

Millbrow Care Home

Widnes

23rd March 2016

Enter & View report



ACKNOWLEDGEMENTS

Healthwatch Halton would like to thank the management, staff and residents at Millbrow for their time and consideration during our visit.

WHAT IS ENTER & VIEW

People who use health and social care services, their carers' and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

Healthwatch Halton may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers' and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is to consider the standard and provision of local care services and how they may be improved and to promote identified good practice to commissioners and other providers.

VISIT DETAILS

Centre Details	
Name of care centre:	Millbrow Care Home
Address:	Millbrow Widnes WA8 6QT
Telephone number:	0151 420 4859
Email address:	millbrow@fshc.co.uk
Name of registered provider(s):	Laudcare Limited
Name of registered manager (if applicable)	
Type of registration:	Nursing / Residential
Number of places registered:	44

The Enter and View visit was conducted on Wednesday 23rd March 2016 2.00pm- 4.00pm

The Healthwatch Halton Enter and View Team were:

- Irene Bramwell
- Lyndsay Bushell
- Jill Marl

Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

OBSERVATIONS

Millbrow is a purpose built two storey care home located in Widnes which is within walking distance to a local church, shops and a local bus route.

The Home is accessible by wheelchair but has limited car parking spaces including disabled car parking spaces. The team noted a designated sheltered area is available in the rear garden for residents who wish to smoke, and whilst outer buildings and gardens appeared clean and maintained to a good standard, weeding in some areas needed to be undertaken.

The main door into the reception area was accessible by ringing a doorbell to protect vulnerable residents which was answered promptly. On entering the home the reception area presented as fresh, clean and uncluttered and a signing in book and pen was available for visitors. In addition there is an electronic feedback system in place for residents' families and friends to feedback their experiences of the Home to the provider, and an electric clocking in system is available for staff to use.

Hand cleaning dispensers were available for visitors to use and the latest up-to date home registration and insurance certificates, and complaints policy were on display in the reception area. A recent CQC inspection report which took place in August 2015 was also on display and the team noted that the Home had achieved good in all areas of care. However, the Healthwatch poster which had been posted out earlier to the Manager informing residents, families and friends of the visit was not on display, as requested.

On entering the main doors the Administration Officer Carol Moore welcomed the team and explained that the former Manager had left, and the Acting Manager was unavailable. The team were invited into Carol's office where a member of the visiting team explained the role of Healthwatch Halton and the purpose of the visit.

Carol explained that the Home is registered to care for 44 residents in need of residential or nursing care. At the time of the visit the Home had two vacancies which were due to be filled following assessment as prior to admission residents are assessed to identify their health and social care needs. Carol further explained that all residents have a care plan which family members are encouraged to contribute to. The Home offers a range of services which include respite care, nursing care, residential care, and end of life care.

The visiting team enquired about the administration of drugs. Carol suggested that we speak to one of the Senior Nurses who administers drugs in the home, as she believed they were best placed to answer our questions. The team were invited to meet Kelly Dutton a senior nurse who was on duty at the time of the visit located in another office on the ground floor. The purpose of the visit was explained to Kelly who told the team that she was not aware of the visit but was happy to discuss the care provided.

The team enquired if staff training is mandatory. We were told that all staff have a three day induction period and shadow senior carers. All staff have fully recorded training profiles

that are up to date, which included both practical and e-learning modules, which staff are given the time to complete. Kelly maintained that staff have been trained in safeguarding and are aware of local safeguarding policies and procedures and that staff can aspire to the new qualification of Care Home Assistant Practitioner.

We asked about end of life care. Kelly explained to the team that she has been trained to provide end of life care and delivers this on site. Unfortunately there is no visitor or family room that relatives can sleep in overnight if their family member is seriously ill or unwell as there is physically no room to create one. However, Kelly told the team that more often than not if a resident room is vacant there is not a problem if a family wishes to use it.

Staffing levels were discussed with Kelly. We were told that daytime staff to residents ratios on both floors is one Registered Nurse, one senior carer and five carers during the day. This is reduced to one senior nurse, one senior carer, and four carers during the evening. Kelly further explained that ideally it would be beneficial for residents if the home had another member of staff at night, as a number of residents require hoists and staff cannot always accompany residents to hospital. We were told that the Home usually has a good retention of staff and that a manager leaving after just six months was the exception rather than the rule.

The team asked about the complaints procedure and were told by Kelly that the Home has an open door policy for residents and families. Kelly explained to the team that staff are happy for residents, families and staff to raise any concerns they may have with the care provided, a copy of the complaints policy was displayed in the reception area.

Kelly explained that residents have access to other healthcare services such as chiropody services. However, Kelly felt that chiropody was not as regular as it should be for residents diagnosed with diabetes, leading some residents to pay privately for chiropody services. We were told that dentists, ophthalmologists and physiotherapists visit on a regularly basis and residents in need of audiology services are accompanied by relatives or staff to St Helens Hospital. We were told that residents are able to keep their own GP providing their original GP prior to admission was based in Widnes. All residents over the age of 65 have a dedicated GP.

Kelly told the team that residents also have access to other services, which include hairdressing and a laundry service which is located on site. During the discussion with Kelly we were told that residents' special dietary needs are catered for within the Home, including a choice of menu and alternative choice of meal as the Home employs a full time chef. We were told that residents can choose to eat their meals in their rooms and have access to snacks and drinks throughout the day. During the visit we observed staff offering drinks and snacks to residents in a polite, dignified and caring manner.

The Home employs a fulltime Activities Coordinator, who is a former carer at the Home, to engage residents in a range of activities such as Easter bonnet making and poetry competitions. Kelly told the team that the majority of residents enjoyed playing bingo once

a week. The local school and church often provide a dance group or choir concert over the Christmas period.

Kelly further explained that residents can access the Sure Start to Later Life programme which is paid for out of a residents fund, as this service offers a wide range of activities in a local community centre once a month. This enables residents to engage in outside activities. The spiritual needs of residents are met through religious services being provided by lay preachers who visit the home.

Discussions included hospital admission and discharge. We were told that staff will chaperone a resident to hospital and stay with the resident until the resident is admitted to a ward, as a number of residents have complex care needs. Therefore when any resident is hospitalised for 72 hours or more, it is the Home's policy to reassess the resident to identify any changing needs to avoid unsafe discharges.

Kelly explained how this can sometimes create tensions and pressure between hospital and care home staff, as hospital staff at times will unsuccessfully try and return the patient back to the Home without Care Home staff undertaking a needs assessment. Kelly informed the team that a recent discharge of a resident from hospital back to the Home included a new 'Community Care Plan'. The plan has been produced by the North West Ambulance Service and documents the resident's medical needs. Kelly explained her understanding of the document. Ambulance staff when called to the home, may use the information to aid their decision as to whether or not the resident needs to be hospitalised.

The visiting team were given the opportunity to tour the Home including the upper floor which was accessible by lift and stairs. On arrival to the upper floor the visiting team were welcomed by staff, residents appeared relaxed and cared for at the time of the visit. The television was on in the main lounge area and the volume was at an appropriate level.

At the time of the visit the upper floor was in the process of being decorated and change of room usage, as the large dining room was in the process of being turned into a lounge. The décor in a smaller quieter lounge had been decorated with a sporting theme and television. This was welcomed by a male resident who told the visiting team, '*men can watch their programmes*'. However, not all residents and relatives welcomed the disruption and changes as one relative stated, '*my relative does not like the larger lounge where the TV is always on.*'

A team member was able to speak to the decorator, who showed the team member which areas had been completed or in the process of being decorated. This included the dining room which was not completed. However areas that had been completed such as corridors appeared fresh and clean. The decorator told a team member that areas of the upper floor were being decorated to support residents experiencing dementia related illnesses. Décor included a number of photographs displayed on the walls to stimulate and aid conversation and plans included one corridor to be Rugby themed.

During observations of the upper floor, the team were provided with the opportunity to discuss the care provided with the Senior Nurse on duty, Yvonne Timpson, who told the

team that the administration of drugs is undertaken by nursing staff following in-house pharmacist training.

Yvonne explained that there are some issues with regards to medication. These included occasions when residents are discharged from hospital without informing the home of any changes to medication, or occasionally, when only one or two week's supply of medication is provided to the resident. This, as Yvonne explained, creates problems as it is not compatible with the re-ordering system within the Home, as they can only order medications monthly. Yvonne told us that occasionally, medication is sent by taxi following discharge and medications are discontinued. It can take weeks to be reflected on the GP prescription and cancelled. Yvonne felt this created unnecessary waste and was not cost effective as medication cannot be reissued and it has to be disposed of.

During the visit the team noted that throughout the Home, communal corridors were wide, uncluttered and wheelchair accessible. Temperatures throughout the Home were comfortable and dementia friendly signage used to aid resident's orientation was noted.

At the time of the visit, some residents and family members were happy to discuss the care and support they received. The visiting team found it difficult with some residents to gain meaningful responses due to their capacity to understand the question and the complexity of their care needs.

During the visit the team noted that interaction between family visitors and staff was calm, friendly and dignified. Caring and nursing staff wore uniforms on both units however; not all staff wore name badges.

We introduced ourselves to residents in the communal lounge and small lounge on the upper floor and discussed their experience of the care provided, as at the time of the visit residents on the lower floor where all engaged in a game of Bingo which the team did not want to disturb.

During the visit we were able to speak to a family member who told us, *'I would say all the staff work with us. I have never had a problem with staff and know all their names. I attend the residents and family meetings, the only problem I have had really is they have been cancelled on occasion and I was not told'*.

Throughout the visit we found staff, residents and visitors happy to discuss the care provided at the home, which on the whole was positive. Residents appeared happy and cared for and interactions between residents and staff was calm, friendly and dignified.

At the end of the visit the team thanked the residents and staff for showing us around the home.

SUMMARY

Millbrow has 44 individual en-suite bedrooms located over two floors. At the time of the visit the Home was in the process of recruiting a new manager. The upper floor of the home is accessible by lift and undergoing decoration, change of communal room usage to promote a Dementia friendly care environment.

Prior to admission all residents are assessed to identify their medical and social care needs, to help formulate individual care plans which family members are encouraged to contribute to.

Residents have access to GP services and other primary care services, including chiropody, hearing aid services and physiotherapy. We were told that all care staff are required to undertake mandatory training and are aware of and adhere to local safeguarding policies and procedures.

The visiting team noted during the visit that Millbrow is a warm welcoming and friendly environment as throughout the visit residents appeared to be happy and well cared for. Corridors throughout the home are wide for easy wheelchair access and temperatures were comfortable.

Overall residents and family visitors who engaged with the team during the visit were positive about the service and the care provided. Residents of Millbrow are actively encouraged to engage in activities as the home employs an Activity Coordinator. Residents are also provided with the opportunity to engage in activities in the local community through the 'Sure Start to Later Life' services.

RECOMMENDATIONS

- 1.** We suggest that the home develops a pack for residents/ families to explain choice at mealtimes, activities, who's who list, photographs, and complaint process.
- 2.** We suggest providing staff with name and title badges to be worn at all times on duty.
- 3.** We suggest that before decoration or changes of the care environment residents are provided with the opportunity to contribute to proposed changes, themes and colours to be used in the décor.
- 4.** We suggest that a study is carried out to determine whether the information on prescription changes provided to GPs following a resident's hospital is significantly delayed by more than one week in a significant number of cases.
- 5.** We suggest that the Owner /Manager/ Deputy Manager visit Ward B12 at Warrington and Halton Hospital Trust to explore ideas for décor as Ward B12 is a specialised Dementia Unit that incorporates dementia friendly décor.
- 6.** We suggest engaging with Healthwatch Halton when health and social care issues arise for residents and staff.

APPENDIX 1

Visitors' Comments

- *My relative likes the food but sometimes does not like what she is given, but she does get a choice of meals, they do not let my relative go short.*
- *I think the care and staff are excellent, I do not have any qualms.*
- *My relative has been in here for 6 years. I have never had to complain*
- *I visit every week because I do not live in Widnes.*
- *I would say all the staff work with us and I attend the residents and family meetings. They have been cancelled on occasion and I was not told.*
- *I have never had a problem with the staff and know all their names*
- *I feel as a relative I am listened to*
- *The activities have improved, the wheelchairs used to look scruffy but they have been changed*
- *If you ask the manager for something you usually get it*
- *Residents get to know staff*
- *I am always told by telephone if my family member goes into hospital and I usually meet her there. I have been informed every time, the staff always let me know.*
- *My relative's room is quite good I would not say it is excellent, I think the flooring in the bathroom is unhygienic and needs changing.*
- *My relative wants to move downstairs and we are in the process of sorting that out*
- *The wallpaper in the corner of my relative's room is starting to peel off the wall and that is getting sorted.*

Residents' Comments

- *Food is very good. I do get a choice.*
- *I can have something different to eat if I do not want the dinner.*
- *I am on a soft diet but I get fed up with limited choices of omelette and baked potato from the menu.*
- *I have never had to ask for drinks as staff come round offering drinks and biscuits at regular times.*
- *There are set times for mealtimes but I do not mind.*
- *The food is nice sometimes but not all the time*

- 👉 *I can have juice or a cup of tea when I want.*
- 👉 *I can have snacks sometimes but not all the time.*
- 👉 *I like chips from the chippy, the staff will go to the chippy for me when I want them.*
- 👉 *The hairdresser comes every week to do our hair*
- 👉 *I am a Catholic and the priest comes into visit us*
- 👉 *I play bingo on a Wednesday when I feel like it, I don't play all the time.*
- 👉 *I like doing crafts. I made a lampshade.*
- 👉 *I can get up and go to bed when I want to.*
- 👉 *I like to get up early of a morning and the staff help me.*
- 👉 *I do not have a TV in my room because I don't want one. If I want to watch television I watch it in here (lounge).*
- 👉 *My room is decorated to the way I want it.*
- 👉 *I write to my friends sometimes and the staff post my letters for me.*
- 👉 *I can choose the clothes I want to put on and the staff help me as I need help to get dressed.*
- 👉 *I use my walking aid to get around.*
- 👉 *I am well looked after.*
- 👉 *I have my own room.*
- 👉 *I feel safe here.*
- 👉 *Staff are helpful. They assist me with dressing. I do not have to wait long when I need help.*
- 👉 *I can choose what I want to wear.*
- 👉 *I can have a bath on some nights otherwise I have an all over wash.*
- 👉 *I can go to my room when I want to, and go to bed when I want to.*
- 👉 *I had carpet on my floor in my bedroom which was not to my taste, it has been changed to laminate now as I asked could it be changed.*
- 👉 *I am a lot happier now we have an Activities Coordinator as I was really bored beforehand, I go to all the activities*

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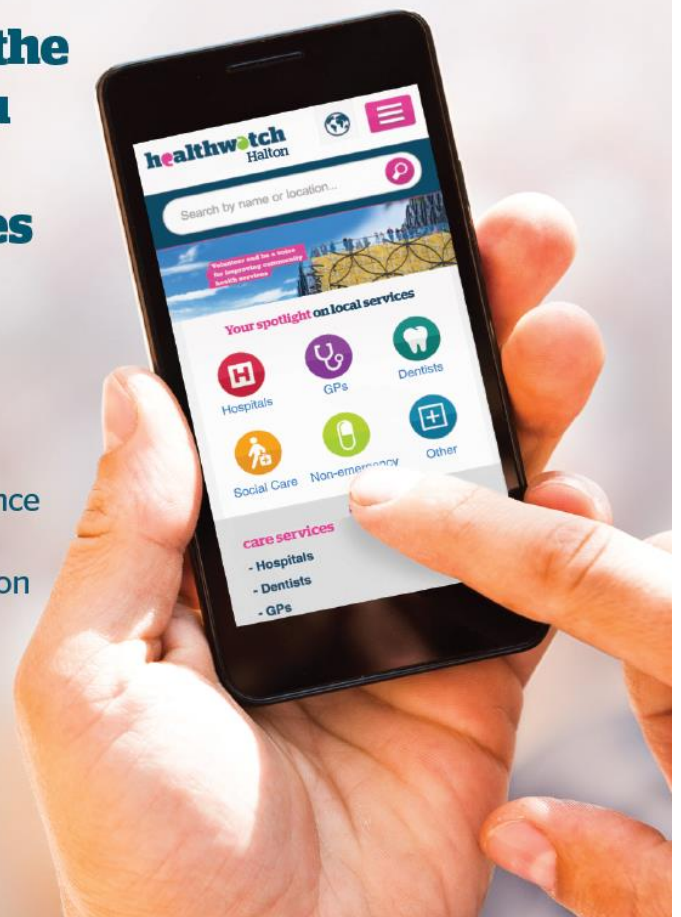
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