



Healthwatch Liverpool Enter and View Report Moss View Care Home February 2015

Contents

Section 1:	Introduction to Healthwatch Liverpool Enter and View Powers	Page 3
Section 2:	General profile of the service that was Entered and Viewed	Page 3
Section 3:	Basic Details about the Enter and View visit	Page 4
Section 4:	The reason for the Enter and View Visit	Page 4
Section 5:	The Methodology of the Healthwatch Liverpool Enter and View Visit	Page 5
Section 6:	How Healthwatch rated what we observed	Page 6
Section 7:	General Observations made by Healthwatch representatives	Page 7
Section 8:	Feedback from the people Healthwatch spoke to about the care home	Page 8
Section 9:	Summary and Recommendations:	Page 9
Section 10:	Safeguarding	Page 10
Section 11:	Contact Details	Page 11
Appendix :	Changes that are underway since the Enter and View Visit	Page 12

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Section 1: Introduction to Healthwatch Liverpool Enter and View Powers

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. Healthwatch Liverpool is an independent champion for the rights of people who use health and social care services in Liverpool.

Healthwatch Liverpool has the statutory power to Enter and View any local health and social care services that receive public monies. Healthwatch normally undertakes such Enter and View visits to observe the quality of services in action and to encourage and enable more people to talk to us about improving health and social care services.

Healthwatch Liverpool Enter and View visits are recorded by means of a report that is published online, shared with appropriate regulatory bodies and service commissioner, and the report is also shared with the service provider for their response. Copies of Healthwatch reports can be made available in accessible format on request.

Section 2: General profile of the service that was entered and Viewed

Name of the Service that was Entered and Viewed: **Moss View Care Home**

Address: **77 Page Moss Lane, Huyton, Liverpool L14 0JJ**

Moss View Care Home is located in Huyton on the outskirts of Liverpool City centre, a purpose built 78 bedded property offering Dementia, Nursing and Residential care.

Residents have a choice of lounge areas and a range of bedrooms.

Group: HC-One3

Person in charge: June Newton (Manager)

Local Authority / Social Services: Liverpool City Council

Type of Service: Care Home with nursing - Privately Owned , 78 residents

Registered Care Categories*: Dementia • Old Age

Specialist Care Categories: Alcohol Dependence (past or present) • Alzheimer's • Bipolar/Manic Depression • Cancer Care • Challenging Behaviour • Colitis & Crohn's Disease • Epilepsy • Head/Brain Injury • Hearing Impairment • Muscular Dystrophy • Parkinson's Disease • Schizophrenia • Stroke • Visual Impairment

Single Rooms: 78

Rooms with ensuite WC: 78

Facilities & Services: Palliative Care • Respite Care • Convalescent Care • Separate EMI Unit • Own GP if required • Own Furniture if required • Smoking not permitted • Close to Local shops • Near Public Transport • Minibus or other transport • Lift • Stairlift • Wheelchair access • Gardens for residents • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access

Source: <http://www.carehome.co.uk/carehome.cfm/searchazref/20003512MOSA>

Section 3: Basic Details about the Enter and View visit

The Date of the Enter and View Visit: Tuesday 10/02/2015

The Time of the Enter and View Visit: Between 10:00am and 12:00 noon

Names of the members of the Healthwatch Enter and View Team that undertook the visit:

Andrew Lynch, Development Officer
Inez Bootsgezel, Development Officer
Laura Yallop, Healthwatch Support Officer

The type of Enter and View Visit undertaken:

This was an announced visit. It was judged that announcing the visit on this occasion would enable Healthwatch to liaise with the service provider to publicise the visit to the friends and families of residents, thus providing them the opportunity of informally advocating on behalf of those residents who, for one reason or another, may not be in a position to speak for themselves e.g. some residents who have dementia can find it difficult to articulate their views.

Section 4: The reason for the Enter and View Visit

This Enter and View visit was not conducted in response to any concerns that Healthwatch has heard from the public. The visit was part of the Healthwatch Liverpool activities of:

- Identifying if and how local health and social care services could be improved
- identifying recommendations to improve the standards of health and social care services

On this occasion Healthwatch was keen to observe the service in operation and was particularly interested in using the visit to hear the views of residents and their friends and family regarding their experience of the services provided. Healthwatch heard the views of staff during the Enter and View too. Healthwatch also used this Enter and View process to observe how effectively the care home informs and engages with its service users and their friends and family.

Section 5: The Methodology of the Healthwatch Liverpool Enter and View Visit

A Healthwatch Liverpool Enter and View visit is not designed to be a full inspection, audit or an investigation of the service, rather it is an opportunity for Healthwatch Liverpool to get a better understanding of the service by seeing it in action and talking to staff and service users. Healthwatch Liverpool seeks to identify and disseminate good practice wherever possible. However, if during a visit Healthwatch Liverpool identifies any aspects of a service that it has serious concerns about, then these concerns are to be referred to the appropriate regulator or commissioners of the service for investigation or rectification. The rectification of less serious issues may be raised directly with the service provider.

Regarding section 6, How Healthwatch representatives collectively rated what we observed during the Enter and View:

The Healthwatch Liverpool Enter and View Team discussed amongst themselves and rated aspects of the services that they viewed. These ratings were made from the perspective of laypersons trying to make unprejudiced judgments, based on what they observed on the day of the visit, and the ratings claim no greater validity than that stated here.

Regarding section 7, General Observations made by Healthwatch representatives:

Guided: by a senior staff member, Healthwatch representatives conduct a walk around of the service being entered and viewed. After the Enter and view visit has been completed the Healthwatch representatives compare notes and agree on the wording to describe what they observed.

Regarding section 8, Feedback from the people Healthwatch spoke to about the care home: Healthwatch was interested to find out what the care home was doing to engage with its residents and their families. With this in mind we asked the care home to distribute flyers and feedback forms to patients and residents prior to the Enter and View visit. All residents and their families were afforded the opportunity to have their say via these measures.

Healthwatch representatives spoke to some residents and family members during the Enter and View in order to find out what their experience of the service was. The Enter and View representatives approached the residents in a professional but informal manner and questions were put to residents in a conversational context rather than as a questionnaire. This approach was judged to be most appropriate in a care home setting.

The conversations were informed by Healthwatch representatives' knowledge of the 8 Consumer Rights:

1. The right to satisfaction of basic needs
2. The right to safety
3. The right to be informed
4. The right to choose
5. The right to be heard
6. The right to redress
7. The right to consumer education
8. The right to a healthy and sustainable environment

Regarding section 10: Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

Section 6: How Healthwatch representatives collectively rated what we observed during the Enter and View

Exterior	Very Good	Good	Average	Poor	Unacceptable
Parking	✓				
Physical Access	✓				
Upkeep of grounds		✓			
Upkeep of building's exterior		✓			
Hygiene, cleanliness		✓			
Reception	Very Good	Good	Average	Poor	Unacceptable
Information provided		✓			
Décor			✓		
Freedom from obstructions and hazards		✓			
Hygiene, cleanliness	✓				
Corridors, Lifts and Stairways	Very Good	Good	Average	Poor	Unacceptable
Physical Access		✓			
Décor			✓		
Freedom from obstructions and hazards			✓		
Hygiene, cleanliness		✓			
Lighting		✓			
Dining Areas	Very Good	Good	Average	Poor	Unacceptable
Physical Access	✓				
Décor			✓		
Freedom from obstructions and hazards	✓				
Hygiene, cleanliness	✓				
Dining Area General Rating		✓			
Communal / Sitting Areas	Very Good	Good	Average	Poor	Unacceptable
Physical Access	✓				
Décor			✓		
Freedom from obstructions and hazards	✓				
Hygiene, cleanliness	✓				
Communal / Sitting Area General Rating	✓				
Kitchen facilities	Very Good	Good	Average	Poor	Unacceptable
Facilities	✓				
Décor	✓				
Hygiene, cleanliness	✓				
Bathroom / Washing/ Toilet Facilities	Very Good	Good	Average	Poor	Unacceptable
Physical Access	✓				
Décor			✓		
Freedom from obstructions and hazards	✓				
Hygiene, cleanliness	✓				

Section 7: General Observations made by Healthwatch representatives

Exterior

The exterior of the building was clean and tidy in general however some of the paint on some of the windows was starting to flake in places. The car park area at the front building was free of litter. There was ample parking space for visitors at the front of the building, and the fire assembly point was very clearly marked. Being on flat ground, the reception was easy to access for anybody who had mobility problems. Healthwatch representatives observed a number of garden areas that were available to residents. They were generally tidy, clean and fit for purpose. However, due to the Enter and View visit being conducted in February the gardens would not have been at their best in terms of flowers and colour. Generally the garden space was pleasant and there was adequate provision of garden space, however, Healthwatch representatives did observe one garden that was potentially excellent in terms of it being a space to trigger remembrance activities. This garden had features from times past e.g. a red telephone a mock pub etc. but unfortunately this garden was no longer safe for residents to use as it was in need of maintenance.

Reception

The door to the reception was secure and entry to reception was accessed via an intercom. Reception was clean and tidy and information about the care home was displayed and accessible to residents and visitors. Information on how to give feedback to the care home or make complaints was also clearly displayed and accessible. Whistle blowing information was also displayed. The information and flyer promoting the Healthwatch visit to residents and relatives was clearly displayed. There was also information about advocacy services but this was a little out of date, so Healthwatch will send up to date information about advocacy to the care home.

Corridors, Lifts and Stairways

There was clear signage and each room had the name of the resident clearly marked. Pictures of the residents were also displayed outside of rooms. Physical access was generally good and the corridors where the residents' rooms are located were free of obstructions and clutter. The one exception to this was that the downstairs corridor to the stairway was being used to store a refrigerator, and this area did not appear to have been recently cleaned. The lighting was adequate, and the corridors were clean. However, some of the carpets were looking worn and the décor was looking tired despite it being clean.

The Dining Areas

Enter and View representatives observed two dining areas. Both dining areas were easy to access, clean and tidy. In general they appeared to be free from clutter and the décor was good in terms of style but it looked about ready for a refresh.

Communal / Sitting Areas

The communal sitting areas observed were very good in terms of the space available and the choice of which one to use, as there were a number of sitting rooms available. Some communal sitting rooms were quiet some more lively, with activities taking place with residents. These rooms were clean and uncluttered and accessible. The décor was adequate.

Kitchen facilities

The Kitchen facilities were not observed in detail but appeared to be clean and well organized. The chef had a good understanding of the individual meal preferences of the residents and choice of menu was evidenced. The chef also demonstrated an understanding of and willingness to accommodate culturally appropriate menu choices on request.

Bathroom / Washing/ Toilet Facilities

The bathroom washing and toilet facilities that the Healthwatch representatives observed were clean and tidy and there was no clutter or obstructions in this area.

Section 8: Feedback from the people Healthwatch spoke to about the care home

The written feedback immediately below was received by post from a relative of one of the residents on 2/2/15 using one of the leaflets the care home distributed at our request:

- **I visit my brother each day at Moss View, and find that the centre is 100% good in care.
All departments are working well. The quality of care is excellent. My brother's life has improved because of Moss View.**

Four conversations with residents took place during the Enter and View:

- 1) Healthwatch spoke to a female resident and her son who was visiting at the time. The resident said that she was very happy with her care at the home and the staff are friendly. The resident was aware of how to get changes to her care if she wanted to and she said that the staff listened to her views about her care. The resident said that she feels safe at the care home and that the food was good. The residents son backed up his mother's views on all these points and said that he was happy with the level of care his mother was receiving and he also felt informed and involved by the care home and he was pleased with the level of visiting access he had with his mother.
- 2) Healthwatch spoke to a male resident and his wife who was visiting at the time. The resident was extremely pleased with the service he was receiving from the care home. He was very complimentary about the staff and their attitude to him and other residents. This resident said that the meals were excellent and he could not fault the care home. The resident's wife was in agreement with her husband's comments and said that she felt that the care home was safe and caring.
- 3) Healthwatch spoke to the daughter of the resident, who said that she was new to the care home and was impressed. This relative was particularly pleased with the pro-active measures the care home was taking to get her mother up and about after what she viewed as less than adequate measures had been taken in a previous care home to get her mother mobile again after an illness.

- 4) Healthwatch spoke to a female resident who said that she could not fault the care given at the home. This resident also said she had experience of another care home and that was not as good as Moss View.

Two conversations with non-management level staff took place during the Enter and View:

- Both staff members reported that they had no concerns about the quality of the service being offered and both expressed positive feelings regarding the home care home in general and the relationship between fellow staff and residents.
- One of the staff members that Healthwatch spoke to was responsible for activities. This staff member works 25.5 hours and shares this role with another staff member working a further 30 hours per week. Between them they run a number of activities at the care home 7 days a week. The care home also has a 16 seat mini bus and they arrange regular outings, during the summer there are two outings a week including trips to New Brighton, pub lunches, the theatre, Otterspool promenade, or to the parks to feed the ducks etc. The staff talk with new residents to find out what activities they enjoy.

Section 9: Summary and Recommendations

The interactions between staff and residents were observed to be very friendly and relaxed during the Enter and View and the general impression during visit was of a clean tidy and uncluttered care home where there were no strong unpleasant smells. The feedback that we got from patients about standards of care at this service was very positive.

In terms of the physical fabric of the care home, it was fairly good, but could be improved in respect of the decor.

Generally the garden space was good and there was adequate provision of garden space, however, Healthwatch representatives did observe one garden that was potentially excellent in terms of it being a space to trigger remembrance activities. This garden had features from times past e.g. a red telephone a mock pub etc. but unfortunately this garden was no longer safe for residents to use as it was in need of maintenance.

Recommendation 1

Notwithstanding the fact that there are adequate outdoor spaces currently available at the care home to enable resident's normal levels of outdoor access. Healthwatch Liverpool recommends that, in order to reclaim full use of the garden's potential for remembrance activities, and the attendant enrichment that this will provide for residents; the care home should immediately reassess the current provision of remembrance features in the Garden and take steps to renovate and repair the remembrance features in time for spring 2015, when the weather will be mild enough for residents to make full use of these facilities.

Recommendation 2

There was plenty of relevant information in reception but because the information on advocacy services was a little out of date, Healthwatch Liverpool will undertake to send the care home

some more up to date information about advocacy to the care home. Healthwatch Liverpool recommends that the care home replaces the older information on display with the current information that Healthwatch will supply.

Recommendation 3

The downstairs corridor leading to the stairway was being used to store a refrigerator and it did not appear to have been recently cleaned. Healthwatch Liverpool recommends that the care home immediately takes steps to remove the refrigerator that was observed to be stored in the corridor leading to the stairs in that care home.

Recommendation 4

Healthwatch Liverpool recommends that the cleaning of the carpets in the corridor leading to the stairs receive a greater focus in the cleaning schedule for the care home as this area did not appear to have been recently cleaned prior to or during the Enter and View.

Recommendation 5

The décor in the care home was good in terms of style for an older age group, but many areas could have benefited from being painted and decorated, as although the décor was not bad, it was starting to look ready for a refresh. The other area for possible improvement is the carpets which were looking old and worn and could benefit from being replaced. Healthwatch Liverpool recommend that the care home immediately reviews the décor, and particularly, the carpets with the view of redecorating and or replacing items as appropriate.

Recommendation 6

Healthwatch Liverpool recommends that this report and its recommendations be made available to residents and tabled at the next appropriate meeting of the residents and families group.

Please note that because Enter and View visits are a snapshot capturing aspects of a service on the day that it is visited. Because many services are constantly evolving, sometimes there are changes that commence subsequent to the visit but prior to the publication of the Enter and View report. Any such changes that Healthwatch becomes aware of are logged in the Appendix.

Section 10: Safeguarding

No safeguarding concerns were identified during the Enter and View visit

Section 11: Contact Details

Healthwatch Liverpool Scrutiny

151 Dale St

Liverpool

L2 2AH

Main Number: 0151 227 5177 on prompt add extension number 3255 for direct contact

Fax: 0151 237 3998

Textphone: 0151 237 3999

Group email healthwatchliverpool@lcvs.org.uk

Website www.healthwatchliverpool.co.uk

Apendix

Changes that are underway since the Enter and View Visit:

Healthwatch Liverpool has been informed of the following developments subsequent to the Enter and View Visit on Tuesday 10/02/2015:

Work has been done on the redecoration of the first floor corridors and also new carpets have been fitted in those areas.