



Enter & View Report

Care Home: County Homes

Service address: 40 New Hey Road, Woodchurch,
Birkenhead, CH49 5LE

Service Provider: HC -One Ltd

Date and time: 19th January 2016

Authorised representatives: Elaine Davies
Marilyn Wallace
Elaine Evans



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Acknowledgements

Healthwatch Wirral would like to thank the Management, residents, relatives, carers and staff at County Homes 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 will 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.

County Homes is a large care home situated in Woodchurch, Birkenhead. It is set in its own grounds and provides dementia nursing care for up to 82 residents.

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 representatives arrived at the home to find extensive exterior and interior refurbishment in progress.

A member of staff showed us to the newly refurbished entrance area where we were asked to wait for the Manager who was having a meeting with the builders.

We were escorted to the Manager's office to have a discussion about the home and its policies and procedures. The manager was very accommodating and took time out of her busy schedule to discuss the day to day running of the home.

Accommodation

We were informed that County Homes provides dementia nursing care for up to 82 people in single rooms, most having en-suite facilities. The home was not at full capacity at the moment and currently had 74 residents.

The accommodation is provided over 2 floors housing 3 male, 2 female and 1 mixed unit.

Staff and Training

59 care staff are employed.

During the day the staffing levels are 6 nurses, 15 health care assistants, Manager and deputy, 2 activities co-ordinators plus kitchen, cleaning and laundry staff.

At night there are 3 nurses plus 10 healthcare assistant on duty. Three of the current residents require one to one care which is funded.



When staffing levels are lower due to sickness absence or unplanned leave, levels are adjusted up to ensure quality care for residents whenever necessary. The home tries to avoid using agency staff and prefers to use their own bank staff by being flexible, changing shifts or increasing overtime.

Nursing staff are RGN or RMN and are educated to degree level in Dementia Care. Care assistants are NVQ2 and 3.

Staff are aware of the National Dementia strategy and local care pathway.

There is a hard core of staff who have been in post for 10 years, however, there is a high turnover of other staff and, in more recent years recruitment has been a problem.

The home are addressing this by:-

- All staff receive an exit interview and they are also allocated a questionnaire via Touch (Touch is the homes on line training. The system is also used to record supervisions and appraisals.)
- The home continues to recruit staff to cover the hours available.
- The company Head Office has a dedicated recruitment section and vacancies are advertised on recruitment sites.
- The nursing vacancies are advertised weekly on the HC-one website and the company has a department that is dedicated to finding suitably qualified staff. They also carry out pre interview checks before passing on details to the home for them to carry out the formal interview.



The home is introducing a new role called a Nursing Assistant which will be a step up from a care assistant and would give staff opportunity for career development and may improve retention as well as continuity of care.

The Nursing Assistants will be able to support nurses, and their training will include medication administration, wound dressing, care plans and risk assessments.

Nursing assistants will have already completed NVQ 3 and are required to take a written assessment and a formal interview prior to commencing the training which is accredited with the RCN. They will be mentored by a trained nurse until they are deemed competent.

All staff have induction when they commence employment and have an annual appraisal including supervision at least twice per year. Staff are required to attend mandatory training modules.

Other training available to staff include Dementia, Deprivation of Liberty, Safeguarding, Care plan writing, Mental Capacity, Medication, Nutrition and Hydration, and Tissue Viability. All training is mandatory.

Medication is managed and administered by trained nurses who are assessed for competency. The training is available on line yearly.

Complaints

We asked about the complaints procedure and if staff, residents or their relatives would know how to voice any concerns. We were told that County Homes uses the Datix system to monitor and record complaints onto the computer. Staff, residents and their relatives are aware of the complaints procedure and any issues are usually resolved by talking to the complainant. The home receives few complaints and the majority of those received are about missing laundry items.



The home holds residents'/relatives' meetings. The resident meetings are held monthly and the relatives' meetings are three monthly. Minutes were available in the Cornerstones file in the office. They also use surveys to capture feedback and to monitor quality. The management will install computer tablets in the home for residents /visitors and relatives to input feedback. County Homes also keeps a compliments file.

Nutrition and Hydration

We were informed that all residents are weighed on admission and their weight is regularly recorded in their care plan. Any problems are referred to the GP or dietician. Residents may eat in their own room if they wish to do so and are given a choice of suitable food to meet their needs or special dietary requirements. This home uses the MUST tool (Malnutrition Universal Screening Tool) and MUST training is part of the mandatory training. Staff are aware of the need for adequate nutrition and hydration and provide assistance to residents when required.

Pressure Ulcers

The Home informed the Authorised representatives about the process and treatment of Pressure Ulcers.

Pressure ulcers are managed and prevented by monitoring, hydration and nutrition, using body mapping, daily skin checks, repositioning and by using specialist equipment such as cushions, mattresses or profile beds.

Residents may also be referred to the Tissue Viability Service



Falls

County Homes manages and prevents falls by using risk assessments, close observations, assistive technology, low profile beds and crash mats. Medication is reviewed and residents may be referred to the Falls Team. All falls are recorded on an incident form, residents' notes and on Datix. All incidents/accidents are investigated by the Home manager with the Unit Managers.

We were informed that the recent availability of wander alerts, low profile beds and crash pads has made a significant impact on falls and subsequent injury in bedrooms.

DOLs and DNAR's

All residents are assessed before admission and the home follows legal requirements and best practice guidelines. The impact of this to the home is an increase of paperwork. Residents are reviewed at least yearly and "best interest" meetings are held.

However, this is dependent on the conditions attached to the DOLS authorization and each one is different

Quality Monitoring

The home measures the quality of the care that they provide by using internal auditors and conducts surveys. County Homes will be purchasing an IT solution in the form of an I-Pad.

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



Activities

County Homes employs 2 activities co-ordinators, 1 full time and 1 part time. Residents can work with the co-ordinators on a 1 to 1 basis. The home has its own mini bus for taking residents on trips. Many activities are available including crafts, games, reading and poetry. Local schools and Duke of Edinburgh students work with the home and residents.

Environment

Before entering the Home, two residents were observed being taken out of the home into a Mini Bus.

Each resident came out of the home with a care assistant personally reassuring and helping them. There also appeared to be a driver and an attendant on the mini bus, who also helped the residents with their footing whilst climbing into the bus. Everyone appeared to be cheerful.

The car park was full of work vehicles and porta-cabins, but, despite this, the area was tidy and fenced off to ensure the safety of visitors to the home.

On entry the premises were comfortably warm and smelled fresh.

There had been problems with the doors to the main entrance hence they were not in general use. We were informed that these are to be replaced in near future.

The newly refurbished reception area appeared to be very welcoming and was designed to look like a café area with attractive high quality furnishings and drink making facilities.



There was no evidence of hand hygiene equipment/gels in the reception area or in the temporary entrance area either.

We were not asked to wash hands and there was no signage to advise people to do this at present. The signing in book and relative/resident surveys via tablet will be available in this area soon. Floor surfaces and coverings were good quality and free from tripping hazards.

The manager's office had been refurbished to a high standard. It was a large attractive space with purpose built storage. There were a number Thank You cards displayed.

The corridors were well lit, had handrails for resident's safety and were free from obstruction. Staff who were observed taking drinks trolleys around, were cheerful and treated residents with respect. One of the hand gels was empty and the manager was informed. The hand gel was replaced immediately.

Information boards, detailing what recreational activities available that day, were on display in the communal corridors. At the time of our visit décor in the corridors and on the residents' doors was quite plain.

All of the entrance doors to various parts of the home were secured by keypads. Many call bells were sited on the walls for staff use rather than residents.

The communal day areas were all well-furnished and decorated, clean and with pleasant outlook. There was a selection of seating in the various areas on each unit; high seat chairs and ordinary armchairs as well as more complex seating for individual residents with specific needs. These areas were spacious and furniture was arranged well to give non - institutional feel. Residents looked clean, tidy and happy



although many were asleep. The rooms were well lit and the temperature was pleasant. There were good sized TV's on the walls which were visible from most of the seating area. There were few pictures but we were informed that these were due to be replaced as part of the refurbishment.

There were good refreshments facilities in every day room.

The dining areas had small tables with individual place settings, flowers and nicely folded serviettes showing attention to detail and respect. Menu files, showing a good selection, were available in dining areas.

It was not possible to view the bathrooms at the time of our visit as most were undergoing refurbishment. The manager said the facilities will include specialist baths, hoists and wet rooms. Most of the residents' rooms had en-suite facilities but some share a bathroom. Residents are specifically chosen for these rooms to ensure privacy and dignity is maintained.

Residents' rooms were not specifically observed but were viewed from the corridor. They appeared to be of reasonable size and well furnished with good storage. Divan and hospital beds were observed and it was obvious that residents have the opportunity to personalise their own rooms and are allowed a TV if they wish to have one.

We were informed that the kitchen is due to be refurbished and the home was currently using temporary facilities. Trolleys and other equipment were safely stored in this area despite space limitation. The home has a hygiene rating of 5 for this area.

The lift observed was a good size and free from obstruction.



Despite the amount of building work being carried out, all areas were clean and tidy.

Outside the home the grounds were extensive and appeared to be well cared for. There were ramps to access the gardens from the day rooms. There was also a nice central courtyard with different seating available for residents and their visitors.

Staff Observations:

Healthwatch representatives were impressed by the staff's friendliness and rapport with residents. All staff seemed to be happy which was reflected in the pleasant atmosphere.

Staff uniforms were smart and all looked professional and tidy.

Mealtime was not observed but we were told that staff are available to assist residents with meals and have had nutrition training.

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

Staff - Member of staff interviewed (Care assistant) had only been in post for 4 months; they said that they were enjoying working there and could not think of any problems or improvements. They said that they had not had formal supervision but that their manager (qualified nurse) was readily available for discussion / support.

They had completed all mandatory training on line and was happy with the range of other training available. They did receive full induction on taking up the post.



Quote from another member of staff:

“I have worked at this home for a long time and enjoy looking after the residents”

Resident -“I have a good laugh with the staff and they look after me well”

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.

Any Safeguarding alerts over the last 12 months were reported to CADT and CQC. They were documented and investigated and the outcomes were positive.

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.

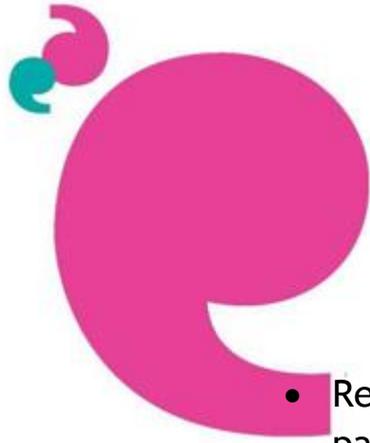


7.0 Conclusions

- The home is going through a major refurbishment program which it did appear to need as per comments in previous CQC and healthwatch reports
- Despite the amount of building work being carried out, all areas were clean and tidy.
- Within the limits of a short visit, Healthwatch Wirral representatives were impressed by the caring attitudes of the management and staff.
- The home was very secure for the safety of residents.
- The residents appeared to be well cared for, happy and contented.
- The home at the current stage of refurbishment did not display a 'Dementia Friendly' environment

8.0 Recommendations

- Display Healthwatch 'Your Voice' leaflets to allow feedback to be gathered independently.
- Continue to obtain feedback from residents, staff and visitors which will help to monitor the quality of the service provided.



- Reinstate signage to advise people to wash their hands particularly in view of recent Norovirus outbreaks in the community.
- Include a 'Dementia Friendly' environment in the schedule of refurbishment

9.0 Healthwatch follow up action.

Revisit home when refurbishment has been completed

10.0 Supplementary feedback from the provider post visit (Further feedback received since visit highlighted in blue)

I have reviewed this report and would like to point out the following:-

The home has an i Pad for relative feedback - this is to be placed back in reception when the refurbishment is completed. (now back in place)

Hand hygiene gel is available in the temporary entrance area. There is signage asking people to use it on their way in and out. The Healthwatch representatives were allowed into the home via the front door by a staff member instead of being redirected to the temporary entrance. The new reception /café area remains out of use as the front doors are to be replaced. When this area is completed the gel, signing in book and tablet will all be reallocated back to this area.- (this area is now back in use)

Due to the ongoing refurbishment some of the corridors and communal areas are not completed and there are still pictures and door furniture to be replaced.



All staff receive formal supervision throughout their employment.

The new staff member that stated they had not had formal supervision has 3 occasions documented in the planner. Records are available in the manager's office. Throughout staff induction new employees work alongside a senior staff member for 4 - 6 weeks when they are constantly supervised. During this time they are supernumerary to allow them time to complete their allocated training whilst getting to know the residents and the home.

Thank you for your visit, we will let you know when the refurbishment is completed so that you can come and see it

Open day is on 17th June with the Mayor present to show off the refurbishment.

Kind regards

Debby Jamieson

Home Manager

11.0 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



12.0 Glossary

CADT- Central Advice and Duty Team

CQC - Care Quality Commission

DOLS - Deprivation of Liberty

DNAR - Do not attempt resuscitation

Falls Team - Advice from Community Trust

Datix - Recording data system

RGN - Registered General Nurse

RMN - Registered Mental Nurse

NVQ - National Vocational Qualification

MUST - Malnutrition Universal Screening Tool

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