



Enter & View Report

Care Home: Abbeyfield Lear House



Service address: Abbeyfield Lear House
17 Darmond's Green
West Kirby, Wirral
CH45 5DT

Service Provider: Abbeyfield Hoylake&West Kirby
Society Ltd

Date : 29th June 2016

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Acknowledgements

Healthwatch Wirral would like to thank the management, residents, carers and staff at Abbeyfield Lear House 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 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 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.

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

Lear House is a large building situated in a quiet location close to the centre of West Kirby. It provides accommodation, personal care and respite care for up to 29 people.

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

On entering the property, the Manager was welcoming and very willing to answer our questions. We were asked to sign in before being escorted to the office on the ground floor to have a discussion about the home. She also dealt with interruptions and deferred phone calls in order to give us her attention.

The Manager informed us that the home can accommodate 29 residents over 2 floors in single rooms with en-suite facilities. There are currently 26 people residing in the home of which 23 are permanent residents and 3 are respite.

The home has bedrooms over 2 floors and a passenger lift is provided for people to move between floors. The home has its own gardens and a car park.

Emergency evacuation procedures are practised as advised by the Fire Service and on the day of our visit there had been a fire drill.

Residents are permitted to keep their own GP and we were told that the home has a good relationship with the practices involved. We were informed that residents' care plans aim to accurately reflect people's needs and wishes and that they are person centered.

We discussed the findings of the recent CQC inspection report with the Manager. The problems with drug administration had been addressed by the implementation of a rule that the person responsible for the Medication Round must not carry the telephone or be interrupted by staff for the duration of the Medication Round. (On the day of the CQC inspection, the Manager was on leave, so the member of staff in charge was administering medication whilst carrying and answering the telephone) The home does not wish to adopt hospital practice of staff wearing high visibility tabards while administering the drug round. It



was felt that this would be confusing for the residents. Staff have been retrained and are now clear that they must not sign the drug sheet until they have watched the resident take the medicine. The current procedure is that staff mark the appropriate section with a dot when they allocate each prescription and then sign after administering to the resident.

With reference to contravening the MCA Act by not carrying out an assessment before referring a resident for DOLS, the Manager assured Healthwatch Authorised Representatives that following a recent review the correct procedure would be followed in future.

Staff and Training

The Manager informed Healthwatch Authorised Representatives that 25 staff are currently employed at Lear House.

During the day - 6 care staff all NVQ qualified

At night - 4 care staff all NVQ qualified

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

Training /Induction/ appraisal

We were informed that all staff have induction when they start working at the home.

All staff are educated to NVQ levels 2, 3 and 5 and are required to complete mandatory training in core subjects which include Health & Safety, Moving and Handling, Basic Food Hygiene, First Aid and Infection Control.

Other training is available including 6 Steps, End of Life and Medication. Staff receive an annual appraisal and 6 supervisions per year. Abbeyfield Society Ltd is committed to providing continual staff



development to people employed by them and, as well using a Training Provider, it takes advantage of any free training available locally.

Medication

Medication is managed and administered by two staff. This has been introduced as a measure of good practice since the concern around medication administration highlighted in the recent CQC inspection report.

The home has a Controlled Drugs Policy.

Complaints

The home has a complaints procedure and staff, residents and their relatives are aware of this. The Manager has an open door policy to enable staff, residents and relatives to discuss any issues. We were told that the home receives very few complaints and issues are dealt with quickly.

There are no formal residents' meetings as residents do not want them. However, regular "meetings" are held and residents are encouraged to comment, raise concerns and voice ideas.

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.



Residents are encouraged to use the dining room to eat their meals but if they wish to eat in their own room they may do so.

Pressure Ulcers

District nurses attend and residents may be referred to the Tissue Viability Service. At the time of our visit there were no incidences of pressure ulcers.

Falls

The home manages falls by conducting falls risk assessments, by using sensory mats and referring to the Falls Team. All incidents are logged in the accident report which sits in the individuals file and relatives are informed. Falls are analysed on a monthly basis.

DoLS and DNAR

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.

Activities

The home employs a dedicated activities co-ordinator 35 hours per week. A wide range of activities are on offer as well as 1 to 1 engagement. The home does not have its own minibus but uses other methods of transport when arranging outings.

Residents are also encouraged to pursue their own hobbies if they wish to do so and activities may be geared around the individual.

Other services offered are hairdressing (Lear House has its own salon) and Chiropody. After the discussion with the Manager, Healthwatch representatives were invited to look around the facilities.



Environment

On approaching the building there were two ways to access the main entrance. One involved walking up a sloped walkway from Bridge Road and the other access was down a walkway from Darmond's Green. The gardens were very well tended and maintained.

The reception area was clean, bright, tidy and fresh and the décor was good. The usual statutory notices were displayed in the reception corridor area and also a 'What's on Board'. Photos of the residents attending a celebration of the Queen's 90th birthday were displayed in this area along with pictures of the four staff Dignity Champions. A hand sanitizer was positioned on the wall and a notice was displayed asking visitors to use the sanitizer before entering the home.

Corridors

The corridors were clean, tidy and fresh and were free from obstruction. The décor was good and all areas were well lit. Handrails were provided to aid the residents. There was quite a steep sloping walkway leading from the residential part of the building to the communal areas. This meant that residents with mobility aids needed close supervision. Those using the lift were not affected as this was situated near to the dining and day rooms. However, the slope could give access problems for residents who may need to use the toilet facilities on this floor. The Manager commented that they have investigated possible solutions to this but all presented problems. Healthwatch Authorised Representatives observed that staff were readily available to help residents having difficulty when walking, using walking aids or wheelchairs in this area. Health and Safety equipment checks appeared to have been completed on fire extinguishers and any equipment viewed. The lift to service the upper floor was well lit and spacious.



Lift

The lift appeared new and was of a good size to accommodate walking frames and wheelchairs. Good audible instruction is given on entry.

There were a few rooms on the first floor which had 3 or 4 stairs up to them and this area was serviced by a short stair lift.

Dining Room

The dining room viewed on the ground floor was very spacious, clean, bright and airy. There was plenty of room between the tables to enable residents to move around safely.

The small tables were nicely set with crockery, cutlery and linen serviettes. Drinks were available on each table.

Some chairs had a wheel adaptation to enable them to be moved easily with the resident still sitting in it, allowing easier transfer for people with limited mobility. This removed the need for a resident to have to sit in a different chair from other people.

There was a pressure cushion to alert staff if a resident with dementia had got up from the table.

An orientation white board was placed in easy view on the wall.

Day Rooms

The main dining and day rooms were very well furnished and decorated. The day room had panoramic windows all round, providing a very pleasant outlook onto the gardens. Staff and residents had access to a glass balcony from this room. There was a good choice of comfortable armchairs and a TV in this room. We observed several residents in the activities area who were playing a game of dominoes. The Activities Coordinator was supervising the activity.

The upstairs day room was pleasant, again with a balcony, high seat chairs and a small kitchenette area. All areas were free from hazards.



The call bell was situated by the door, possibly a little far from the seating area in an emergency.

Bathrooms

These were spacious with baths, integral bath lifts and grab rails to aid residents. Upstairs there was a separate high WC which had limited access. The Manager acknowledged that it could only be used with limited number of residents and that visitors used it also.

A downstairs WC had a loose seat which was reported to the Manager who added it to the task list for the handyman. The paper towel holder by the washbasin was not loaded but paper towels were available on the main sink unit.

Cord operated Call bells/Alarms were available in all areas.

Bedrooms

These varied in size from quite small to large. We viewed a newly refurbished large room with balcony. This was decorated and furnished to a very high standard. It had an en-suite wet room with good sized shower area, mobile shower chair and a WC. There was a choice of handrails to assist with transfers.

The Manager informed us that they had repainted a refurbished room when a resident had said she disliked the colour thus catering for people's individual tastes.

Within the room was a good sized sitting area to enable the resident to entertain a visitor and also relax in privacy if they wanted to.

Kitchen

The home has a Food Hygiene rating of 5. There was a good storage area for non-perishable foodstuffs in a space outside kitchen area.

The kitchen itself was very clean, tidy and organised with a good range of equipment.



The two cooks were observed carefully plating up an appetising meal for lunch. Lunch was served through a hatch directly into the dining room and plenty of staff were on hand to help residents.

Laundry

The laundry room was well equipped and of good size with efficient systems in place for collecting, washing and returning residents clothes.

If clothing is not able to be identified, because for example relatives have brought it in unmarked, then periodically items will be displayed for them to reclaim.

External areas and gardens

The gardens were very well maintained and pleasant

Staff Observations:

Staff were observed treating residents well and with dignity and respect.

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

Staff -

All staff spoken to said that they enjoyed working in Lear House. One said that they had been employed at the home for 14 years. Healthwatch Authorised Representatives were unable to interview staff in any depth because they were all busy with residents over the lunchtime period.

Residents –

One resident told us that she was very happy living at Lear House. She said her room was nice and comfortable, the staff were friendly and helpful and there were plenty of activities on offer.



She said the food was good with plenty of choice and that she had the opportunity to comment or make suggestions about the home.

Other residents who spoke to Healthwatch also agreed that they were happy and well cared for in comfortable surroundings.

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.

Safeguarding Alerts reported in the last 12 months.

Any alerts were reported to Wirral Safeguarding Team and were documented and investigated. All alerts had a positive outcome.

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

Lear House appeared to be a pleasant, well run residential home with a good atmosphere and high standards of care. The residents were treated with respect and consideration and all appeared to be happy to be living at the home.

The buildings, rooms and gardens were maintained to a high standard and despite a challenging layout, mobility issues had been addressed and residents were able, or were assisted to walk about.

The home is adopting dementia friendly signage with toilets being clearly marked with a red sign and a picture; likewise residents' rooms, thus improving their independence and understanding.

The Manager was friendly and helpful. She appeared to be “hands on” and seemed to be very approachable for her staff. She immediately dealt with an issue we raised about the toilet seat being loose in one of the bathrooms.

When we inadvertently set off an alarm by opening a door (which did not have a warning notice) staff responded very quickly. Healthwatch Authorised Representatives felt assured that any such emergency with a resident would also get the same response.



8.0 Recommendations

- Healthwatch Authorised Representatives would have liked to be more confident that when drawing up individual Personal Development Plans and identifying areas of development, the organisation would stress the importance of continued learning and staff would be encouraged and enabled to take advantage of all relevant training on offer.
- Ensure that all call bells are sited within easy reach for residents.
- Display Healthwatch 'Your Voice' leaflets to allow feedback to be gathered independently.

9.0 Supplementary feedback from the provider post visit

We are pleased that in general the visit was a successful one and that your representatives had access to everyone they needed to speak to.

With reference to staff training, we do ensure all the mandatory training is completed but equally we are very keen for anyone who wishes to undertake further training to do so and encourage them. We have in the last few months encouraged one of our care staff to undertake further higher level NVQ training even though this is not essential for her current post.



10.0 Healthwatch follow up action

11.0 Distribution of report

Healthwatch Wirral will submit the report to the Provider, Commissioner, CQC, and Family & Wellbeing Performance Committee.

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 Safeguards

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

6 Steps - A programme of learning for care homes to develop awareness and knowledge of end of life care.

MCA - Mental Capacity Act

PDP - Personal Development Plan



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