



Healthwatch Wirral

Familiarisation visit to Leighton Court Care Home, Manor Rd
Wallasey, CH44 5UF

Authorised Representatives:
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<https://healthwatchwirral.sharepoint.com/Shared Documents/Reports/Enter&View/Leighton Court/Leighton court/Final file/Leighton Court Care Home FINAL report KP.docx>



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Site Introduction



Leighton Court Care Home

Owned and managed by HC-One.

Leighton Court is a purpose-built care home with 47 beds, offering residential and nursing care.

Foundations of Quality

‘Foundations of Quality Improvement should always have what residents 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 & 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.

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 first hand perspective of people who use, or provide, the service.

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. Enter & View visits can be announced or unannounced.

Methodology

Purpose of visit - Familiarisation

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, service users and carers /relatives. The familiarisation visits provide a snapshot of the service and findings are reported based at the time of the visit.

Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. If, during a visit, Healthwatch Wirral identifies any serious concerns, these will be referred to the appropriate regulator. Any safeguarding issues identified will be referred to the Local Authority or Commissioner for investigation and our visit will cease with immediate effect.

Findings and observations

Leighton Court

- Met by the Administrator who asked us to complete a Visitors' form and sign into the building using the visitor's book. We were also asked to sanitise our hands. All visitors are required to provide a negative Lateral Flow Test (LFT).
- The Registered Manager informed us that all staff are fully vaccinated and tested for Covid-19 twice a week with a LFT test; there were no current covid cases.
- We were introduced to the Registered Manager who has worked there for a considerable time; she was brief in her responses and helpful. We were



directed and accompanied during the visit and were only able to view certain areas.

- Home owned by HC-One.
- Local Authority funded.
- There were staff vacancies at the time of visit - 132 hours needed on days/33 hours needed on nights/1 chef - using agency staff to cover while recruiting.
- 0 pressure ulcers cases.
- In the case of UTIs - staff are quick to recognise symptoms and act on re-escalation.
- Safeguarding issues are reported using the appropriate procedure.
- Currently have 7 empty beds and 2 DTA beds.
- Normally have 22 DTA beds - most residents return home after therapy.
- No problems with medications.
- There is a complaints book, but no current complaints are recorded.
- Issue - care packages are being delayed due to shortage of staff.
- Set mealtimes - Breakfast upon waking/12.30 lunch/4.30-5pm dinner.
- Families allowed to eat with residents, if requested.
- No residents who have Dementia.
- Each floor has an assigned RGN.
- Coped well during lockdown.
- All sanitizers were working and full.

RESIDENTS

- All residents have an active care plan, and they appear to be involved in the planning.
- DTA residents normally stay for 4 weeks before moving home or to permanent care home.
- No resident was observed eating or drinking, however one resident stated, “the food here is great! But, I don’t eat here”.

OBSERVATIONS - Ground floor

- Reception area observed to be in some disarray, although there is refurbishment taking place, including the dining room. There were boxes stacked and several workmen on site.
- There was a strong smell of paint and in some areas, there were malodours.
- Refurbishment happening at time of visit, but noise was kept to a minimum so as not to disturb residents.
- Patio doors lead onto well-maintained gardens - residents do go outside in warmer weather.
- Residents eating in lounge while dining room being decorated.
- Second lounge (small) is the quiet room.
- All bedrooms are en-suite with wet room/shower.
- 2 fully accessible bathrooms on each floor.



- There was a chair close to the fire door which could be an obstacle.

OBSERVATIONS - First floor

- There were several storerooms and one designated for laundry: each resident has a named basket for their clothing. All laundry washed on site in laundry room.
- Therapy room designated for use by resident physiotherapist and residents, the room appeared cluttered with some apparent broken furniture.
- Some bedrooms were minimally decorated with only curtains on the windows. The room was very sunny and very hot and HWW felt there were some comfort issues.
- Although one ground floor bedroom was visible to people walking past the window, giving some dignity or privacy issues, the RM said that curtains were closed during times of personal care.
- Communal room upstairs with TV appeared crowded with approx. 12 residents in there. Both male and female residents were seated around the perimeter of the room watching snooker; there appeared to be little interaction with staff. The room was hot and a little stuffy - it was a warm day.
- One resident presented themselves to staff asking, 'to go home'. Staff were sitting in the corridor updating/completing resident notes and responded by explaining to the resident that they could not go home.
- The RM said there were some 'high-risk' residents, who were kept close together.
- Within the newly refurbished bathroom there was a broken fire surround propped up against the wall. There were no obvious safety information notices visible re use of bath, hoist, or service record.
- Resident noticeboard featured weekly activities, including crafts, movie afternoons and name that tune etc.
- The RM stated there is an option for food with 3 choices per day; however, when we asked chef what was on the menu that day, he said "fish cakes", with no other options confirmed. Kitchen appeared clean and orderly although we did not enter the area but observed from doorway.
- Residents' names displayed on door of bedrooms. Some rooms seemed slightly austere, with no paintings or homely comforts, and some curtains were hanging off hooks.
- Medicine store was locked, clean and tidy, with up-to-date paperwork.
- Some rooms had sensor mats to alert staff to 'at risk' residents.
- Hairdresser in attendance once a week.
- Very small room with a computer identified as staff training room - the RM stated this was for staff E-learning.
- Notice Board displaying fire protection plan, Covid policy, disciplinary procedure, visiting policy, testing policy.



- Upstairs dining room appeared well equipped, with tables laid with condiments.
- Most residents on this floor appeared to have additional needs to those who lived on the ground floor.
- Full services lift available.
- Full time maintenance/gardener on site.
- Evacuation blanket available on stairwell and fire door closed.
- Social worker office.
- Staff dining room area.
- Staff changing room - there were obstacles of 3 broken chairs outside this room which could be a trip hazard.

SERVICE USER ENGAGEMENT

- Resident happy at Leighton Court but is moving to another location shortly to be closer to family. They stated that food is nice, but they don't really eat because of illness, however they are happy with the standard of care.
- Another resident is happy with standard of care, praises care workers and enjoys the food. The family visit for regular outings.
- We observed little privacy with ground floor windows as staff and visitors had to pass this window to enter building. However, resident appeared happy with their surroundings.

Recommendations

1. The care home management and staff should actively encourage the residents and their families to share their experiences on the Healthwatch Wirral Feedback Centre <https://healthwatchwirral.co.uk/feedback-centre/> This will ensure that the practice receives independent and regular feedback to help improve/change their service.
2. Ensure all fire exits are clear from obstruction with no obvious trip hazards.
3. Remove old fire surround from bathroom and ensure hoist information and service record are current and displayed.
4. Window blinds should be installed to ensure dignity, privacy and comfort for all residents.
5. Improved interaction with residents; perhaps introduce activities rather than large groups of residents watching one TV. This could improve mood and resident experience.
6. Confirm a variety of dishes available each day.



Conclusion

As this was conducted as a familiarisation visit at a time when some refurbishment was underway with some inevitable disruption, we will re-visit in the future when full services are able to be resumed.

Glossary

- ECIST - Emergency Care Improvement Team
- GP - General practitioner
- EMIS - Egton Medical information System (residents record/software system)
- CQC - Care Quality Commission
- eConsult - Electronic consultation
- QOF - Quality & Outcomes Framework
- NHS- National Health Service
- DTA/D2A -Discharge to assess
- LFT - Lateral flow test
- HW - Healthwatch Wirral
- RM - Registered manager
- DTA - Discharge to Assess

Distribution

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.

Comment box


The narrative reads as though there are staff shortages at Leighton Court. This is not the case. The shortages are within the community which delays residents being discharged from Leighton Court.

The only mal odour was due to the paint which is unavoidable during a refurbishment

The narrative reads – wet rooms/showers in all en- suites. This is not the case, they are separate. The en-suites have hand wash basin and wc.

The therapy room is for NHS staff. They inform me that the broken items were taken out of use and stored in their room awaiting collection.

The fire surround was placed into the bathroom to allow other equipment into the room and was removed by the contractors the same afternoon. It was placed in the unused bathroom so as not to cause obstruction on the corridor during refurbishment.

A large, stylized pink graphic element in the top left corner, consisting of several overlapping circles and a large, curved shape that resembles a stylized 'e' or a drop.

Residents on D2A do not generally bring their possessions which gives the rooms the homely feel, as they are not living with us. They occupy the rooms on a temporary basis.

Housekeeping has addressed the set of curtains which had mal functioning hooks

The chairs outside the staff changing room were in the process of being taken to the skip for removal. This is not an area accessed by residents and staff were aware of the items.

Residents have been asked in the past if they would like blinds on the windows to ensure additional dignity and privacy. Those who agreed had them installed and we respected the wishes of those who declined.

We have a daily activities programme for those who wish to join in and we respect the wishes of those who prefer to access other forms of entertainment. Residents are given a choice on a daily basis where they wish to sit.