



Enter & View Report

Care Home: Charlotte House

Service address:	Church Road, Bebington, Wirral, CH63 3DZ
Telephone	0151 515 6607
Service Provider:	Brighterkind Group
Date :	27/04/2017
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Table of Contents

Acknowledgements.

What is Enter & View?

General profile of service and purpose of visit.

Type of E&V visit undertaken and Methodology.

Findings and observations.

Feedback from residents, relatives and staff

Safeguarding

Conclusions and recommendations

Supplementary feedback from the provider post visit

Healthwatch follow up action distribution of report

Distribution of Report

Glossary



Acknowledgements

Healthwatch Wirral would like to thank the management, residents, carers and staff at Charlotte House who spent time talking to us about the home.

Please note that this report relates to findings observed on the specific date and time of the visit. 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 the fact 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.

What is Enter and View?

Part of the Healthwatch Wirral work programme is to carry out Enter and View visits. Local Healthwatch Representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act 2012 allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who use the service first hand.



1.0 General profile of the service that was entered and viewed.

Charlotte House is a 72 bedded Care Home located in a quiet residential area of Bebington in Wirral. It offers residential and nursing care for residents in a purpose built modern building.

2.0 Purpose of visit

Familiarisation

3.0 Type of E&V visit undertaken

Announced Visit

4.0 Methodology

The visit is not designed to be an inspection, audit or an investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff, service users and carers/relatives. Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. However, if during a visit Healthwatch Wirral 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. Any safeguarding issues identified will be referred to the Local Authority and/or Commissioner for investigation.

The rectification of less serious issues may be directly with the service provider.

The Enter & View visits are a snapshot view of the service and findings are reported based at the time of the visit.



Enter and View visits are conducted in a way that works in accordance with Wirral Safeguarding Adults Combined Board's principles and procedures. Information will be shared accordingly in order to safeguard adults at risk on Wirral and promote quality of local services.

5.0 Discussions, findings and observations

On entering the property, the new Manager was welcoming and very willing to answer our questions. The previous Manager had recently left their employment and the Home will be required to re-register the new Manager with CQC. We were asked to sign in before being escorted to the office on the ground floor where we were joined by the Regional Manager to have a discussion about the home.

The Manager informed us that she had very recently taken up the post at the home. We were told that Charlotte House is one of the 72 homes owned by Brighterkind. It can accommodate 72 residents in single rooms all with en-suite facilities. Charlotte House provides both residential and nursing care and the residents are mixed. The management are currently reviewing this arrangement. They would like to set up the second floor to accommodate nursing care residents. At the time of our visit there were 56 residents living at the home.

Accommodation is provided over 3 floors and a passenger lift is available for people to move safely between floors. There is a new 12 bed unit which is due to be opened. The home provides IMC Winter Pressure beds when required. This is a scheme to support the local Hospital Trust. The scheme enables the Trust to free up hospital beds by discharging patients to these beds for rehabilitation and re-ablement assessment before being discharged home.



The Regional Manager reported that there had been several Managers in post recently and that some staff had left last December.

We were informed that the home is looking to recruit a Team leader and Clinical Lead.

It was reported that the CEO of Brighterkind is very supportive and that their Human Resources department have regular meetings with the homes that the company owns.

Health and Safety.

At the time of the visit, Healthwatch Authorised representatives observed evacuation procedures being practiced by staff.

We were informed that the building and all equipment is checked and maintained regularly either by the Company Property Dept Hub or the maintenance member of staff.

Care Plans

It was reported that resident care plans were currently being revised to be more person centred and to accurately reflect people's needs and wishes. Residents end of life and preferred place of care are recorded. Falls and any other untoward incidents are recorded in the care plans and relatives would be informed of such.

Residents are permitted to keep their own GP if the practice is agreeable to this arrangement.

Staff and Training

We were informed that staffing levels are;

During the day - 2 nurses and 10 carers



At night - 2 nurses and 5 carers

The home employs a mix of RGN and RMN qualified nurses.

The home uses their own staff or an approved Agency to cover any shortages.

Training /Induction/ Appraisal

Staff have induction when they start working at the home.

Staff qualifications include level 2 and 3 in Health and Social Care and level 3 and 5 in Leadership and Management and level 5 in CMI (Chartered Management Institute) Management

Staff are required to complete mandatory training in core subjects which include Health & Safety, Moving and Handling, Nutrition and Food Hygiene, Accredited Food Hygiene, Infection Control, Safeguarding, Mental Capacity Act, DoLS (Deprivation of Liberty Standards), COSHH (Control of Substances Hazardous to Health), Fire Safety Awareness and Fire Drills, Information Governance and Medicines Competencies.

Training is delivered face to face and other training on offer includes Equality and Diversity, Care plans, Bedrails, Falls and all areas of Clinical training.

At the time of our visit the home had not participated in 6 Steps End of Life training.

We were informed that Safeguarding and Mental Capacity Act training has made staff more aware.

Staff receive an annual appraisal and supervisions bi- monthly or more often if required. Charlotte House Care Home is committed to providing continual staff development to people employed by them.



Medication

The home has a Controlled Drugs Policy. Medications are administered and managed by the Registered Nurse. On the day of the visit, Healthwatch Authorised Representatives talked to the nurse responsible for administering medication at the time. The nurse was not wearing a special red tabard which advises people not to disturb them when conducting the medication round. We were shown the Medication storage room which was locked and secure. The room was tidy and Healthwatch Authorised Representatives noted that the medication fridge temperature log book entries were up to date. There were, however, a number of boxes full of medication due to be destroyed on the floor which were not stored in the designated containers.

Complaints

The home has a complaints procedure and staff, residents and their relatives are aware of this. The Management manages complaints in the first instance by meeting up with the person/persons to discuss the issue. If the complaint is not resolved they follow their complaints policy and acknowledge and reply back once investigated. The findings are communicated to the person/persons and this is logged onto Datix and a copy is kept in the Manager's Office.

Committees

The activities staff at Charlotte House arrange monthly residents and relatives meetings where suggestions, issues or concerns are discussed.

Nutrition and Hydration

Dietary intake is monitored using the **MUST** tool (Malnutrition Universal Scoring Tool) Residents are weighed when they arrive at the home and



their weight is regularly monitored and recorded. When applicable, dietary supplements are provided.

All staff are aware of the need for adequate hydration and nutrition for residents, and drinks are offered on a regular basis. Care staff are on hand to assist residents with their dietary needs. Residents are given a good choice of food and staff know individual preferences.

The company regional team dietician trains kitchen staff.

Pressure Ulcers

The home manages the prevention of pressure ulcers by providing ongoing training to staff, using repositioning and specialist equipment.

Falls

The home manages falls by conducting falls risk assessments and audits. Residents may be referred to the Falls Team. Falls are recorded in the care plan and in the Datix System.

DoLS and DNAR

The Manager told Healthwatch Authorised Representatives that all residents are assessed before admission and the home follows legal requirements and best practice guidelines. Residents are reviewed depending on needs but normally on an annual basis. Best Interest meetings would be held if required.

Quality

The home monitors the quality of the service they provide by having a full auditing process which covers all areas including Tissue Viability, Nutrition, Recreation and activities, Health and Safety/Kitchen, HR Finance and Administration, Falls, Continence, Restraint, Maintenance Marketing, Communication, Infection Control, Dementia and Mental Health, End of Life care, Training, Laundry and Housekeeping, Meal Service, Out of Hours GP, Safeguarding and Medication.



Activities

Two full time Activities Co-ordinators are employed at Charlotte House. Staff and residents are invited to brainstorm new ideas and residents vote on suggestions so that there is always something available for everyone to enjoy.

The home works in partnership with an organization called OOMPH (which stands for Our Organisation Makes People Happy) an award winning Social Enterprise who provide fun, inclusive and effective exercise and activities for older people.

Residents are also encouraged to pursue their own hobbies if they wish to do so and activities may be geared around the individual.

Extra services offered include hairdressing and beauty therapies as Charlotte House Care Home has its own salon. There is a visiting chiropodist and Vision Care provide ophthalmic services to the home. The Management are looking at a Caring Partner* in dental provision to support residents.

*The Brighterkind Group team up with some of the country's leading healthcare professionals to offer check-ups in the comfort of a Brighterkind home.

After the discussion with the Regional Manager and the Manager, Healthwatch Authorised Representatives were invited to look around the facilities.



Environment

Reception

The reception area was bright and welcoming. There was a signing in book and hand cleanser was available but the dispenser was empty. A leaflet stand and a variety of notice boards displaying information were visible in this area.

Corridors

The corridors were bright, clean, tidy and fresh. All but one area, which had hoists stored, were free from obstruction. The décor, in a few areas, looked a little tired and some of the carpets were stained. Handrails were provided to aid the residents. Information boards displayed what activities were available daily.

Healthwatch Authorised Representatives observed that staff were readily available to help residents go about their daily lives. Health and Safety equipment checks appeared to have been completed on fire extinguishers and items of equipment viewed.

Lift

The lift was of a good size to accommodate trolleys, walking frames and wheelchairs. It was well lit, clean and fresh. Electronic verbal instructions were given to aid people using the lift.

Lounge Areas

All rooms viewed were furnished and decorated to a good standard and were comfortable and homely.

Dining rooms

The dining room viewed was furnished and decorated to a good standard. The tables were set with linen, cutlery and crockery. Staff were observed assisting residents with dignity and respect.



Bathroom/ wet rooms

The rooms viewed were very spacious and appointed to a good standard with specialized equipment to aid residents. Call bells were positioned appropriately.

Bedrooms

Rooms viewed were decorated and furnished to a good standard and all had ensuite facilities. Each bedroom was fitted with call bells within easy reach for residents who may require assistance. It was evident that residents were able to personalise their rooms with their own items.

Kitchen

The home has a Food Hygiene rating of 5. The kitchen itself was very clean, tidy and organised with a good range of equipment. There was a service hatch through to the dining room. All staff working in this area wore appropriate personal protective clothing.

Laundry

The laundry room was well equipped and of good size with efficient systems in place for collecting, washing and returning residents clothes.

External areas and gardens

Car parking was available on site for visitors and staff. A small skip and an old disused fridge were observed in the front garden. One of the light shades was dislodged and looked unsafe. These issues were reported to the Manager on the day.

Apart from these issues the grounds in general were well kept, neat and tidy.



Staff Observations:

Staff appeared to be friendly and attentive. They were observed treating residents with dignity and respect.

Feedback (from Staff, Service Users, Relatives, Visitors, Carers)

Staff -

All staff spoken to said that they enjoyed working in Charlotte House Care Home. One member of staff reported that the only major problem to them was when another member of staff calls in sick at short notice which can cause staff shortages on that shift.

Residents –

Residents who spoke to Healthwatch Authorised Representatives on the day reported that they were very happy and very comfortable living at Charlotte House Care Home.

Relative - “My mother is very well looked after by all of the staff”.

“I chose this Care Home for my relative to have some respite as my friend recommended it.”

6.0 Safeguarding observations on day of visit.

No Safeguarding issues were identified at the time of our visit.

Healthwatch Enter and Views 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.

If any safeguarding issues are identified during a Healthwatch Enter and View the Local Authority will be notified on the same day as the Enter and View visit.



Safeguarding Alerts reported in the last 12 months.

Any alerts were reported to the Safeguarding team. They were all documented and investigated with satisfactory outcomes.

It is seen as good practice for all Health and Social Care Services to report potential Safeguarding alerts to Wirral Council's Central Advice and Duty Team.

7.0 Conclusions

The home provided a spacious and comfortable environment for residents.

Residents looked well cared for and happy.

Staff were observed treating residents with respect and dignity.

Healthwatch would have liked to have seen more residents using the facilities and communal areas.

Healthwatch were concerned that there had been a high turnover of Managers recently.

8.0 Recommendations

- Display Healthwatch 'Your Voice' leaflets to allow feedback to be gathered independently.
- Consider forging good links with the local community.
- As the Home offers End of Life Care it would be beneficial for staff to complete the '6 Steps End of Life Training'
- Remove the old fridge from the garden.



- Encourage Nurses dispensing medication to wear a red tabard.
- Ensure that hand sanitizers are re-filled

9.0 Supplementary feedback from the provider post visit

I am delighted with the comments made by staff, visitors and residents as detailed in your report about our Care Home.
I enjoyed your visit and it was very nice to meet you and your team.

10.0 Healthwatch follow up action

Revisit the home in 12 months.

11.0 Distribution of report

Healthwatch Wirral will submit the report to the Provider, Commissioner and CQC.

Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest.



12.0 Glossary

CADT- Central Advice and Duty Team

CEO - Chief Executive Officer

COSHH - Control of Substances Hazardous to Health

CQC - Care Quality Commission

DoLS - Deprivation of Liberty Safeguards

DNAR - Do not attempt resuscitation

Falls Team - Advice from Community Trust

RGN - Registered General Nurse

RMN - Registered Mental Health Nurse

NVQ - National Vocational Qualification

MUST - Malnutrition Universal Screening Tool



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