

Enter and View Report.

Announced visit to:

Woolston Mead.

Tulip Care Limited.

4 Beach Lawn. Liverpool. Merseyside.

L22 8QA

Wednesday 21st February 2018, 1pm



What is Enter and View?

Enter and View is about seeing and hearing for ourselves how services are being run and allows Healthwatch Sefton to collect the views of service users at the point of service delivery. This might involve talking to staff, service users or observing service delivery.

Enter and View visits are conducted by 'Authorised Representatives' for Healthwatch Sefton who are trained volunteers and staff members. The full list of authorised representatives can be found on our website: <https://healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view/>

Visits can be announced or unannounced.

All Enter and View visits have a clear purpose as identified by Healthwatch Sefton to ensure effective evidence gathering and reporting.

The Local Authorities (Public Functions and Entry to premises by Local Healthwatch Representatives) Regulations 2013 allows local Healthwatch 'Authorised Representatives' to collect the views of service users, patients and residents, collect the views of carers and relatives, collect the views of staff, observe the nature and quality of services and provide feedback.

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.



Acknowledgements

Healthwatch Sefton would like to take this opportunity to thank staff on duty at the time of the visit. We would also like to thank the residents for taking the

time to speak to us and for their contribution to this announced Enter and View visit. We would also like to thank the Manager, staff and family members for taking the time to fill out surveys and return them to us.

Please note that this report relates to the findings observed on the specific date and time of the visit and feedback from staff, residents and family members. 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 that some of the residents spoken to, may have an illness and/or disability, including dementia, which may have an impact on the information that is provided.



Type of Visit undertaken

General Information.

Woolston Mead provides accommodation and personal care for up to 28 people. It is a large Victorian property with accommodation located over four floors. Steps provide access to the front of the building.

Level access is available at the rear of the building. The lower and upper floors are accessed via a staircase and a passenger lift. The upper floors can also be accessed using a stair lift. There is a dining area to the ground floor and a lounge. A garden area is located at the front of the building. (Information taken from the following website:

https://www.cqc.org.uk/sites/default/files/new_reports/INS2-4365330550.pdf

Purpose of Visit

Our visit to Woolston Mead was conducted as part of a series of pre-arranged visits to care homes across Sefton. National charity, Independent Age, have been carrying out research looking at the things that older people and their families want to know when choosing a care home, as well as consulting care experts for their views on what are the most useful indicators of quality. We piloted the surveys which were used as part of this work to gather information from the manager, staff, residents and family members, as well as observing a number of different areas.

Findings from this visit will help individuals and families make more informed decisions, while also helping the Care Quality Commission (CQC), local authorities and Clinical Commissioning Groups (CCGs) to build up a comprehensive picture of quality in care homes.

Through this work we aim to:

Provide a different type of information, based on personal testimony, to help fill the gaps in what people can find out from the Care Quality Commission, the local authority and the care homes themselves.

Seek out and share best practice and provide feedback to care home providers based on our observations.

Type of Enter and View visit undertaken

This was an announced Enter and View visit undertaken by the following authorised representatives from Healthwatch Sefton:

-  Wendy Andersen
-  Maurice Byrne
-  Anne Major
-  Margaret Quayle

How the visit was planned.

The visit is not an inspection, but offers a lay perspective rather than an in-depth formal inspection.

This visit was pre arranged as part of Healthwatch Sefton's work plan. A meeting with the manager was arranged to discuss the visit and the date and time of the visit was agreed in advance. Posters were sent to Woolston Mead to make sure that staff, residents and friends and family members were aware of the visit (Appendix One).

The aim of this programme of work is to observe services provided by Sefton based; residential, nursing and care homes, consider how services may be improved and share good practice.

The team of trained Enter and View authorised representatives record their observations along with feedback from residents, staff and where possible residents, families and friends. Surveys were left with the manager for completion by the manager, staff and family members. Copies of the surveys are available on request.

Enter and View visits are not intended to specifically identify safeguarding issues, however if safeguarding concerns arise during the visit, they are reported in accordance with Healthwatch Sefton safeguarding policies.

The team write a report reflecting these observations and feedback, making comment where appropriate. The report is sent to the manager of the service to check the facts/information within the report. Any response from the manager is included within the final version of the report which is published on the Healthwatch Sefton website: www.healthwatchsefton.co.uk



Observations

Exterior of the building.

Exterior	Excellent	Good	Okay	Poor	Terrible
Parking		☆			
Signage				☆	
Controlled Access (inc. directions on how to gain access/security).				☆	
Physical Access (inc. disability access)					☆
Upkeep of grounds				☆	
Upkeep of building's exterior			☆		

On arriving at the home, we considered the external environment including upkeep of the grounds, parking, signage and physical access. There was plenty of on street parking available and in locating the home we found signage to be poor, there being a board within the grounds of the garden which wasn't very visible and needed upgrading.

On arrival at the main door to the home, for visitors it was unclear how to enter the building. There is a bell but the sign above states this is for deliveries. We rang this bell and staff let us in. We were not asked to sign in.

After being greeted by Alison, the Manager, Alison was talking to us in the hallway about the planned visit. During this conversation, a visitor arrived at the entrance and pressed the bell. The visitor was left outside for sometime until we pointed out there was a visitor waiting. A member of staff had also walked past and had not let the visitor in.

Whilst observing the exterior of the building, we witnessed a resident persistently trying to get out of the front door. On returning indoors, we asked a staff member about this and we were told that the resident liked to stand there and look out at the scenery. The member of staff did help the resident.

In reviewing physical access, there were four steps up to the building and then a further step into the doorway. The steps were broken / uneven and the paint had faded off. No disability access was observed at the front of the building. When we asked the Manager about other access areas we were told there was a locked gate at the back for deliveries and bins.

The upkeep of the grounds was found to be very untidy and uncared for. Grass was over grown and there were a number of dirty bird feeders in the garden. Pots all had dead plants in them.

In observing the building from the exterior, curtains in the windows looked old (possibly dirty) and were falling off hooks. Curtains were closed on one side of the building.

Reception

Reception	Excellent	Good	Okay	Poor	Terrible
Information provided on care home				☆	
Décor				☆	
Freedom from obstructions and hazards		☆			
Lighting (inc natural light)		☆			
Hygiene, cleanliness (free from odours)			☆		

On entering the reception area, there was a white door which was locked. It looked unclean and there were Christmas decorations stored above this area.

Within the reception area, there was no information available on the care home itself. There were two notice boards which included information on:

-  Poster for the Healthwatch Sefton Enter and View visit
-  Residents and Relatives meeting (1st March) – previous notes were also present.
-  Latest Care Quality Commission report
-  Complaints policy
-  Pictures of activities (no dates shared)

There was also a lunch menu on a wall. It had the menu for week 3 and week 2. This was in very small print. There was also a list of what residents wanted to order for food the following day, 22nd February. The form stated it had to be shared with residents by 10.30am. As we left at 3.30pm this menu was still on the table not completed. There was also a cloth that appeared dirty left on the table.

There was dirt in the middle of the floor of the hall when we arrived and this was still there as we left. The décor of the area was poor and tired, with really old looking pictures on the walls up the stairway from reception and in the storage area. The storage area was part of the hallway/ reception area and this was open and we observed a mattress along with other aids stored here.

Other doorways in this area had chipped paint and remains of old stickers / posters on the glass and the walls had old nails in them. Overall this area needed decorating.

Corridors, Lifts and Stairways.

Corridors, Lifts and Stairways	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc. grab rails etc)				☆	
Décor				☆	
Freedom from obstructions and hazards				☆	
Hygiene, cleanliness (free from odours)				☆	
Lighting (inc. natural light)		☆			

Corridors and stairways were well lit. There was a chair lift on each set of stairs. During the visit we didn't witness if they were working. There were no grab rails observed on stairs or corridors. Again the décor of these areas was dated and we observed a lot of boxes in a corridor outside of a fire exit. There was also a door backing into the fire door at the top of a staircase.

In looking to use the lift, we pressed for the lift on the 2nd floor and it did not work.

Carpets on stairs were patched up and dirt was found in all areas of flooring.

The stairs to the basement had no chair lift and again the stairs were dirty. The hairdresser area was observed to be dirty with hair over the floor and in general flooring across the home was dirty. The stairs leading down to the basement were particularly dirty.

Dining Area.

Dining Area	Excellent	Good	Okay	Poor	Terrible
Physical Access (inc disability)		☆			
Décor		☆			
Freedom from obstructions and hazards		☆			
Hygiene, cleanliness (free from odours)		☆			
Dining Area (ambience/atmosphere)		☆			
Lighting (inc. natural light)		☆			

As you can see from the observation ratings for the dining area in the above table, the area was observed as being a good area of the home. There was a television which was on during the visit but the sound was very low. There were no seats close to the television to support residents to watch it. There was a board in the dining area which updated residents on the weather but this had not been updated.

Communal sitting area(s).

We did not score this area during the visit. The communal sitting area was located on the ground floor and we only entered the area as we were leaving. Chairs were placed around the room and a TV was on. The area was observed as being bright with natural lighting. The area was free from obstructions and was free from odours.

During the visit, we did observe the basement where there was a table and chairs.

Kitchen facilities/Food preparation area.

We did not enter this area.

Bathroom/Washing/Toilet Facilities.

Bathroom / Washing/ Toilet Facilities	Excellent	Good	Okay	Poor	Terrible
Physical Access (including disability)			☆		
Décor				☆	
Freedom from obstructions and hazards					☆
Hygiene, cleanliness (free from odours)				☆	
Assistive equipment available			☆		
Lighting (inc. natural light)		☆			

We visited one bathroom on the first floor and one on the second floor. The doors to enter both bathrooms were heavy.

In the bathroom on the first floor, there were continence pads on the floor in packaging. A rubber glove was left in the sink and a razor had been left in the bathroom. There was no hand wash/ gel available in the bathroom. Shelving was badly chipped and paintwork required attention. The emergency pull cord was not reachable from the bath.

The enamel in the bath on the first floor was chipped and flooring was damaged due to equipment previously being bolted into the floor. This damage was directly next to the bath and the floor in the bathroom was not clean. There was a low shower available in this bathroom which was connected to the water taps.

In the bathroom on the second floor, the hoist had a sign on it to say that it was not to be used. The fire exit door out of the bathroom, when opened led to a lot of heavy boxes blocking the exit.

A similar door was found within both bathrooms, which were unlocked. On opening the door, it directly led to a resident's private toilet area within a bedroom.



What we learnt from talking to the manager, staff, residents and family members.

Have a registered manager in post.

The **manager** told us that she had always worked in care and had started in post at Woolston Mead as the deputy manager and has been the manager of

the home for the past eight years. When asked about the role, the manager shared that they enjoyed training staff and ensuring compliance.

Two **staff** members told us that the manager is on site Monday - Friday from approximately 8am – 4pm. However they felt that the majority of the manager's time is taken up with jobs from head office.

One **family** member agreed that the manager provided strong and visible management and shared *“the manager does the best possible, but is hampered by staff problems”*.

Two **residents** said that they knew the manager by name, one commenting *“nice lady”*. One **resident** said that they didn't know the manager but had only been a resident at the home for one week.

Getting to know residents and recording changes to health and care needs.

The **manager** told us that staff have regular supervision and are encouraged to further themselves. Staff read residents support plans to help get to know a residents life history, personality and health and care needs and are encouraged to spend time talking to residents. Care plans are reviewed monthly or as and when needed and monthly resident/relative meetings are held.

Two members of **staff** felt that they had good knowledge of each individual resident. Each resident has a care/support plan which provides information about each resident. One **resident** told us that they didn't have a care plan. A **family member** shared that records are kept and are available for staff use.

Time to care for residents and staffing levels.

One member of **staff** felt that they got enough time to care for residents. Three **residents** shared that they required support to get to the toilet and that they received support, two **residents** sharing that they used the buzzer and help comes quickly. It was felt that staff were limited in having time to stop and chat with residents as they were busy.

In asking about staffing levels, a member of **staff** shared that there are two members of staff on shift in the afternoon and this is not enough. Staff are already stretched, especially at 5pm when its tea time where meals are being given out and medication administrated. Two **residents** shared that staff were overworked and were reactive rather than proactive. One **resident** said *“only two staff on duty usually. More needed”*. One **resident** felt that staff were very aware of the Care Quality Commission.

One **family member** felt that staff were very good and caring for residents but more staff were needed, especially at night time where there were staff shortages.

Offer a varied programme of activities and support residents to get involved.

The **manager** shared that there were a number of indoor activities available, including board games, cards, quizzes, and floor games. External visits to the local cinema were made to the Dementia screenings.

Two members of **staff** disagreed that the home offered a varied programme of activities and that they were currently in the process of planning and adding more activities.

One **resident** said that TV was the main activity with no organised events. Another **resident** shared that there was a notice board up which shared activities but they were not pursued. **Residents** who engaged with us had not been out for any shopping or trips, one **resident** going out with family.

In terms of encouraging residents to take part in activities, the **Manager** informed us that staff would provide verbal encouragement, individual residents would be provided with choice and that the ethos of the home was to encourage everyone to get involved with activities being adjusted for differing disabilities/ ability. Two members of **staff** supported this and agreed that they would encourage residents to take part in activities.

Residents didn't share information on how they were encouraged but a **family member** felt that their relative was not helped enough to take part in activities. They felt that was due to staff shortages.

Offer quality, choice and flexibility around food and mealtimes.

The **manager** shared that there are two choices of food for each meal. There is a daily choice sheet from the menu and residents are asked for this to be filled out the previous day.

One member of **staff** strongly agreed that good quality food and choice of food was offered: *"The menu has two choices plus other meal options. A lot of choice is given and the menu is done on a three weekly rota"*. Two **residents** confirmed that there is a choice of two meals, but that more choice was needed.

Another member of **staff** disagreed with this sharing that they didn't believe the current menu is good quality for residents and that more choice is needed.

Two **residents** felt that the food was not bad/ok with one resident sharing that the food was awful, giving the example of watery hot dog sausages.

One **family member** shared; *"I have been informed that food is prepared by some staff as the home cannot keep a regular cook. Food is sent back untouched, surely a waste of good money"*.

The **manager** informed us that residents are encouraged to sit at the dining table to be more social and communal. Two **residents** confirmed that dining is timetabled but they could have food in their room if they wanted. One **resident** didn't think it was easy to have a choice about where to eat meals.

Two **residents** told us that they enjoy mealtimes, although one shared how they found some residents off putting when they wander around the dining room. One **resident** didn't enjoy mealtimes.

Residents told us that they can get snacks and drinks in between meals when they needed them, *“tea and toast, tea and biscuits. Drinks are available at any time from jugs of juice”*. One **resident** told us that they have access but sometimes they have to wait for their snacks.

Access to health and care.

The **manager** told us that residents have regular check ups from an optician for their eye care. This is an on call service. Access to dentists is as and when required.

Staff also agreed that access was good with an optician visiting the home every 6 – 12 months depending on the resident and residents seeing health professionals on a regular basis.

Residents also agreed that access to opticians is good with one resident visiting an optician outside of the home. One **resident** told us that they couldn't get access to a dentist. There were no problems with access to GPs with residents getting their prescriptions from a local GP. One **resident** informed us that Podiatry services are not readily available.

The **family member** sharing their feedback did not think that their relative regularly saw a dentist or an optician.

Accommodating resident's personal, cultural and lifestyle needs.

The **Manager** told us that in looking at personal needs, an advice to chef' form is completed on admission with each resident. The menu and food are always discussed at resident/ relative meetings.

Staff agreed that they accommodated all needs but did not share how they did this.

One **resident** felt that birthdays and religious holidays were not celebrated, with two **residents** agreeing that the home respected their religious/cultural beliefs.

Open environment where feedback is actively sought and used.

From Staff....

The manager informed us that staff are asked for ideas on how the home is run at staff meetings. In addition ideas are discussed at one to one supervision.

From residents and family members....

The **manager** told us that monthly meetings are held with residents and family members and that meetings are held with her. Questionnaires are used to gather views and are then read out at the meetings and results/feedback is acted on. Two **residents** felt that the manager/staff did not ask them what they thought about the home, although one of the **residents** felt that the manager did this.

A member of **staff** also told us about questionnaires which are sent to family members and residents. All are checked and recorded, issues being discussed at the residents meeting. A **family member** confirmed that meetings were held, letting people to air their views.

One member of **staff** told us that they used to feedback and listen to suggestions but feedback could often not be rectified as head office would say no to repairs etc.

All three **residents** told us that they would know what to do if they wanted to make a complaint about the home.

When asked would they like to change anything about the home, one **resident** felt that the home needed to be cleaned more thoroughly but had not shared this with anyone. One **resident** told us that they did not want to be at the home. When asked, a **family member** felt that it was 'fifty-fifty' that their relative was happy at the home.

Staff agreed that they enjoyed their job and shared the following comments:

"I love my job but don't think the pay of £7.50 for everyone is fair, especially as senior, there is a lot more responsibility"

"Yes, I thoroughly enjoy my job".



Safeguarding Observations

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues but if concerns arise during the visit they are recorded. There were no safeguarding concerns identified at the time of the visit.



Conclusions, recommendations, considerations.

Following the Enter and View visit, we contacted Sefton Metropolitan Borough Council (Sefton MBC's) Quality and Compliance team and the Care Quality Commission (CQC) with the issues shared below. Following the concerns raised, the Quality and Compliance team undertook an unannounced inspection of the home on the 27th February and found the following:

Issue raised by Healthwatch Sefton	What the quality and compliance team found	Action/ next steps
The registered manager left the premises not long after the Enter and View visit started and was unable to stay for the visit despite this being an announced visit.	A new resident was admitted on the morning of 21/02/18. It was necessary for a staff member from Woolston Mead to visit the GP surgery for a full medication printout. The registered manager was the only car driver and therefore she was unable to meet with the Healthwatch team.	_____
Members of the Enter and View team were not asked to sign in on arrival.	The registered manager advised that at times, residents have given access to visitors to the home. The Manager advised that a key code situated inside the entrance hall could be beneficial –thus eliminating residents from allowing visitors to enter. In discussion, if this was fitted, there would be a need to advise those residents with capacity/ no DoLs in place	It was recommend that all staff are reminded of the importance to tell visitors to sign in when visiting the home – could include small sign on the inside of the door as a prompt for staff e.g. ‘Please check visitors have signed in’. A key pad has been requested for inside the hallway to ensure resident safety. This must comply with fire safety.

Issue raised by Healthwatch Sefton	What the quality and compliance team found	Action/ next steps
Fire safety hazard – fire doors blocked with boxes. One fire door led to steep stairs which had an unlocked wooden half door across which then opened back into the fire door.	A walk around was completed and fire doors were accessible, none were blocked. A corridor on the first floor had boxes in but this led to another office and not a bedroom. Corridors were not obstructed by furniture Fire Doors were clearly labelled- no obstructions in the way of fire exits.	The team recommended that this area was cleared.
Dignity and respect – two communal bathrooms led into private bedrooms and the door opened up directly into their toilet area.	There are a number of communal bathrooms and they are accessed via corridor The communal bathrooms with access to bedroom are fire exit 'through-fares'. Email sent to Merseyside Fire Service for advise	There was access to the en-suite bathroom of the 1st floor bedroom via the communal bathroom; the communal bathroom on the 2nd floor is

Issue raised by Healthwatch Sefton	What the quality and compliance team found	Action/ next steps
		also the same. It was suggested that the registered manager contact the Fire Service to discuss acceptable types of 'lock' for the en-suite bathrooms to ensure privacy.

The issues above were raised straight after the visit but there were a number of other recommendations which we would like to make to the registered manager/ owner (Tulip Care Ltd).

Recommendation One

We would like to see a plan in place for Woolston Mead to have a deep clean to ensure that residents can live and staff are able to work in a clean environment. Flooring in particular needs to be a focus.

Response from provider: Re-flooring programme has been started.

Recommendation Two

We would like to see flooring within the home be replaced, with a particular focus on carpets in hallways and stairways and bathroom flooring. We are aware from discussions with the registered manager that quotes for new flooring which would be replaced in 'a room at a time' are being obtained and we would recommend that Tulip Care Ltd are supportive of this.

Response from provider: In process, this has been started.

Recommendation Three

We would like to see a long term plan put in place from Tulip Care Ltd to re decorate the home. Again a particular focus needs to be in the décor of bathrooms, including 'repair or replacement' of baths where required.

Response from provider: Re-decoration programme has been started.

Recommendation Four

We would like to see residents being given more support to choose from the menu, having the time to consider what they would like to have for their meals on the following day. We would also like to see residents being offered at least one more meal option per day.

Response from provider: Two meal options plus 3 other options at each mealtime.

Recommendation Five

We would like to see residents being offered more daily activities to get involved in and also opportunities for trips out of the home. We are aware that the activities officer is no longer working at the home and would welcome confirmation from the home on future plans and activities for residents.

Response from provider: Activities coordinator in place from April working 4 days per week, excellent varied activities.

Recommendation Six

We would like to see grab rails fitted particularly in corridors, hallways and stairways to ensure the safety and promote the independence of residents.

Response from provider: All corridors and stairs have full handrails fitted.

Recommendation Seven We would like to see the hoist in working order in the second floor communal bathroom as soon as possible.

Response from provider: Awaiting head office approval

Recommendation Eight

We would like to see residents information boards updated on a daily basis, including menu whiteboards and notice boards which are in place to update residents about the weather, todays date for example.

Response from provider: Night staff reminded

Recommendation Nine

We would like to see the exterior of the building tidied up so visitors are made to feel welcome. We would like to see the entrance door have signage which clearly shares information on disability access. Signage also needs to include information relating to visitor access.

Response from provider: Completed and in process to purchase suitable ramp for front of building in and out disability access

Recommendation Ten

When the final report has been published, we would like the report to be shared with all staff at the home and also on the agenda for the Residents and Family Members group.

Response from provider: It will be available to all.

Healthwatch Sefton follow up action

We will now monitor the actions from both the recommendations made from our Enter and View visit and those from the follow up visit made by the Quality and Compliance team (Sefton MBC) to ensure they are considered/ actioned and will provide updates when available.



**We want to know what
you think about:
Woolston Mead Care
Home**

**We will be visiting here on:
1pm. Wednesday 21st February 2018**

**Your Healthwatch Sefton
Authorised Lead Representative:
Wendy Andersen**

What is Healthwatch Sefton?
Healthwatch Sefton is an independent organisation which visits different health and social care providers to get the views of the people, family and carers who use their services.

Contact Us
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