



Healthwatch Wirral

Enter & View Visit to County Homes Care Home, 40 New Hey Road,
Woodchurch, Wirral, CH49 5LE.

Authorised Representatives: Jacqueline Canning, Georgina Higgins, David McGaw

Date of Visit:
6th November 2024

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Site Introduction



County Homes is a purpose-built care home with 82 beds, which offers nursing dementia care. [image and introduction from website]

Name of Care Home: County Homes Care Home

Name of Manager: Sarah Stroud

Owners: The Bondcare Group

Care Home email and phone number: countyhomes@bondcare.co.uk, 0151 604 0022

HWW Representatives: Jacqueline Canning, Georgina Higgins, Lisa Rand, David McGaw.

Acknowledgement

Healthwatch Wirral would like to thank the Care Home staff, residents and families for their cooperation during our visit.

Foundations of Quality

Foundations of Quality Improvement should always have what patients 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 and 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.

Section 221 of 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, or provide, the service first-hand.

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.

Disclaimer

The contents of this report are based on what the residents, staff and Manager told Healthwatch Authorised Representatives. The information within this report does not recommend or advocate on behalf of any service. Individuals should use a variety of information, such as CQC reports, when making a decision on where to reside and/or where to obtain care.

Purpose of Visit

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 and service users and carers /relatives. The visits are a snapshot view of the service and what we observed at the time of the visit.

Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. If during a visit, Healthwatch Wirral considers there may be a serious concern then this will be referred to the appropriate regulator. This also applies if we have safeguarding concerns, and these will be referred to the Local Authority or Commissioner for investigation and our visit will cease with immediate effect.

Once the report has been drafted by Healthwatch Wirral Authorised Representatives it will be sent to the provider which is the provider’s opportunity to add their comments, and which will be added verbatim to this report. After twenty days the report will be published.

What Healthwatch Wirral Authorised Representatives (HWWAR) observed and were informed of during the visit

County Homes Care Home is a purpose-built Care Home with capacity for 82 residents over all units. The current occupancy is 56 and the home is registered for dementia nursing. The previous owners were HC-One Group but the Care Home is now under the ownership of Bondcare and is undergoing internal upgrading and decoration. Whilst under refurbishment there is an entire ward section closed on the first floor.

The Care Home has two all-male units and one mixed unit on the ground floor. There are treatment rooms on the ground floor for all three units. The first floor has one all-female unit and one all-male unit. All units are the same size, with 14 beds on each unit on the ground floor.

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The Manager informed us that she was new in post and there was a Clinical service Manager new in post. The Deputy Manager has worked at the home for a number of years.

The Care Home has a small number of NHS Continuing Healthcare (CHC) and private paying residents. All other residents have a LA contract. The Care Home does not have D2A patients.

Environment

The entrance is accessed from a well-maintained car park and there are large grounds. A door-controlled entrance leads into a family area with a small kitchen area with tables and chairs which were being used for afternoon tea for visitors and residents.

The environment on entering the building smelled fresh, clean, and appeared busy with lots of staff.

We were greeted by the Manager and invited to sign in and hand sanitiser was offered. We were escorted to the Manager's office which was accessed through a secure door into the main corridor.

The notice board contained plenty of information.

Health and Wellbeing

We were informed that staff used PCS mobile handsets to record intervals of care.

GP and Dental Access

The Manager told us that all patients are offered the choice of GP Practice or dentist. Residents may choose to use the GP Practice that the Care Home are aligned to which is Heathlands General Practice. The GP completes a ward round of the Care Home every Tuesday.

Oral checks are completed daily in line with *Mouth Care Matters* guidance. If issues arise the resident's own dentist is informed, or they use the NHS emergency number. All issues are recorded on residents' Care Plans.

Medication

The Manager told us that sometimes on discharge from hospital residents arrive back with no medication or discharge summary.

They said they use Boots Pharmacy as they provide free medicine management level 1 & 2 training and prescriptions can be ordered electronically through the EMIS system through the GP.

Safeguarding

The Manager told us that any safeguarding alerts under the previous owner were investigated internally and the LA were informed.

Care Plans

The Manager informed us they use PCS system handheld devices which upload information to Resident's individual Care Plans.

Infection Prevention Control

The Manager told us they follow current guidelines from the IPC and Public Health.

If an infection is reported they have an IPC Watch List, they use masks, handwashing protocols and follow all precautions.

The Manager informed us the staff have completed the 'Dip or Not to Dip' training. If they do suspect UTIs they follow a systematic approach as in guidance before antibiotics are requested and they check the residents own 'flora' to ascertain a normal level.

General

The kitchen was a 'commercial style' kitchen with equipment which looked clean and tidy. The Chef told us the kitchen staff used heated trolleys to distribute the meals to the various units throughout the building. Hygiene rating was 5 and was displayed.

The Chef also told us menu meal plans were four-weeks' based and were discussed at monthly resident and family meetings. He said residents were given choice of two hot options of mains and puddings, as well as sandwiches. We were informed that small kitchens within the units also catered for snack type meals.

We visited the adjacent laundry room which housed various modern laundry equipment which looked tidy and clean. We were told by staff that residents each have their own laundry basket and clothing ID.

We entered a downstairs male unit through secure doors. The corridor appeared to have new flooring and walls, and the ceiling appeared in good order. Doors were being adapted for pictorial signage.

The toilets had a urine smell (staff were informed of this by HWWAR at time of visit), and fans seemed ineffective in removing this. There was a pull cord missing in one toilet; this was pointed out to the accompanying staff member at the time.

The shower room had a large wall fan. The bathroom had lifting apparatus which was within inspection date. Baths in the Home are 'integral assisted baths'.

The three treatment rooms had locked doors, and each had a temperature-controlled fridge, lockable cabinets and medication trolley.

The sluice room appeared to have no ventilation and although clean and, however, there was an odour.

There was a controlled lift and staircase to the first floor; all appeared in good order with Evac-chairs.

All fire extinguishers were within inspection date.

The male lounge on the ground floor was furnished with armchairs, with residents watching the large television.

This lounge had a door out to the grounds via a ramp which also served as the fire exit. At the time of our visit this exit was hindered by furniture awaiting collection, this issue was raised to staff during visit to as this could pose a hazard.

Activity boards throughout were handwritten, with no pictorial information on view.

The first floor was accessed via stairs, or by three lifts which appeared in good working order. The lift safety check was within date. All staircases had Evac-chairs visible and all three lifts and staircases were code entry controlled.

The female lounge was similar in layout and size to the ground floor male lounge with well-spaced chairs, with residents watching the large television.

There was a small, tidy kitchen.

We visited one bedroom; it had had sink within the bedroom and a separate toilet. We were informed by staff that some larger units were en suite.

The first floor shower room had an opening window for ventilation.

Although there were activity boards that were handwritten, we did not observe any activities at the time of our visit. We were informed that the afternoon tea was an activity.

Complaints

The Manager told us the complaints procedure is available in all formats and on display within the Care Home. The procedure was available for HWWAR.

The Manager told us their process for complaints is:

- Acknowledge complaint within 72-hours of receipt, informing of timescale
- Complaint investigated
- Response to all concerned
- Contracts team/Care Homeowner informed.

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Staff

The Manager told us they employ 103 staff in total. We were told their ratio of care is 1-4 during the day with 20 minimum staff = 3-4 nurses and the rest HCAs, and 10 staff on during nights = 2 nurses and 7 HCAs.

The Manager told us they have yearly appraisals with all staff, and under the Bondcare policy they have three face-to-face supervisions per year. They also have one-to-one clinical supervisions with nurses twice yearly.

The Manager said all staff have received the following training:

Moving & Handling (they have an in-house trainer)

COSSH

Equality & Diversity

Fire Safety Training

Food Safety

IPC

GDPR

Dementia & Epilepsy

IDDSI (Dysphagia and consistency of fluid)

IMCA & DoLS

Positive Behaviour support, Challenging Behaviour and Managing Risk

Privacy & Dignity

Safeguarding Adults & Children.

Other training included:

Basic Life Support

Preventing Legionnaire's Disease

Meaningful Engagement.

The Manager said they have completed the '6 Steps' training.

Staff Engagement

The staff told us there is a large staff training room which they use for training sessions.

The staff member who escorted us told us they have been working there for over ten years, they are local to the area, as most of the staff are. They said they enjoyed their job.

Resident Engagement

Residents we spoke with said they liked living there and staff treated them well. They also said the food was nice and they felt safe.

Family Engagement

A family member told us that they “feel their relative’s care needs are met and there appears to be enough staff on duty.”

The Manager told us they maintain an open-door policy for engagement with family. They offer regular meetings, although these are not very well attended by families.

The Manager has daily walkarounds to speak with family and they ensure they are visible in the Care Home.

The Manager said families are informed if any changes are made to residents’ Care Plans and told us about regular six-month reviews.

Community Support

The Manager told us: -

- they have used Teletriage and staff find it very helpful. The Manager is new to Wirral so was not aware of the UCR service. They have not needed to use the UCR service yet.
- they use the Falls Safety Cross system to identify risk. They said in nine weeks they have decreased the risk of falls due to the introduction of this system. They have also introduced levels of observation depending on the risk factor to residents e.g. every 15-30 minutes.
- they also manage falls by using sensory devices, chair sensors, chair alerts, increased observations, good hydration and getting advice from the Falls Team. They inform the Falls Team of any observed or non-observed falls. They also use infrared beams, flow beds and crash mats as preventive measures.
- they record falls as an incident on an accident form under CANDOR and then onto the PCS system onto residents’ Care Plans.

Plans Moving Forward

The Manager informed HWWARs that: -

- ❖ they have recently taken over the Care Home and the building needs an environmental turnaround, which they have commenced. The Care Home will

undergo a full refurbishment in phases. The new owners will be purchasing new furnishings to place throughout the Care Home and there will be full redecoration.

- ❖ they will be looking at the CQC report and will introduce lots of changes for staff such as upskilling Clinical Governance for clinical staff. As the Manager is a trained clinician, they will work 'on the floor' more with staff to ensure compliance through staff engagement and observation.
- ❖ they will continue with their open door approach for residents, staff and visitors, which was implemented by the new Manager from her first day in post.
- ❖ they will have a relaunch of the Care Home when the refurbishment is complete.
- ❖ they will shortly have two Activity Coordinators who will be reviewing the current activity programme.
- ❖ the Home is commissioning a dementia plus service which will offer specialist support for those living with more complex behavioural and psychological symptoms of dementia. This will help to reduce the need for costly care packages in the community. Staff will be trained in skilled interventions utilising CPI foundation and crisis training which is BILD accredited .
- ❖ they felt their systems and process were robust enough to keep the residents and staff at County Homes Care Home safe.

Recommendations

- More pictorial information needs to be displayed to ensure Dementia friendly communication
- Pull cords need to be replaced in toilets
- Remove discarded furniture from walkways- could be a hazard
- Unpleasant odours in bathing facilities and sluice room need to be investigated and remedied
- Activities need to be meaningful, accessible and person-centred
- HWW will contact LA Contract Manager regarding Safeguarding Referrals under previous owners for clarification of resolution – current Manager to ensure this has been fully concluded.

Conclusion

This Care Home is under new ownership and Management. They are undergoing a full refurbishment and staff training.

Observations were reported back to the Manager upon our visit, and they appreciated the feedback.

We will follow up in twelve months to monitor the progress.

Glossary

A&E	Accident & Emergency Department (in a hospital)
BILD-	British Institute of Learning Disabilities
CANDOR-	Communication and Optimal Resolution process
COSHH-	Control of Substances Hazardous to Health
CHC -	NHS Continuing Healthcare
CPI-	Crisis Prevention Institute
CQC-	Care Quality Commission
D2A -	Discharge to Assess
DoLS-	Deprivation of Liberty Safeguards
E&V-	Enter & View
ECIST-	Emergency Care Improvement Support Team
EMI-	Elderly Mentally Infirm
Evac-chair-	Specialist equipment that allows Staff to help people with mobility issues safely exit a building during an emergency evacuation.
GDPR-	General Data Protection Regulation
GP -	General Practitioner
HCA-	Health Care Assistant
HW-	Healthwatch Wirral
HWWAR -	Healthwatch Wirral Authorised Representative
IDDSI-	International Dysphagia Diet Standardisation Initiative
IMCA -	Independent Mental Capacity Advocacy
IPC-	Infection Prevention Control
LA-	Local Authority
NHS-	National Health Service
PCS-	Person-Centred Software
PPE-	Personal Protective Equipment
UTI-	Urinary Tract Infection

Distribution

Healthwatch Wirral submit the report to the provider for comment, and once received and added to the report, the report will be sent to the Commissioner and CQC. Healthwatch Wirral publish all Enter & View reports on its website and submit to Healthwatch England in the public interest.

Comment box

RE: Recommendations response:

‘More pictorial information needs to be displayed to ensure dementia friendly communication’ – The home at the time of the visit was undergoing a refurbishment and redecoration programme which is still ongoing. This had already been identified within the home environment audit and an action plan was in place to ensure the home was dementia friendly with pictorial dementia wayfinding signage.

‘Pull cords need to be replaced in toilets’ – The missing pullcord was addressed by maintenance on the day of the visit by our maintenance team.

‘Remove discarded furniture from walkways’ – this was addressed by maintenance on the day of the visit. The home had received a large delivery of new lounge furniture chairs the day before the visit and these were awaiting disposal.

‘Unpleasant odours in bathing facilities and sluice areas need to be investigated and remedied’ – Daily walk-rounds are completed each day on each unit, infection control audits are also completed monthly, at times after use there can be a malodour however staff ensure the areas are cleaned and doors are kept shut following use.

‘Activities need to be meaningful, accessible and person centred’ – The home now has 3 activities co-ordinators in post, there is a monthly programme of activities that has been developed with our residents, the home has a social Media activities page so that friends and family can see what has been taking place in our home and we also subscribe to the Daily Sparkle within our home.

‘HWW will contact LA Contract Manager regarding Safeguarding Referrals under previous owners for clarification of resolution’ - The Home had no open historic safeguarding’s under the previous provider and the home has regular contract monitoring visits, referrals are made in line with current policy.

Measuring Social Value

Social Value is a broader understanding of value. It moves beyond using money as the main indicator of value, instead putting the emphasis on engaging people to understand the impact of decisions on their lives. The people's perspective is critical.

Organisations will always create good and bad experiences, but on balance should aim to create a net positive impact in the present and for a sustainable future. They should measure their impacts and use this understanding to make better decisions for people.

How Healthwatch Wirral demonstrates Social Value: -

Healthwatch Wirral (HWW) is dedicated to ensuring how Providers meet Social Value standards. Our social value commitments aim to put people's perspectives first when supporting vulnerable individuals, economic pressures, and promoting environmental sustainability.

Vulnerable People, Economic Pressures, and Environmental Sustainability.

People experience vulnerability at different points in their lives, which can increase and decrease over time. During our Enter and View (E&V) visits, we aim to understand the needs of vulnerable people who live in Care or Residential Homes.

During our visits, we discuss with the Providers their training practices, how they support both staff and families, and where they would signpost or refer to when supporting a person's clinical or non-clinical needs. We offer suggestions and recommendations to help ensure the Provider is utilising all available care and support resources. Our aim is to ensure that residents are allocated the right care at the right time, and to avoid unnecessary trips to A&E if the situation can be managed effectively for the person where they live.

By utilising our knowledge of the care system, we can assist Providers and members of the public in navigating what can appear like a complicated system. This includes directing them to the appropriate services like the Urgent Community Response Team, or GP Enhanced Access appointments, etc.

Providing the correct care in the right place and time can ensure a positive experience for residents while reducing pressures on the health and care system. Effective communication between providers, carers, and residents (such as promoting available clinical and non-clinical services) enables Care Providers to utilise the support they need more effectively.

HWW promotes Wirral InfoBank <https://www.wirralinfobank.co.uk/> which provides an online directory of provisions available across all sectors (clinical and non-clinical). We also promote HWW's Feedback Centre <https://speakout.healthwatchwirral.co.uk/> to ensure people can leave feedback about their experiences. This helps influence the design, commissioning, and deliverance of care to better reflect the needs of the community.

HWW ensures it is as paperless as possible. However, it is vital that everyone gets information in a format that is suitable to them. Our website is available in different languages and audio, and we share Public Health's commitment to addressing inequalities by providing documentation in different formats and languages.

We have adopted a culture of seeking assurances in relation to: -

- Quality and Equality of care.
- Clinical and non-clinical support and treatment.
- Equality Impact Assessments.
- Coproduction and integrated commissioning.

We engage health and care Commissioners and Providers in discussions about how effectively they collaborate to deliver integrated, seamless care and support for patients, families, carers, and the workforce. Coproduction is integral to achieving meaningful social value.

We prioritise using local services and providers for all our administration, office and operational needs, ensuring that our finances are spent locally. Whenever possible, we utilise free premises and have sponsored local sports clubs for women and children. Additionally, we support HWW Staff by being Mindful Employers and providing equipment to meet the needs of individuals.

Healthwatch Wirral CIC 2024.