

Enter and View Report

Announced visit to:

Maryland Care Home.

Maryland Care Home Ltd.

5-7 School Lane. Formby. Liverpool. Merseyside.
L37 3LN.

Wednesday 15th August 2018, 11:30



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 views 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 (we plan the visit with the service provider) or unannounced (when the service doesn't know when we are visiting).

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.



General Information.

Maryland is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided. Maryland accommodates up to 30 people in one adapted building and care for adults over 65 years. (Information taken from the following webpage: https://www.cqc.org.uk/sites/default/files/new_reports/INS2-4449430273.pdf)

Purpose of Visit

Our visit to Maryland Care home 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 used 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:

-  Betty Boner
-  Brian Clark
-  Sarah Ann Blackman
-  Ken Lowe

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 (Kelvin Bacon) was arranged to discuss the visit and the date and time of the visit was agreed in advance. Posters were sent to Maryland Care home to make sure that staff, residents and friends and family 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/about-us/meet-healthwatch-sefton/enter-and-view



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. We noticed that there were very few car park spaces available for visitors.

Whilst observing the exterior of the building, we observed a lack of signage on the entrance. The front of the home, was clean with no litter and litter bins were concealed. There were ladders which were lying around and we felt that was a health and safety hazard.

All external doors were alarmed.

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, we found that the entrance area was quite small and there was little signage. In reviewing information in the area, there was no visible information on Maryland itself. There was an activities calendar on the wall and a summary report from the Care Quality Commission. We felt that the carpet in this area would benefit from cleaning. The main light in this area didn't work, but as soon as the manager was informed about this it was immediately fixed.

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) | ★ | | | | |

In observing corridors, lifts and stairways there were no concerns raised. As you can see from the table above all areas of the home were observed as being excellent.

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, it was observed as being an excellent area of the home. It was observed as being a very clean and bright area. In the dining area there was juice available on the tables for residents. This was at 11:30 when we arrived. There was one chair which needed replacing/repairing as it as very wobbly.

Communal sitting area(s).

| Communal Sitting Area | Excellent | Good | Okay | Poor | Terrible |
|---|-----------|------|------|------|----------|
| Physical Access (inc. disability) | ★ | | | | |
| Décor | ★ | | | | |
| Freedom from obstructions and hazards | ★ | | | | |
| Hygiene, cleanliness (free from odours) | ★ | | | | |
| Communal/ Sitting area (general ambience) | ★ | | | | |
| Lighting (inc. natural light) | ★ | | | | |

As you can see from the above table the communal sitting area was rated overall as excellent. The only minor observation was that the television in this area was small for the size of the room. The new conservatory area was found to be a great airy area.

Kitchen facilities/Food preparation area.

| Kitchen facilities/ food preparation area | Excellent | Good | Okay | Poor | Terrible |
|---|-----------|------|------|------|----------|
| Facilities (e.g. Sinks, Fridges) | ☆ | | | | |
| Décor | | ☆ | | | |
| Hygiene, cleanliness (free from odours) | ☆ | | | | |
| Health & Safety (e.g. are knives stored safely) | ☆ | | | | |
| Lighting | ☆ | | | | |

There is a four weekly menu in place. For breakfast it is mainly cereal which is available. We did observe during the visit that the pedal bin in this area was not working. Meals tended to be assembled from frozen food packs.

Bathroom/Washing/Toilet Facilities.

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

We observed chairs stored in one of the shower/ toilet areas. We found one of the toilet seats in one toilet area to be broken but we were told that this wasn't in current use. In one of the shower areas we found a shower slip mat to be dirty. In the downstairs disabled toilet, the handle needed to be fixed. We

observed that bins in this area were operated both by hand and by foot. One **resident** told us that they had an en-suite bathroom with three other **residents** sharing that they had their own toilet but shared bathroom facilities. One of the **residents** shared that they had a bath once a week. If **residents** required support to get to the toilet they were helped and during the visit we observed staff supporting residents to use bathroom and toilet facilities. One **resident** told us they were assisted if they wanted a shower. One **resident** informed us that they had previously had a fall and couldn't reach the cord in the bathroom area but they had been ok.

The shower room on the upper floor was an area we would recommend looked at as this area. This area was not as clean as elsewhere and probably needed a bit of a clearing out as there were chairs and other things in the area.



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

During the visit we spoke with many **residents** with four providing feedback which has been used within this report. Following the visit four members of **staff** shared feedback using a questionnaire which we had left at the home for them to return to us anonymously. Eight **family members** also shared their views on the home following the visit which provided us with a greater understanding of how their loved ones are being cared for.

The **residents** we spoke with told us that they were happy and that they were happy living at Maryland. This was echoed by **friends and family** and the following quotes were shared:

 *“My dad would not be happy anywhere else”*

 *“Very happy”*

- 👤 *“She is very happy here”*
- 👤 *“Better than when at home alone”*
- 👤 *“My mum is happy and content”*

Have a registered manager in post.

The **manager** told us that he has great respect for the elderly and he was attracted to the role of care home manager as he wanted to ensure that resident’s dignity and respect were met in a way which is kind and caring. In asking the **manager** what they enjoyed about the role, they explained that they enjoyed seeing residents who look happy and content and who are also well cared for. *“It is about ensuring that residents feel safe and relaxed by maintaining and improving the environment in which they live. There is also the element of supporting staff to do their jobs to their best ability and sharing with them the positivity felt when providing good quality care.”*

In general **residents** told us that they knew the manager/owner’s, there being only one **resident** who told us that they didn’t really know them. Further comments were shared about the manager(s);

- 👤 *“He is good, and my daughter likes him”.*
- 👤 *“Lovely”*
- 👤 *“Very nice and cooperative”*
- 👤 *“OK”*

Family members also told us that the manager/ owners were approachable and were *‘very hands on’*. We were told that they spend a lot of time in the home and when they visited their relatives, they were there. Even when not available we were told that it was easy to phone or email them.

The **manager** met with Healthwatch Sefton to arrange the visit and welcomed the visit. The registered manager was on site during the visit and for the few items which required a general fix, as soon as we had pointed them out, the manager fixed most of them during the visit.

Staff members told us that the owners/managers are on site everyday and felt that the home has strong, visible management.

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

Staff told us that they all have good knowledge of each individual resident. One member of **staff** felt that this was supported through good care plans being used and another **staff** member told us that the plans were updated every month. The **manager** shared how from induction training, staff learn how to access residents files and read all relevant information regarding the resident. When a new resident moves into Maryland, a senior member of staff will communicate all known information to the staff team which includes the residents life history, personality and health and care needs. As more information is obtained about the resident, care staff will read the residents care file to keep themselves informed about the resident. Every five weeks, changes made to care plans are authorised by the resident or where this is not possible, by the residents family or representatives and then care plans can be updated.

Family members & friends told us that the home does not employ staff from agencies and that staff therefore get to know the residents. They told us that they are kept up to date with any issues on a regular basis. We were generally told that staff are both knowledgeable and understanding.

Family members and friends also shared that care plans are key to the care provided and they are fully involved in care plan arrangements. Examples were provided in which relatives have had the plan explained to them, have been asked to sign plans and also sign when there has been a change to a plan.

Time to care for residents and staffing levels.

We observed residents to be well dressed and well cared for. Residents were dressed in their own clothes and during the time of the visit were either taking part in group activities or enjoying an activity that they had chosen, for example reading. The feeling from the residents we spoke to was that they were happy to be living at Maryland.

Two **residents** told us staff do have time to care for them with two not sure. We were told that staff are friendly and nice. When asked if staff have the time to stop and chat, we were told by the **residents**, “*sometimes*”, and the reason for this was that staff were very busy

Staff told us that they had the time to properly care for residents. We were told that residents come first, and that resident’s needs are always dealt with. It was felt that staff were well trained.

Family members agreed that staff have time and the right skills to care for their relatives and were well cared for. We were told about how individual care is provided by staff particularly if a resident has a specific condition.

Residents were aware of the alarm/ call system in place. We were told by one resident that alarms are only in the resident’s room, but other **residents** told us about this being available in bathroom and toilet areas. One **resident** shared that staff would come as soon as they could when an alarm was used but that staff were busy.

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

The **manager** told us that there is an activities coordinator who is employed to work at Maryland. One of the aspects of this role is to spend time chatting and engaging with each resident, establishing a good relationship over time, getting to know each resident on a personal level. Working with the coordinator, the manager do their best to involve residents in as many activities as possible either in groups or individually. The time each resident spends getting involved in activities is recorded to ensure that no residents are overlooked or forgotten about.

Staff shared that the home offered a varied programme of activities and shared that the activities on offer changed every month. **Residents** spoke to us about cross stitching, chair based exercises, singing and on the day of the visit, balloon bashing was taking place in the communal area. One of the

residents had recently had a birthday party at the home. **Family and Friends** also told us about the range of activities which are offered and take place and confirmed that they changed frequently. Feedback from one relative shared how their parent's mobility had improved from getting involved from keep fit and exercises and other examples included residents getting involved in gardening and walks into the village. **Family and Friends** also felt that their relative/ friend were encouraged to take part in activities even though some of them didn't want to engage.

Staff felt that residents enjoyed the activities. Two **residents** told us that they didn't take part in activities, one shared that they had no hobbies prior to living at Maryland and therefore just watched other people taking part.

In asking residents if they went out for trips and shopping we were told by a number of **residents** that they had friends or a family member who came to take them out. Examples of this included going to the local shops in Formby village and out for meals.

Offer quality, choice and flexibility around food and mealtimes.

Residents agreed that the food was good. One **resident** felt that the portion sizes were small but elaborated to say that their family had always been big eaters. The **resident** shared that the salmon sandwich they had ate was small, but they had asked for more and had been given another portion. **Friends and Family** members also shared that they felt that good quality food was offered, that it looked lovely when they were around at meal times and that it was fresh.

One of the **residents** shared that vegetarian options were not always available. Another **resident** shared that there were a few different options and that a list was given to them the day before. It was easy though to change your mind on the day if you decided you had made the wrong choice.

Residents shared that they could choose between the dining area and their own rooms to eat their meals. **Residents** enjoyed mealtimes sharing that they enjoyed the company of others. A **resident** shared that when they ate in the dining room, staff could request that they change places, which wasn't always nice. The **manager** confirmed that there is a seating plan in place which changes every four weeks so that residents have a chance to sit with people that they haven't spoken to before. Meals would be provided at a time of their choice and were offered in a variety of ways: dining room service, room service, buffet style and occasionally TV dinner style.

The **manager** told us that care staff are trained to encourage residents to eat well and will support those residents who need assistance. Residents with poor vision are provided with colour plates to help them to identify their food. Special bowls with rims and specialised drinking cups and cutlery are provided to residents to help them to eat and drink independently. **Staff** also shared that residents enjoyed their meals and one commented that there was little waste.

Residents told us that snacks and drinks were available throughout the day, with tea, coffee being given as examples. There was a request that biscuits could be offered more as a snack. The **manager** shared that hot milky drinks and other hot and cold drinks are offered at regular intervals.

Access to health and care.

Staff members told us that residents regularly see health professionals such as dentists and opticians. This would be annually or as and when required. The **manager** confirmed this, and told us that they have a local dentist who visits the home once a year, offering a check up service with any required follow up treatment. New residents receive a check up shortly after their admission where required. An optician's service visits Maryland every three months. The optician service carries out eye tests and prescriptions and they sell glasses which are engraved with the residents name. All residents have an eye test twice a year.

One **resident** told us that they were registered at a local dentist, however two **residents** shared that it had been some time since they had seen a dentist (the residents had both lived at Maryland for over two years). **Family and Friends** told us that home visits are provided from Dentists and Opticians and we were told that there are notices displayed when they will be coming. **Residents** were felt to be receiving medical attention when required.

Accommodating resident's personal, cultural and lifestyle needs.

Staff told us that the home supports and respects resident's personal, cultural, religious and lifestyle needs, the **manager** sharing that they would talk to a resident when they initially came to live at the home. All of their needs would be discussed and accommodated into the individual care plan. An example of cultural changes made for a resident were provided. We were told that there are two main faith groups who visit the home every week/ two weeks and **Family and Friends** also told us about visits from churches. **Residents** spoke about having birthday cakes on their special day and everyone singing 'Happy Birthday'.

Open environment where feedback is actively sought and used.

Staff felt that the home tries to find out and use the feedback and suggestions from residents, their family and staff about how the home is run. Owners will directly speak to residents and one member of **staff** also told us that questionnaires were used every three weeks. The **manager** told us that a small group of residents are asked to complete a very short questionnaire about one aspect of the home, for example 'snacks and meals' or 'helpfulness of staff' or tidiness and cleanliness of their rooms'. The next month, different residents are asked for their views. **Residents** agreed that they felt that they could speak to staff if there were any problems that they wanted to raise and that there was nothing they would change about the home. The **manager** told us how he encourages residents and their representatives to voice how they feel the home is run through informal chats. **Family and friends** also gave examples of issues being addressed when raised and being approached for feedback.

We were told by the **manager** that all feedback, both formal and informal is recorded in the manager's quality assurance report and where action is required, is actioned. All complaints made by **residents** and their **relatives** are logged in a complaints file and a written acknowledgement of the complaint is made and looked into.

Other issues

Family and Friends shared some of the following comments with us which we thought important to share with you:

-  *"I've been to a few homes. This stands out because its homely and staff are really friendly and happy"*
-  *"I don't visit very often but by mother is very 'at home' here"*
-  *"I'm happy with the quality of care given to my mum at the home"*

Staff we engaged all agreed that they enjoyed their job. The following comments were shared:

-  *"Nice home"*
-  *"New to the home – the best home I have worked in."*
-  *"Longest stay in a home"*

We were told by the **manager** that **staff** are encouraged to attend regular staff meetings which are arranged in an informal atmosphere by only having 5 or 6 staff members in each meeting. **Staff** are encouraged at the meetings to offer their opinion about different aspects of how the home is run. Senior care staff have an additional meeting. The **manager** has an open door policy and frequently works alongside staff which hopefully will encourage them to share any issues.

The only concern we had in terms of the environment was the staff area where the carpets were stained and the smokers corner was messy and full of cigarette ends even though there was a specific bin available.



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 and considerations.

Members of the Enter and View team fed back that this had been a very positive visit, being welcomed by the staff and residents. The manager was very responsive to hear about areas which needed addressing and the majority of areas were fixed during the visit. In reviewing all areas, the home is rated in the majority of areas as either excellent or good. There are a number of areas which we would like to share with the home which we hope will be considered to improve the experience of residents.

Recommendations relating to signage and information

- There was a lack of signage on the entrance to the home and it would be great to see this improved.
- There was no information available in the reception area on Marylands itself and although the reception area is small, it would be an improvement to have information available.

Response from provider:

Recommendations relating to food and the dining area

- One of the chairs in the dining area needs repairing as it was wobbly.
- The seating plan in the dining area is not liked or understood by residents. Could this be reviewed or the seating plan and the reasons why it is in place explained to residents so that they understand why they are sometimes asked to move.
- In asking about snacks available, a resident asked if biscuits could be a snack option. Would this be possible?
- More vegetarian options to be made available daily on the menu.

Response from provider:

Recommendations relating to the staff area

- During the visit, the staff area was observed and it would be good to see this area tidied up.

Response from provider:



Healthwatch Sefton follow up action

We will now monitor the actions from the visit and will be in regular contact with the home following the publication of the report to ensure that updates are received.



We want to know what you think about:
Maryland Care Home

We will be visiting here on:
Wednesday 15th August 2018
11:30 - 13:30

Your Healthwatch Sefton
Authorised Lead Representative:
Betty Boner

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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