement of clients as it strives to continually improve and offer a quality service.

Healthwatch Authorised Reps had to wait for the door to be opened before entering the inner reception area. Staff were observed participating in evacuation training in this area. There were thank you cards displayed in this area and an electronic 'Have your Say' keypad for residents and visitors to input compliments, concerns or complaints. A Dignity Champion poster was also displayed. The phone was ringing constantly in this area and did not appear to be answered within a reasonable time.

Corridors, hallways and lifts.

The corridors and stairways had handrails and were wide and bright. Hoists, Zimmer frames and wheelchairs were stored in some parts of the corridors but did not appear to be trip hazards. An activities board displayed showed photos of residents on outings and activities.

The home uses dementia friendly signage throughout the building.

The lift that services all floors was clean and brightly lit. It was large enough to take a wheelchair or specialist equipment.



Room 57, the Medical Oxygen Room, was open with the key left in the lock. This was brought to the attention of the clinical manager.

Lounges

The communal lounges viewed were comfortably furnished, well decorated, tidy and fresh. The residents appeared to be well cared for and happy. Water jugs and call bells were in reach for residents using the lounge.

A young member of staff was observed reminiscing with a resident. We were told that this member of staff often comes in on his day off to do this.

Dining room

At the time of our visit lunch had already been served and there was only one person at the table. This lady was asleep and a member of staff was observed waking her and escorting her to another room. The room was bright and the tables and chairs were positioned so that there was plenty of space for people to manoeuvre around. Residents are able to choose their meal the day before from an extensive menu which was displayed in the room. There was water and juice on each table and a drinks trolley was situated in this area.

We were told by staff that the spacious coffee room was used for reminiscence therapy and a luncheon club.

Bathrooms

Healthwatch Authorised Representatives viewed 2 bathrooms, one having a specialist bath and equipment and another was a wet room. The first was large, well decorated, clean and bright. The call bells were situated within easy reach for residents.

The wet room was large and was due to be refurbished.



Bedrooms

Although we did not enter any resident's rooms, we noted on passing that they appeared to be large, tastefully decorated, fresh and bright. It was obvious that residents were able to personalise their rooms to their own taste. Each room had en-suite facilities and some had specialist equipment and beds.

Occupational Therapy rooms

There were special rooms available for the IMC residents to practice skills that they would need to use when they were discharged home. The rooms appeared to be well equipped and furnished.

Kitchen and Laundry

The kitchen and laundry were situated on the top floor. Both areas were large, well equipped, clean and organised. We were informed that the housekeeper was very competent and that there are little or no incidences of lost or mislaid clothing items.

We were told that IMC residents were required to have their laundry done at their own home.

Hairdressing Salon

The hairdresser salon was well equipped, clean and tidy. It was authentically presented giving the user a genuine impression of attending an external salon.

Office and staff facilities

The staff area had numerous policies displayed on information boards. The information included 6 Steps Training, Infection Control and Falls Prevention. There was also a small office for staff to study in or complete e-learning.



Gardens and external environment

Leighton Court parking facilities were available at the side and rear of the property. The gardens were very large and the grounds were well maintained, level and attractive. A vegetable patch had been cultivated for residents use and garden furniture was sited around the lawns to encourage residents to sit out in the good weather.

Feedback (from Staff, Service Users, Relatives, Visitors, Carers)

Staff -

"I enjoy working here"

Residents -

I have been very well looked after during my rehabilitation
The staff are very caring and the home is very comfortable.

Relatives -

My relative has improved considerably during her time at the home.
The care has been very good.



6.0 Safeguarding observations on day of visit.

No Safeguarding issues were identified at the time of our visit.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

If any safeguarding issues are identified during a Healthwatch Enter and View the Local Authority will be notified on the same day as the Enter and View visit.

6.1 Safeguarding Alerts reported in the last 12 months.

We were told that there had been some safeguarding alerts made over the previous 12 months but all had good outcomes

It is seen as good practice for all Health and Social Care Services to report potential Safeguarding alerts to Wirral Council Central Advice and Duty Team.

7.0 Conclusions

- Within the limits of a short visit, Healthwatch Wirral representatives were impressed by the caring attitudes of the management and staff.
- The residents appeared to be happy and contented.
- During our visit the phone constantly rang and it was not clear to Healthwatch Authorised representatives as to whether it was being answered promptly.
- It was assuring to see that visitors are invited to complete a questionnaire about the home and that residents can use the electronic 'Have your Say' keypad to input compliments, concerns or complaints.



8.0 Recommendations

- Continue to obtain feedback from residents, staff and visitors which will help to monitor the quality of the service provided.
- Ensure that residents records on the information board are kept up to date.
- Review the telephone system as the constant ringing of the phones may not be conducive to a peaceful environment for residents.
- If the Medical Oxygen Room 57 is used for the purpose of storing Oxygen it would be good practice to ensure that it is locked. If the room is used for general storage the name plate should reflect this.
- Display Healthwatch 'Your Voice' leaflets to allow feedback to be gathered independently.

9.0 Healthwatch follow up action.

Revisit the Specialist Intermediate Care facility in September 2015



Enter & View Report

Care Home: Leighton Court Care Home

Specialist Intermediate Care Facility

Service address: 112 Manor Road, Wallasey, Wirral CH45 7LX

Service Provider: HC -One Ltd

Date and time: 28th September 2015

Authorised representatives: Diane Hill

Elaine Davies



Healthwatch Wirral would like to thank the Nursing Manager, staff and NHS therapists at Leighton Court Specialist Intermediate Care/Transitional facility, for their time talking to Healthwatch Authorised Representatives, Diane Hill and Elaine Davies on the day.

Healthwatch second visit to Leighton Court was to gather further information concerning the giving of care at the IMC/transitional facility.

The people admitted to the facility are deemed medically fit and require rehabilitation and /or nursing care that will enable them to go home or to another care environment such as long term care.

The nurses and NHS therapists explained that a person's needs are identified by key personal indicators (KPI)

Transitional care is often indicated by the level of nursing care required. The facility has a board in the nurse's office which indicates the status of each resident.

Intermediate care requires rehabilitation interventions. Residents care needs may change while they are on the facility so they are assessed daily and their care is changed accordingly. This is recorded on their notes and also on the board.

Hospital staff assess the person before they are discharged from hospital to the facility and a faxed assessment is sent to the facility prior to their admission.

If the facility feel that they do not have enough information or cannot meet the person prior to admission they can refuse to admit them. This is an unusual occurrence and can be resolved quickly by hospital staff providing further information to the home.



However, nursing staff and NHS therapists at the facility said that sometimes the faxed assessment does not always identify a person's complex needs such as cognitive problems, in depth nursing care or rehabilitation interventions requirements. On occasions, vital important information has been left off.

The nurses working on the facility informed Healthwatch Authorised Representatives they are confident that they are able to provide the correct level of care without it affecting the care of long term residents in the home. The long term residents usually require more nursing care than the IMC/transitional care facility residents.

Community Nurses support staff at Leighton Court by providing specialist treatment such as 3 layer bandaging which is a high compression bandaging system used to treat venous ulceration or symptomatic relief of superficial thrombophlebitis.

Healthwatch Wirral Authorised Representatives were told by the therapist that further staff are being recruited to allow more rehabilitation to be given to residents in the facility.

Weekly multidisciplinary team meetings are held at Liscard Group Practice. The meeting includes a GP, Leighton Court nursing staff and NHS therapists. At the meeting all care and KPI's are discussed and outcomes are identified and agreed.

Most people go home within 6 weeks from the Intermediate care bed facility, but some people need more time to improve and may stay for up to 12 weeks.

A therapist keeps in touch with former residents for 2 weeks after discharge from the facility.

If further care is required people are referred to Community Care staff, Social Care, STAR, GPs and Community Matrons.

The Clinical Manager informed Healthwatch Authorised Representatives that 50% of people admitted to the facility are for



intermediate care and 50% are for transitional care. 90% of residents admitted for intermediate care go home from the facility.

Healthwatch Wirral was informed that 3 people have died while residing at the facility in the last 2 years. They had terminal illnesses and were admitted with transitional care needs. It was not made clear to Healthwatch Authorised representatives whether these residents were Palliative Care patients or End of Life.

Safeguarding observations on day of visit.

No Safeguarding issues were identified at the time of our visit.

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If any safeguarding issues are identified during a Healthwatch Enter and View the Local Authority will be notified on the same day as the Enter and View visit.

Safeguarding Alerts reported in the last 12 months.

There have been 3 safeguarding alerts reported in the last 12 months

It is seen as good practice for all Health and Social Care Services to report potential Safeguarding alerts to Wirral Council Central Advice and Duty Team and CQC.

The organisation has a similar facility in one of their homes in London.



Conclusions

- The staff were keen to talk to Healthwatch and share their knowledge.
- There seemed to be a good team spirit between nurses and NHS therapists.
- The ongoing needs of the residents in the facility are regularly assessed
- Staff and NHS therapists appeared proud of their record and achievements
- Display Healthwatch 'Your Voice' leaflets to allow feedback to be gathered independently.

Concerns from previous visit

Room 57 - Now identified as a storage room. The name has been changed on the door.

The board in the upper clinical office has been updated and there is an information board in the ground floor office also.

Recommendations

Healthwatch Wirral would like assurances that the recommendations from our previous visit to Leighton Court have been achieved.



Supplementary feedback from the provider post visit

A fair and accurate report.

The issues identified during the inspection were addressed on the day.

Further refurbishment works commence on the IMC unit starting on 11th January 2016.



Glossary

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| IMC | Intermediate Care |
| GP | General Practitioner |
| KPI | Key Personal Indicators |
| NHS | National Health Service |
| STAR | Short Term Assessment and Reablement |

Distribution of report

Healthwatch Wirral will submit the report to the Provider, to CQC, and Health & Wellbeing Board.

Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest



Healthwatch Wirral

Pacific Road Business Hub

1 Pacific Road

Birkenhead

Wirral

CH41 1LJ

Telephone: 0151 230 8957

Email: info@healthwatchwirral.co.uk

Website: www.healthwatchwirral.co.uk