

Enter & View Report

Lezayre Care Home, Surecare Health Limited

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Authorised Representatives

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What is Enter & View?

Part of the Healthwatch Wirral 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 2012 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.

Acknowledgements

Healthwatch Wirral would like to thank the management, residents, carers and staff at **Lezayre Care Home** 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 some of the residents spoken to may have an illness and/or disability, including dementia, which may have an impact on the information that is provided.

Type of Visit Undertaken

General Profile

The home is a converted 3 storey property set in its own grounds in a quiet residential area. It provides accommodation, nursing and personal care for up to 34 residents.

Purpose of Visit

Responding to feedback

Type of Enter & View Visit Undertaken

Announced Visit

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 Combined 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.

Discussions, Findings and Observations

On entering the property, the Manager and staff were welcoming and very willing to answer our questions. We were asked to sign in before being escorted to the office where we had a discussion about the home.

The Manager informed Healthwatch Authorised Representatives that she originally worked as a carer at the home. She trained as a nurse and spent some time nursing at the local hospital before returning to Lezayre as the Manager.

We were told that the home is not at full capacity at the moment but, although they are registered to provide 34 beds, they usually have a maximum of 32. This is due to a reluctance to use “shared” rooms for 2 people and also there is a lack of equipment storage space necessitating the use of rooms for this purpose.

At the time of our visit there were 28 people

in residence of which 16 were residential, 10 required nursing and 2 were EMI (elderly mentally infirm). The home will provide intermediate, transitional and respite care if they have beds available. The home has a preference to provide beds for people requiring nursing care because of the additional revenue. The Manager reported that they have had considerable difficulty obtaining increased funding when residential residents condition deteriorates and they required nursing care. The Home does not offer Day Care and there are no residents attending community based day centres.

Healthwatch Authorised Representatives were informed that the home was currently undergoing some upgrading with new double glazed windows being fitted and decorating taking place. The Manager said that it would be impossible to keep up with all of the chips and scuffs to paintwork but observed that this also gave it a more true to life “homely” feel. Residents can keep their own GP and the home

has good working relationships with the GPs who look after them.

Health & Safety

We were informed that regular checks on the building and equipment were completed by the staff member in charge of maintenance.

Servicing and testing of plant and equipment is carried out by external contractors.

Care Plans

The Manager reported that all residents have care plans that reflect people's needs and wishes and are person centered. All staff can access and write in care plans as well as visiting clinicians. The homes uses a 1 page profile 'About the Person' for each resident. This provides a short summary of the person's history, home life and preferences.

All untoward incidents are recorded including falls. Relatives are involved in care plans reviews.

Staffing Levels

During the day

Manager, 1 RGN, 1 Senior Carer, 6 Care Assistants

PM

1 RGN and 5 Care Assistants

At Night

1 RGN plus 3 Care Assistants

Also, supernumerary 12 Hours Senior Care Assistant

Also Employed Are

A Cook plus Assistant, an Activities Coordinator (Mon - Thurs for 30 hours), a Handy Man who deals with general maintenance and minor repairs.

The home uses their own staff, Bank staff or Agency staff to cover any shortages but also has an arrangement in place with their sister home, Derwent Lodge, to assist with cover if appropriate.

The Manager informed us that these staffing levels are adequate to provide safe care to residents.

Training /Induction/ Appraisal

The home currently employs 21 care staff and we were told that they are committed to provide continual development and training for staff.

We were informed that there is not a high turnover in staff and several staff have been in post long-term.

All staff have NVQ2 qualification or above. External training is available if appropriate to the job role and internal training is offered which includes all mandatory training which is carried out in groups and with differing skill mix to promote better understanding of others' roles/practices.

Manual Handling includes regular practical training with additional provided if an incident occurs that the Manager feels is caused by poor practice.

The Manager and 1 nurse have completed the 6 Steps EOL Programme which they found to be very beneficial and it is the intention of the Manager to implement this throughout the home. Training is delivered by various methods including practical courses and using DVDs.

The home uses a performance management system and sets key performance indicators for staff.

Staff receive regular supervision every 4 to 6 weeks and group supervisions are held bi-monthly.

Medication

Registered nurses manage and administer medication. All are qualified in Medicines Management. The home stores medication in a locked medication room.

Complaints

The home has a complaints procedure and staff, residents and their relatives are aware of this. Residents and relatives are informed about

this on admission. The Manager reported that complaints are rare and usually verbal, she deals with them immediately and consequently they do not escalate to a written complaint. She does however always give the person the opportunity to make an official complaint and documents this in the Communication section of the resident's notes.

Committees

There are monthly residents meetings and also a coffee drop in meeting for relatives. The home has only just started this coffee morning so attendance is low at present.

Nutrition and Hydration

Dietary intake is monitored using the MUST tool (Malnutrition Universal Scoring Tool) Residents are weighed when they come to the home and their weight is regularly monitored and recorded. When applicable, dietary supplements are provided. All staff are aware of the need for adequate hydration and nutrition for residents, and drinks are offered on a regular basis. Staff are on hand to assist residents with

their dietary needs as the home chooses a person centred approach to caring. Residents are given a good choice of food and staff know individual preferences.

Pressure Ulcers

The home manages the prevention of pressure ulcers by providing ongoing training to staff, using repositioning and specialist equipment and by providing a nutritious diet. Residents may be referred to the Tissue Viability Team and there are qualified nurses on site to manage care.

Falls

The home manages falls by conducting falls risk assessments and audits. Residents may be referred to the Falls Team. Falls are recorded in the care plan and on incidents forms. The GP will be informed if a resident has an increase in falls.

DoLS and DNAR's

The Manager told Healthwatch Authorised Representatives that all residents are assessed before admission and the home follows legal requirements and best practice guidelines.

Residents are reviewed annually and Best Interest meetings would be held if required.

Quality

We were informed that the home manages the quality of the service they provide by regularly reviewing their systems and training in order to continually improve standards of care.

Activities

The home employs an Activities Co-ordinator for 30 hours per week. A wide range of activities are on offer as well as 1 to 1 engagement.

There is a regular programme of exercise, crafts, games and Karaoke etc as well as specific activities such as Christmas Fayre, birthday parties and other events.

They have had aromatherapy in the past but they do have space issues. Generally the quiet lounge has to be used as there are no specifically designated rooms available. At the time of our visit, the hairdresser was using this room.

There were lots of photos of recent recreational events on notice boards throughout the communal areas.

The home does not have its own transport but they do arrange outings to places such as Parkgate and New Brighton. One of the residents who has a DoLs in place is taken out to a pub for drink and over to Liverpool on a 1:1 basis. The manager reported that this had led to an improvement in the person's mood and behaviour.

There is a residents fund available and this is used for extra activities such as bringing someone in for a singing session.

Extra services offered include hairdressing and chiropody.

After the discussion with the Manager, Healthwatch Authorised Representatives were invited to look around the facilities.

Environment

Reception

The Reception area was clean and tidy and welcoming. We were asked to sign in and hand gel was available with a notice requesting all visitors to utilise on entry and leaving. There was a Key Pad access for relatives and staff.

Notice boards were apparent with relevant Health and Safety information, news and many thank you cards.

Corridors

Laminate flooring was laid throughout the building with a different colour used in residents rooms which will help residents differentiate where they are. There were no handrails as the Manager reported that these are not felt necessary as residents are always accompanied on their journeys around the home. Signage was clear and dementia friendly. All corridors viewed were clean and tidy and a painter was observed decorating parts of the premises. The paint used was 'non odour'.

Lift

There was a small but adequate lift giving access to all floors. There were no difficulties reported with using the lift. However, Healthwatch Authorised Representatives concluded that it would take some time to transport less mobile residents from their rooms to the communal areas every day.

Communal Day Rooms

Both rooms viewed were bright, clean and there were no odours apparent. The décor was good and photographs of events held at the home were displayed in the lounge areas. Fruit and refreshments were available in the communal rooms.

On our visit the two communal lounges were being used by residents. In one lounge a group of at least 9 residents were enjoying an activity led by the Home's activity organiser. Residents were laughing, enjoying themselves doing 'the Hokey-Cokey' (movement of arms and legs - fun exercise).

There was a quiet lounge which we were informed is used for activities such as hairdressing or chiropody. The home does not have designated rooms available for these two services. It was a pleasant small room with mixed styles of chairs around the perimeter. A TV was available and a resident was sitting watching it. We observed that part of this lounge appeared to be used for storage of large equipment such as hoists.

The Manager explained that there was nowhere else to keep these items and acknowledged that this was unsatisfactory. There was a box of books on the floor near the doorway which constituted a tripping hazard.

The Manager mentioned that she was hoping to develop a dementia room as this would be a useful additional facility for the residents.

Dining Room

The room was pleasant, nicely decorated and well laid out. Tables were set with linen, crockery and cutlery. It was bright and spacious

with plenty of room for people to move around safely. We were informed that one resident had his meal each day with his brother who visits him at the home. Residents are encouraged to use the dining room but may take their meals in their own room if they wish to do so.

Bathroom & Wetrooms

The recently installed wet room was of a good size and well equipped. Walk in shower rooms and hoist baths are available on each floor.

Toilets have toilet frames and are of a good size. The rooms were fresh, light and warm and reasonably well decorated with adequate lighting.

A sluice was sited on every floor.

Bedrooms

Bedrooms viewed were large, bright, well decorated and had plenty of space. They were well furnished with good storage and were personalised with residents own belongings and furniture,

Some of the rooms had en suite facilities but all have at least a washbasin and some had their own WC. Discreet commodes were also provided. The rooms had laminate flooring which the Manager reported had improved mobilisation and was more practical than carpet.

Kitchen

The kitchen was a good size, clean, well organized and equipped with functional kitchen facilities.

Information about resident preferences, allergies, specific needs and their birthdays was displayed.

The kitchen had a 5 Hygiene rating. The cook had been in post for 26 years and is qualified in Nutrition told us that she loves the job. Residents are provided with a good choice of food and the cook knows residents' preferences.

Menus are changed every 3 months. There was a chart indicating when residents have a birthday. On these days the cook will make sure

they have a birthday cake and a celebration tea. Another chart highlighted the dietary needs and allergies of all the residents.

Laundry

The Laundry area was in the basement of the building. The home has a system in place to deal with the laundry enabling them to identify each resident's clothing individually. Storage is a major problem though, as there were no suitably large areas available.

There was no natural light in this room due to the fact that it was sited in the basement, in a confined space. The Manager reported that she rotates staff regularly to reduce the time spent there. However, the Care Assistant who was working down there at the time of our visit said she didn't find it a problem and enjoyed the work. We were shown the dirty and clean system with "red bag" washes. Each resident had their own laundry basket clearly marked and on the appropriate floor shelf. Although a very small and cluttered area, it appeared organised.

We were informed that all residents' clothes are labelled on admission and when new clothes are brought in. The Manager admitted that very occasionally clothes do go astray but this is in line with all similar institutions.

External Areas and Gardens

There was a good sized car park at the front of the building. At the rear there was ramped access to a large flagged area with a garden space and adequate furniture and storage. There was a shelter for smokers, purchased with a legacy, and a rose dedicated to a past resident. The gardens were tidy and clean and it was a pleasant area for the residents to sit out in.

Staff Observations

Staff appeared to be friendly and attentive. They were observed treating residents with dignity and respect.

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

Staff

All staff spoken to said that they enjoyed working in Lezayre Care Home. Some had

worked at the home for many years.

Residents Comments

“I really enjoy living here”

“The activities and the food are very good”

“I am very happy”

“The staff are lovely“

“I love the meals and the atmosphere here”

Safeguarding Observations

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.

Safeguarding Alerts Reported in the last 12 Months

The Manager reported that all alerts are reported to CADT. They are documented and investigated. The impact on the learning outcomes increases staff awareness.

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

Conclusions

Safeguarding Alerts Reported in the last 12 Months

The general ethos within the home is that the residents well being always comes first. The Manager appeared to be "hands on" and seemed very approachable to staff and residents.

All of the staff were friendly, helpful and smartly dressed in uniform. It was obvious that they

enjoyed their work and they had good rapport with the residents. They were fully engaging with the residents and joined in with the activities. Staff responded quickly to a resident who followed us outside and took him back into the day room without any problem.

The residents all appeared happy and well cared for.

Healthwatch Authorised Representatives were pleased to hear about the person centered approach by using the one page profile to summarise a resident's history, home life and preferences. This helps to identify and understand them as an individual and promote relevant and caring conversation.

Recommendations & Considerations

- » Display Healthwatch 'Your Voice' leaflets to allow feedback to be gathered independently
- » Consider the use of IT for residents; the

manager said she had just obtained a tablet, so they could consider using Skype to allow residents contact with family who may not be local. An E Newsletter could be produced for residents and relatives. Residents could use the tablet to look at appropriate websites such as “Birkenhead Memories” and “Liverpool now and then” to promote conversation

» Increase external training - the Home is a bit isolated and there appeared to be limited liaison with other services. Opening themselves to external training would not only increase their base knowledge and give them fresh ideas but also enable them to liaise with people from other areas and disciplines giving them a greater understanding of community opportunities

» Equipment and storage - It would be difficult to resolve the storage issue because of the limitations of the actual building, but the owners of the Home need to be very aware that it does cause the staff and residents problems

on a daily basis.

» Consider re-arranging some of the chairs in the lounge into ‘conversational groups’

» Continue to promote residents and family meetings as this is an opportunity to share ideas for improvement or development

» Although the staff do accompany residents when mobilising, some handrails in areas such as corridors would make residents more independent and confident. Also, consideration could be given to providing grab rails or wall fixed drop down handrails in

» WC areas rather than the more unstable toilet frames. These would not only be more supportive but easier to keep clean

» Develop a dementia room as this would be a useful additional facility for the residents. Advice could be sought from other local providers who have produced dementia

friendly environments for their residents or patients

Supplementary Feedback from the Provider, Post-Visit

This report is an accurate and true reflection of Healthwatch Wirral's visit.

Healthwatch Follow-up Action

None

Distribution of Report

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.



Glossary

- » **CADT** - Central Advice and Duty Team
- » **COSHH** - Control of Substances Hazardous to Health
- » **CQC** - Care Quality Commission
- » **DoLS** - Deprivation of Liberty Safeguards
- » **DNAR** - Do not attempt resuscitation
- » **EMI** - Elderly Mentally Infirm
- » **Falls Team** - Advice from Community Trust
- » **KPI** - Key Performance Indicators
- » **RGN** - Registered General Nurse
- » **NVQ** - National Vocational Qualification
- » **MUST** - Malnutrition Universal Screening Tool