Healthwatch Wirral

Enter & View Visit to Derwent Lodge Care Home, 197 New Ferry Road, New Ferry, Birkenhead, Wirral CH62 1DX

Authorised Representatives: Jacqui Canning, Georgie Higgins, Dave McGaw

Date of Visit:
22nd January 2025

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Site Introduction

Derwent Lodge Nursing Home provides a relaxed and homely atmosphere. The staff at Derwent Lodge Nursing Home offer exceptional comfort and care. [image and introduction from Surecare Group website]

Name of Care Home: Derwent Lodge Nursing Home
Name of Manager: Nichola Dunn
Owners: Sure Care Group
Care Home email and phone number: derwent@surecaregroup.com, 0151 643 1494.
HWW Representatives: Jacqui Canning, Georgie Higgins, Dave McGaw.

Acknowledgement

Healthwatch Wirral would like to thank the Nursing 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 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

Environment

This is a purpose-built Nursing Home registered for 46 Residents with single and double rooms, some en-suite. The Nursing Home is at full capacity with 9 residential beds and 36 nursing beds.

The car park at the front of the building looks well-maintained. There was a refuse skip in one parking bay as maintenance work was being carried out during our visit.

The grounds were grass gardens with patios and seating with clear access. The access appeared level with no apparent trip hazards.

We were welcomed at the entrance by the Manager, following electronic signing-in and being asked to use the hand sanitiser on entrance to the building.

What we observed and were told:

- At the entrance fire safety signage, evacuation plan and relevant certificate notices were on display.
- The hallway split the Nursing Home into two wings with the resident lounge as the middle point.
- The hallway had notice boards with information for families as well as residents about future activities.
- The lounge had standard-sized armchairs and some residents were seated in wheelchairs. There was a large projector on display, and we were told they often hold movie nights. A television was on in the background.
- The toilet adjacent to the ground floor office had a stale odour with no mechanical fan, and appeared to be relying solely on an open window for ventilation.
- The corridors appeared well-maintained and accessible with pictures on the walls.
- The kitchen was off the dining room, the hygiene rating was 4 (certificate was displayed). We were invited to wear PPE gloves and apron before entering. The kitchen had a standard type of equipment and appeared clean and tidy.
- The staff member told us the menu was on a 4-week cycle, and resident input was taken into consideration.
- The daily menu was displayed on the notice board and pictorial, we were told residents had a choice.
- The staff member said residents could eat in the dining room, lounge or their rooms. During summer they could eat outside if they wished.
- The laundry room had two commercial-sized washing machines and two dryers; these were vented to outside so the room felt relatively cool.

- Residents had individual named baskets for the laundry system.
- There was a lift to the upper floor, which appeared clean and well-maintained.
- The medical room was protected by a combination keypad and was temperature controlled by a portable air conditioning unit. Locked medicine cabinets and trolleys were present. Temperature recording was kept and logged on computer system, but this could not be demonstrated during our visit.
- The bathroom was clean, with a lifting hoist marked within its inspection date. There was no mechanical ventilation and the bathroom had a stale smell.
- The wet room appeared newly tiled and was fitted with a mechanical wall fan which was not operated remotely using a pull cord but turned on and off by an unmarked switched isolator at high level. We pointed-out to a staff member that although it may be outside of the shower wet zone in the room, care would have to be taken by staff if they operated it using wet hands following shower operation.
- The staff member told us residents are encouraged to bring-in personal effects to personalise their own rooms.
- Some resident rooms are en-suite with toilet and washbasin, no shower. The en suite rooms are fitted with mechanical ventilation.
- Although the sluice room had no odour, it appeared the ventilation was solely from an open window.
- Both staircases were keypad controlled and had Evac-Chairs in place.
- All corridor doors were Fire Stop Controlled.
- We were told the Wi-Fi had just been updated and was now available throughout the building. This enabled staff to use electronic handheld Smart devices using the Care App Nourish to update resident care plans, as necessary. The staff member said that now the home has had a stronger strength Wi-Fi it also enabled TV's, Alexa devices, etc., to work more effectively both in communal room and bedrooms.
- We were told that most bedrooms have TV's and/or radios which have either been brought from residents' own homes or been donated to the nursing home.
- Staff told us that hydraulic baths will be installed in both bathrooms upstairs and downstairs during the refurbishment.
- We noted that planks/wooden boards, and a number of walking frames and other equipment had been left in the corner of one of the bathrooms.
- All of the beds in residents' bedrooms are hospital beds.

Health and Wellbeing

Activities

A staff member told us that they have a wide range of activities for the residents, such as flower arranging, crochet club, Bingo, chair-based exercises, arts & crafts sessions, sing-a-longs, TV & film, a visiting pianist and singers, a pantomime at Christmas, gardening and looking after the bird feeders. Staff also said that they have arranged a visiting "animal safari" to come to the Nursing Home on 4th February.

GP and Dental Access

The Manager informed us that all residents are offered to stay with their own GP Practice and dentist upon admission, but are encouraged to register with the GP Practice who is assigned to the Nursing Home, Parkfield Medical Centre / Sunlight Group Practice in New Ferry, Birkenhead. The Manager explained that sometimes other GP Practices refuse to attend residents if they are out of their geographical area.

If a resident has difficulty accessing a dentist, the Nursing Home will call the helpline to seek an appointment and will organise attendance.

We were told that residents have monthly oral assessments, more frequently if required, and all information is recorded onto individual care plans and updated.

Safeguarding

The Manager informed us that there had been Safeguarding alerts reported to the LA and NHS in the last 12 months. They said they don't always receive a response or outcome.

They told us they had become aware of a trend in skin integrity issues (pressure sores). They conducted a root cause analysis which resulted in:

- Updating staff training and conducting regular checks with support from 'YourHippo' online staff training to increase awareness.
- Introducing more robust governance and recording onto residents' care plans with more regular reviews introduced.
- A pathway to Safeguarding procedures being made available for viewing on the notice board in reception area to increase staff and visitor awareness.

We were informed that other alerts from residents were investigated but not substantiated. The outcome was due to a breakdown in communication relating to the levels of care the Nursing Home offered.

Care Plans

The Manager told us that staff use an App to record and update resident care plans and the Manager reviews the plans regularly to ensure they reflect residents' needs and wishes. The Manager told us the plans are reviewed monthly, or sooner if there are any changes to health and wellbeing.

Infection Prevention Control

The Manager informed us that the hospital will perform relevant testing i.e. flu, covid-19, C-Diff., and inform the Nursing Home of outcomes.

We were informed that if infections are suspected they have processes in place to:

- Update Care Plans
- Undertake a Risk Assessment
- Perform deep cleaning
- Inform IPC of outbreaks
- Monitor.

The Operations Manager informed us that they restructured the management team in Spring 2024 and conduct monthly IPC audits with the newly introduced 'Houskeeper' who Leads and has responsibility for IPC. They have also introduced a Clinical Lead who inputs into audits.

The Manager told us all staff have attended 'To Dip Or Not To Dip' training. They don't dip at all now unless instructed by a GP. They said they complete daily walk arounds and checks on staff to ensure *bare below the elbow* is being adhered to. They said they take this very seriously and discuss why they implement this at every opportunity.

General

Falls

The Manager informed us that falls have decreased in the last year. They follow *the Safe Steps Programme*. Falls are recorded and actions taken.

They said that incidents of falls have improved mainly due to the introduction of motion sensor mats for the more at-risk residents. The sensor mats send a message to staff pagers if the resident stands.

The Manager said they conduct a monthly accident/fall audit and inform the Falls Team and update resident care plans.

The Nursing Home source and pay-for a community trainer to conduct chair-based exercises for all residents as an activity at regular intervals.

They also invite the Parkinson's Foundation outreach team to attend to support residents with Parkinson's Disease symptoms.

The Manager said they have no spare equipment and inform Medequip if or when they do.

Complaints

We were told the complaints policy and procedure is available for staff, residents and visitors and is displayed on the notice board.

They said that the complaints they received in the last twelve months that were handled and the Contacts Team informed of outcomes.

Resident Engagement

- The Manager told us they have recently introduced a 'Resident of the Day' initiative.
- We spoke with a resident who said they really liked living there and said they were treated very well by staff. The resident told us that sometimes there didn't seem to be many staff on duty, but they felt that their care needs are met. They said the food was nice and they always had enough to eat and drink. They said they also liked the activities that are offered and feel safe living there. The resident said, "the good thing about living here is having people around me" when asked what could be better in the Home, they said "it could do with decorating and also another shower as there was sometimes a queue."

Staff

The Manager told us they employ 52 staff in total. The ratio is:

- Day shift – 8 HCA 8am – 2 pm 7 HCA 2pm – 8am 1 RGN 1 NA 8-8
- Night shift – 4 HCA 8pm – 8am 1 RGN 8pm – 8am

We were told they conduct annual appraisals and supervision every twelve weeks.

Training:

Practical Training

Manual Handling
First Aid
Fire Drill Procedures
Fire Marshall Training
Peg Feed
Tissue Viability
Syringe Driver
Catheter Care
Catheterisation
Oxygen Therapy
EOL
Symptom Management

E-Learning

Anaphylaxis
Autism
Basic Life Support
Bed Falls
COSHH
Communications & Documentation
Covid-19
Diabetes
Duty of Candour
Duty of Care
IDDSI – Nutritional needs
End of Life
Epilepsy
Equality & Diversity
Fire Safety
First Aid Awareness
Food Safety
GDPR & Data protection
Health & Safety
Infection control
Information Governance
Learning Disabilities
Legionella
Dementia
Lone Work
Mental Capacity Act

Management & Support
Manual Handling
Medication Administration
Medications Awareness
Mental Health
Nutrition
Oral Health
PPE Care
Person-centred Care
Positive Behaviour
Privacy & Dignity
React to red – Skin Integrity
Safeguarding
Safeguarding Children
Safer People Handling
Stress Work
Your Role
Personal Development

The Manager said they have also conducted EOL Six Steps.

Staff Engagement

- We were told that any staff wishing to have prayer time can do so away from break times.
- We spoke with a staff member who said "the best thing about working here is the residents are like family members to them. The Home has improved a lot since the new Manager took over and the Home has a much nicer atmosphere now."
- Other staff told us "There are always enough staff on duty," and they feel supported by Management. They have enough training to help them care for the residents.
- A staff member told us they had an induction when they started work there over ten years ago and feel that they get enough supervision from their line manager.
- The Operations Manager told us they gather monthly feedback from staff and residents for audit use and they look at the reception log (electronic sign in/out).

Family Engagement

The Manager told us they engage with families via:

- Updates to Resident Care Plans – monthly.
- Regular resident/family meetings.
- Anonymous surveys for Quality Assurance logs.
- Informal visits.
- Emails and Social Media.
- Gathering feedback using the electronic sign in/out system.

Staff told us the family meetings aren't very well attended.

We spoke with a family member who now volunteers at the home. Their relative had been a resident. The family member spoke very highly of the good care that their relative had received whilst in the home. They said, "staff were all marvellous with them and always treated their relative with dignity and respect, taking care of their needs."

Community Support

The Manager told us they use the Teletriage Service and only had positive experiences, but have not heard about UCR.

Pharmacy

The Manager told us they have had issues with the pharmacy a little while ago, but that after they met to improve communication with the Pharmacy Head Office, service is much better.

Plans moving forward.

The Manager said they have commenced a re-decoration programme, and they will continue to use community and private support for residents, such as recently engaging with a private ear syringing service (paid by the Nursing Home) to aid the hearing of residents, as this is no longer available from NHS or Primary Care services.

Recommendations

1. Check out Patient Safety Incident Response Framework.
2. Look at ventilation in bathrooms and sluice room.
3. Check electrical regulations regarding switch on wall in bathroom.
4. Bathrooms should not be used as storage areas; they need to be free of equipment.
5. Look-up the Urgent Care Response service.

Conclusion

We asked the Manager “are your processes and systems robust enough to keep your residents and staff safe?”

The Manager told us “Yes, we were recently inspected by CQC and rated ‘Good’ in all areas.” They added they feel their processes and systems are robust and they put a lot of hard work into them.

The Operations Manager also told us they had undergone a PAMMS Assessment in May 2024 with the Contracts Team within the LA.

The Manager informed us they would be happy to be included in the HWW Care Home newsletter and to share best practice.

They attend the Residential Care Home Forum.

We look forward to returning in the future to review the refurbishment and redecoration and the response to our recommendations.

Glossary

CQC-	Care Quality Commission

ECIST- Emergency Care Improvement Support Team
Evac-chair- Specialist equipment that allows staff to help people with mobility issues safely exit a building during an emergency evacuation.
GP - General Practitioner
HCA- Health Care Assistant
HWWAR - Healthwatch Wirral Authorised Representative
HWW- Healthwatch Wirral
IPC- Infection Prevention Control
LA- Local Authority
NHS- National Health Service
PPE- Personal Protective Equipment
RGN- Registered General Nurse
UTI- Urinary Tract Infection
PAMMS- Provider Assessment and Market Management Solution.

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

Subject: Acknowledgment of Draft Report Following Health Watch Visit – 22nd January 2025

I am writing to formally acknowledge receipt of the draft report following the Health Watch visit to our facility on 22nd January 2025. We appreciate the time and effort your team has dedicated to carrying out the visit and compiling your findings.
Upon careful review of the report, I would like to raise a number of concerns regarding the accuracy of some statements included several of which were not discussed during the visit. Please find below a breakdown of the identified discrepancies for your consideration:

1. Lack of Immediate Communication of Health and Safety Concerns

- **Discrepancy:** Health and safety issues highlighted in the report were not brought to our attention during the visit.
- **Concern:** This omission prevented the Home Manager from taking prompt corrective action to safeguard residents and staff.
  Example:
  - The report references a mechanical wall fan in the wet room operated via an unmarked high-level switched isolator, rather than a pull cord.
  - While the switch is located outside the wet zone, concerns were noted regarding potential risks to staff if operated with wet hands.
- **Request**: We seek clarification on this observation and confirmation that the relevant electrical regulations have been reviewed.

(continued p 13)

2. Misidentification of Personnel *(HWW note – 2 amendments made; p6 & p10)*

- **Discrepancy:** The report attributes information to the Regional Manager.
- **Correction:** The information in question was provided by myself, as the Registered Manager. Ms. L. V., who was also present during the visit, is the Operations Director, not the Regional Manager.

3. Misinterpretation of Bathroom Use and Safety

- Discrepancy: Comments were made regarding the state of a bathroom where materials were stored.
- Clarification:
    - The bathroom in question was out of use at the time of the visit.
    - The stored materials were intended for an upcoming refurbishment.
    - This area is kept securely locked from the outside to ensure the safety of both residents and staff.

4. Fridge and Clinic Temperature Records

- Discrepancy: The report suggests that temperature records were not evidenced during the visit.
- Clarification:
    - While staff were asked about temperature monitoring, no request was made to provide the actual records.
    - Had this been requested, evidence could have been presented immediately using the readily available devices on site.
    - All members of the management team are capable of retrieving and providing this information promptly.

In light of the above, I respectfully request a review and revision of the draft report to ensure that all findings are presented accurately and in proper context.

Once again, thank you to you and your team for your detailed observations and your commitment to promoting high standards in care. We value the opportunity to work collaboratively to address any areas for improvement and to continuously enhance the quality of care within our facility.

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.

Social Value UK, 2024

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.