



Enter and View Report: **St Mary's Continuing Care**

Date of visit: Tuesday 14th November 2017

Report published: 9th January 2018

List of Contents

Background

- What is Healthwatch Warrington?
- What is Enter and View?
- Disclaimer
- Acknowledgements
- Purpose of the visit

Pages 3 - 4

Page 3

Page 3

Page 3

Page 4

Page 4

Details of the Visit

- Details of the service
- Location, Date and Time
- Healthwatch Warrington Representatives
- Service Staff
- Spotlight - Special Focus on Activities and Food

Pages 4 - 5

Page 4

Page 5

Page 5

Page 5

Page 5

Results of the Visit

- First Impressions, Entrance and Reception Area
- Activities and Leisure
- Food and Refreshments
- Clinical Observations: Cleanliness and Infection Control and Medicines Management
- Smoking
- Administration
- Admission
- Staffing and Staff Training
- Privacy, Dignity and Treating People as Individuals
- Safety
- Encouraging Positive and Respectful Attitudes
- Other Comments

Pages 6 - 17

Pages 6 - 7

Pages 7 - 8

Pages 8 - 9

Pages 9 - 10

Page 10

Page 10

Page 11

Pages 11 - 13

Pages 13 - 15

Pages 15 - 16

Page 16

Pages 16-17

Recommendations

- Distribution List
- Appendices

Page 17

Page 17

Page 18

Background

What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure that they are heard and listened to by the organisations that provide, fund and monitor services. We are a Charitable Incorporated Organisation, with a Registered Charity Number of 1172704.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. Local Healthwatch representatives, who are trained volunteers, 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 representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, opticians and pharmacies. E&V visits can happen if people identify a problem. Equally, they can occur when services have a good reputation; enabling lessons to be learned and good practice shared. Healthwatch E&V visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit, Healthwatch Warrington safeguarding policies identify the correct procedures to be followed.

Disclaimer

Please note that this report relates to the findings observed on the specific date of the visit. This report is not a representative portrayal of the experiences of all service users / residents and staff, only an account of what was observed and contributed at the time. Wherever possible, the report below is in the words of the E&V team members present at the time of the visit. The report has been collated by the Healthwatch Warrington team and some of the text has been formatted to allow for easy reading. The essential facts of the visiting team's reports have not been altered.

Acknowledgements

Healthwatch Warrington would like to thank everyone at St Mary's Continuing Care, and in particular Debbie Wareing (Registered Manager) and Paul Ilkin (Operations Manager), for welcoming our team and taking the time to answer our questions.

Purpose of the visit

As part of our Enter and View programme, Healthwatch Warrington visits local care homes. In relation to St Mary's Continuing Care, Healthwatch Warrington had received specific intelligence regarding potential issues with Moving and Handling procedures (due to staffing levels and capacity), as well as the welcoming and inclusion of family and visitors. This prompted Healthwatch Warrington to arrange a visit to the home.

Details of the Visit

Details of the Service

St Mary's Continuing Care is owned by Marantomark Limited. The purpose-built building provides up to 63 beds and is situated in Collins Green, Burtonwood. The building is comprised of four separate units (Stephenson, Fern, Rose and Forshaw Units); with specialist nursing care and support being offered to residents, including those with acquired brain injury, early onset dementia, mental health support needs and older people living with dementia. Care Quality Commission (CQC) conducted an inspection at St Mary's Continuing Care in October 2016 and rated the service as 'Good' overall. The full CQC inspection report can be found online: <http://www.cqc.org.uk/location/1-1442898828>

Location, Date and Time

The visit took place at St Mary's Continuing Care, Penny Lane, Burtonwood, Warrington, WA5 4DS, on Tuesday 14th November 2017, from 1:30pm - 4:30pm.

Healthwatch Warrington Representatives

Catherine Bamber - Healthwatch Warrington, Enter and View Authorised representative

Jim Sinnott - Healthwatch Warrington, Enter and View Authorised Representative

Service Staff

Debbie Wareing (Registered Manager)

Paul Ilkin (Operations Manager)

Spotlight - Person-Centred Services

According to Marantomark Limited's website, the company aspires to provide person-centred care services, with an emphasis on promoting wellbeing and recovery by empowering people with a range of care needs to be 'actively involved' in their care packages.

Marantomark Limited aims to develop care packages that reflected the needs, choices and dignity of individuals. In addition, the company strives to provide a 'welcoming' and 'hospitable' atmosphere within its Care Centres.

These are the values that Healthwatch Warrington would expect to observe during the visit and be evident in the feedback received from staff, residents and visitors to the home.

Results of the Visit

First Impressions, Entrance and Reception Area

On approach, the home's front sign is only visible if approaching from one direction (by car), as it is located on the corner of the building. It would be helpful if better signage were installed at the front entrance, to confirm that visitors are in the right place.

The visiting team noticed that a bus stop is located close to the home's entrance, for public transport access. The home also has a relatively large car park, which had some disabled parking bays. There was adequate space and level surfaces for those using wheelchairs. On the day of the visit the car park was full to capacity, and consequently, some visitors were parked on the pavement in front of the bus stop (which could be hazardous).

All outside areas were nice, tidy and free from litter. The home's front doors were wheelchair accessible and an intercom system was in place. The reception area was clean, open and well-lit, with a pleasant smell and some seating available for visitors. Relevant information was available to read on notice boards. In addition, there was an 'Investors in People' sign and the home's complaints policy displayed in reception. However, the visiting team did not see a 'Who's Who' board showing on-duty staff, which would have been useful for visitors, or any Healthwatch information available in this area.

The visiting team were greeted by a friendly receptionist and asked to sign a visitor's book. The team were then welcomed by Debbie Wareing (Registered Manager) and Paul Ilkin (Operations Manager) and invited into a meeting room for a very positive and open initial discussion.

Debbie has been at the home for 11 years and Paul came 4 years ago and has a background working for the NHS; bringing considerable experience of working with mental health service users. The managers and staff are clearly proud of the proactive support that the home provides to their service users.

Debbie provided the visiting team with a copy of the home's 'Statement of Purpose' booklet, which is current and provides a fairly comprehensive guide about the aims, facilities and key personnel - an excellent introduction to the home. The team discussed the home's values and its stated focus on providing genuine, person-centred care. Debbie mentioned a good example of this; as she conducts personality suitability assessments prior to a resident's admission to the home. Furthermore, service users come from as far afield as Blackpool and Oswestry, which the visiting team felt was a good indicator of the home's reputation for accommodating people with differing complex and challenging needs.

Activities and Leisure

The home has a full time Activities Coordinator, supported by nominated and specially trained staff in each unit. Although the visiting team did not observe any activities taking place, a list of the month's scheduled activities was pinned to a noticeboard and is also available on the home's website.

Varied activities take place within the home. For instance, the home has access to an occupational therapist, Lynn Andrews, who visits each week (as this resource is shared with the other homes in the group). The home also has a nice hair salon that is used by both female and male residents, as well as a gym (the visiting team noted that some equipment was out of service, awaiting repairs). Furthermore, residents have enjoyed summer fairs, barbecues and music events in the garden. The garden area (near the Stephenson unit) has a good level path to encourage service users to go and get some fresh air. A permanent gazebo also offers a place to sit and enjoy some shade on sunny days. Residents are also involved in growing vegetables in the garden area that they were able to cook and eat in the summer months. Residents have also been able to make pizzas at the weekend in the home's skills kitchen.

In addition, there are trips out for residents who are accompanied by care staff and relatives. Residents can take part in the wider community events by engaging with 'Children in Need' and Macmillan coffee mornings, for example. There have also been trips to Speke Hall and Liverpool market, lunch out, visits to the cinema and taking the train to Liverpool. One resident is also able travel with his family to the betting shop at weekends and when returning, he can watch the TV to see how well his horse has performed, helping him to keep in contact with his family.

Importantly, staff consider the timings of the activities on offer, in order to fit in with resident's life styles. For example, older residents may not enjoy activities too late in the evening. Service users may have sessions from the occupational therapist, physiotherapist or psychologist, which is funded from bed fees. A resident that the visiting team spoke with told them that he had been jet washing the patio in the garden and was going to do the path when conditions were favourable. He also did his own washing, which gave him a great deal of satisfaction.

Food and Refreshments

The home's chef prepares and cooks food on-site. The menus follow a 3 month cycle and residents have a day in what is served; special dietary requirements and eating difficulties are catered for. Drinks and snacks are available throughout the day and any support needed with eating is provided by Care Assistants. Residents are provided with a choice of two meals at teatime, in addition to a pureed diet which was presented on the plate in recognised portions (rather than just mixing everything together). Staff were observed assisting residents, as required.

The visiting team noted that each dining room has a clearly written menu of the day written on a white board. Staff can also provide residents with picture menus, which is especially helpful for residents living with dementia. These dining rooms are fitted with serving areas and sinks - which were seen to be clean, light and airy. Environmental health inspections had also awarded the home 5 stars in 2016.

Where it is appropriate, residents have access to a microwave, a slow cooker, a sandwich maker and flasks for drinks. As mentioned above, there is also a skills kitchen for residents to cook as part of the home's activities programme.

In terms of person-centred care, staff try to be flexible with meal timings and as to whether people may prefer to eat in their own rooms. White boards in resident's rooms also show personalised care plans, where service users can indicate their dietary preferences and needs. Two residents both male said that the food in the home was good and portion sizes were okay. Relatives of one lady resident also told the visiting team that they were able to have a small fridge in the resident's room in order to keep yoghurts and other items that she liked. When it was her birthday, staff pureed her cake so that she could partake.

Clinical Observations: Cleanliness, Infection Control and Medicines Management

The home has a good working relationship with local services and is able to refer residents to North West Boroughs NHS Foundation Trust's services and the local hospital trust, as needed. At times, staff have found it difficult to register residents from out of the area with a local GP. Residents also have access to their own GP when required and regular surgeries are held at the home. One resident in the Stephenson unit has been working towards supported living and will be moving shortly into their new accommodation. They have been supported by a key worker, a named nurse, an occupational therapist, a speech and language therapist and had a psychological assessment while on the unit.

Medicines are kept in a locked office, on the ground floor and each unit has their own clinic room. All staff that are responsible for medicines distribution receive training for this aspect of their role. The visiting team also saw one service user being given medication whilst sat in a chair outside the medicine area. This care was delivered in a safe and unobtrusive manner.

The units visited were clean, tidy and in a good state of repair. All the bathrooms, shower rooms and toilets seen were also spotless and the home's fixtures, furniture and fittings were kept in good condition. Additionally, Hand sanitizer dispensers were strategically placed and well utilised. However, the training room / gym was a little cluttered, partly due to the nature of its use as a training area for moving and handling. Furthermore, the décor throughout the building may benefit from a refresh in the future.

Smoking

Many residents are permitted to smoke indoors, in appointed smoking areas. Two of the home's units have their own smoke rooms and one has an outside smoking area in the garden. These rooms appeared to be very basic, with plastic chairs, bare walls and floors, as well as a very strong smoky smell. The visiting team could not see an extractor fan in place. However, it was good that there was no noticeable cigarette smell outside of this room. Service users in the Stephenson unit can smoke in the patio area. Staff can access an outside shelter to smoke, on their breaks.

Administration

The visiting team met with Ian Tulloch (who helps to support the home with IT issues, and data management), who discussed some of the administration challenges that the home faces. For example, the homes' geographical position means that residents may be registered with a number of GPs. Occasionally, care continuity issues arise when the home have to request that a GP visit from a different GP practice. At times, the home has found it harder to register out of area residents with a GP. All units now have a 15 minute hand over at the beginning of each shift, which has helped to increase staff awareness of changes in conditions, mobility, health issues, etc.

Ian has also been supported to assist Debbie with some of her tasks, freeing her up to concentrate on other aspects of her job and acting as the Training Coordinator.

Admission

At present, the home currently has around a 96% occupancy rate. Members of staff carry out pre-admission visits with potential residents. Relatives and carers are also involved in these comprehensive assessments.

Staffing and Staff Training

The home is run and managed by a team of well qualified and very experienced staff. Currently, the home employs a total 160 staff and sometimes makes use of agency staff - mainly Care Assistants. In terms of capacity, Nursing and Care Assistants are understanding of Deprivation of Liberty procedures, best interest conversations, the Mental Capacity Act and fully understand their responsibilities. Agency staff have a values-based assessment and supervision session, before taking up their roles.

The home was also interviewing staff on day of the visit - for an Activities Coordinator. When interviewing new staff, Paul stressed that management looks for the 'right attitude' to do the job. He told the visiting team that staff have a comprehensive induction and that: 'supervision is crucial and not a tick box exercise'.

Staff training was discussed during the visit. As the home is caring for individuals with complex needs, service users tend to be younger and more able. Furthermore, the home increasingly receives out of area referrals and this can increase the isolation for some residents whose family cannot, or do not visit. As such, the home has upskilled staff to reflect the changing nature of their residents and so continue to get more referrals for challenging residents. Management tries to focus on interactive training, rather than e-learning.

The home also has links with St Helens Chamber of Commerce and has recruited apprentices in the past. When NHS Warrington Clinical Commissioning Group developed an accredited education programme for Healthcare Assistants in

residential homes at Level 4, two staff members were supported to attend and encouraged to complete further training. The home also developed new roles for them, as Level 4 Nursing Assistants.

Furthermore, Care Assistants are able to undergo NVQ 2/3 training. All new staff undergo thorough induction training and there is a 12 week probationary/supervision period. Management feel that this helps to ensure that they recruit the: 'right staff for the job'. One staff member, with 10 years' service, said that training was good, and that there had been a definite positive changes when the present management team came into post.

Debbie also referred positively to their use of the 'Recovery Star' - enabling service users and staff to monitor and measure outcomes in the mental health recovery, which helps to focus and prioritise on what's most important. As part of the home's staff development strategy, they had taken on some apprentices. Staffing levels are generally good, but there is a slight dip on the night shift. The home's policy is to avoid an overreliance on using agency staff, but when necessary, the home recruits from a 'priority list' to try and maintain a continuity of care for the service users.

The staff that the visiting team spoke with had all been at the home for several years, indicating good retention rates, and all seemed positive about their jobs, as well as the support they are given by management. For example, the home strongly values their staff and this is embedded in the ethos of its management and senior leadership. Every month, 3 gift vouchers are given out as a 'thank you' gesture to recognise positive and caring staff contributions - as Paul said - 'a small gift, but it is important to show that staff are really valued in what they do'.

During the visit, the team met and spoke with 3 Lead Nurses in their roles as Ward Managers; Yvonne Bishop (in charge of the Fern Unit), Karen Grundy (Stephenson Unit) and Paula Hughes (Forshaw Unit). They were all passionate about their work, open and down to earth when talking with the visiting team. It was said that: 'every service user should have a voice'. They all seemed happy and settled in their positions; mentioning that they all work well together and try to have a Lead Nurse

meeting at least once (sometimes twice) per month. In terms of day and night shift change overs: 'we're happier now we have an extra quarter of an hour for handover - its improved communications - good practice'.

Paula sadly discussed the passing of a resident earlier that day: 'we support end of life ourselves and try our best to make sure they're looked after well to the end'. The visiting team were impressed with the genuinely caring attitude of these very committed Senior Nurses. The home has staff who have completed 'end of life' training and feel that they are 'self-sufficient' in this regard - so do not tend to have palliative care staff visiting the home.

The visiting team also spoke with Joanna Hooper, one of St Mary's experienced Care Assistants, she said: 'I've been here 10 years and seen a lot change and it's for the better now...Debbie and Paul are very approachable...we can say what we think, they listen and they're responsive to suggestions'.

It was also apparent that Debbie and Paul communicated well together. Paul and Debbie also conduct a daily 'meet and greet' with the staff between 7:45am and 8:15am at the front door (when the shift changes over). Staff reported that this is helping to make a positive difference. Paul was on first name terms with all staff encountered and appeared to be very approachable from the point of view of the staff, which hopefully prevents incidents and concerns escalating. Both Paul and Debbie also knew all of the service users that the visiting team met and the things that were important to them, for example, asking them about recent events or activities in their lives.

Privacy, Dignity and Treating People as Individuals

A relaxed and informal atmosphere is prevalent throughout the centre. The home is mixed sex and maintains good privacy levels. All bedrooms are ensuite, with apparently little need to use the bathrooms and separate shower rooms for bathing. The assisted bathrooms seen were clean, kept in good order and entirely free from any unpleasant smells.

The visiting team met Emma (who is in charge of Laundry arrangements), who was upbeat about her role and was pleased to tell us that she had encountered few problems when managing peoples clothing. Emma labels clothes if service users have no one to do it for them. Paul told the visiting team that very few items of clothing go astray due to this system being in place.

The residents that the team met were all suitably and cleanly attired, as were some people observed when preferring to rest in their bedrooms.

Paul told us most of the comments made by residents, relatives and staff are positive. There was a notice about the next relatives meeting on 25th November 2017 on display. Various staff, resident and relatives meetings are also held over the course of the year. This is an important way of keeping in touch with residents' relatives. Two relatives visiting a lady in Stephenson unit confirmed how much they appreciated this, with comments including: 'she always gets good treatment; 'the girls are super'; 'In a good one (home)'; 'care received excellent'; 'gets her hair done'; they look after us to with cups of tea and meals if we want one, we can even have Christmas lunch if we want'; 'Its home from home'; and: 'treated as one of the family'.

The team also noted that there were suggestion books on each of the units, which are reviewed regularly and audited once per month. This gives residents, visitors and staff the opportunity to provide feedback.

During the visit, the team observed carers interacting with service users, all were known to the members of staff and greeted them by name - often asking about something the service user had been involved in either that day, or recently. This indicates that they were seen as individuals.

Furthermore, as life history is important, a single page 'passport' is compiled for resident, which includes their personal likes and dislikes. Care Plans, together with these passports, form a vital part of person-centred care and are kept up to date. They are put together firstly with input from residents, relatives and carers. In addition, each resident can decide what information they wish to be displayed on their room door; some have pictures and other doors are very minimally decorated. It is also the resident's choice as to whether they have their doors open or closed when they are inside their rooms. A white board located in some of the resident's room indicates their needs from a person-centred perspective. Two relatives of one resident like the way it was written - as it treats her as an individual.

There were also large clocks showing the time, date and temperature positioned close to the lounges, which is a dementia friendly feature. All lounges were clean, light, with a mixture of suitable seating and each unit has a TV and a selection of books. The visiting team also noticed that the Stephenson unit's lounge had a 'butterfly dignity tree', which had been made by residents on 'Dignity Day'. This had obviously elicited a great deal of discussion amongst residents and staff - serving as an excellent visual reminder about dignity and what it means to individuals. The home's Facebook page also shows that the other units had undertaken other activities based around dignity too.

Safety

The areas observed during the visit were generally clear and clean with no obvious obstructions. The home makes use of security fobs and codes throughout the building. Flooring is in good state of repair, with no noticeable trip hazards. All corridors had contrasting sturdy wooden hand rails to help with mobility. A variety of chairs were seen; it wasn't a one size fits all, meaning that residents could sit safely in chairs that were most appropriate for them.

Paul mentioned that a falls audit had been conducted and it was recognised that many falls were occurring in the lounge areas. After removing clutter (coffee tables, etc.) the home recorded a considerable 60% reduction in the number of resident falls.

The home places residents on one to one observations if needed; two residents were on one to one observations during the visit. Some residents can only go out with an escort to ensure their safety, as to allow them to participate in activities. The home stated that some residents have access to their own fobs, as they are able to access the community on their own and some residents have their own bedroom keys. The home also has well established and constructive relationship with local safeguarding organisations. However, there had been an instance of management completing paperwork relating to a deprivation of liberty request, for which they did not receive a response from the appropriate organisation. The home, as a managing authority, must fill out a form requesting a standard authorisation. This is sent to the supervisory body which has to decide within 21 days whether the person can be deprived of their liberty. The concern here is that the individual does not get represented, or have the right to appeal or a review until this is completed and this issue was still outstanding after a considerable length of time.

Encouraging Positive and Respectful Attitudes

Staff were observed to knock on doors before entering any resident's rooms. Residents were seen to be calm and contented. The home's atmosphere was relaxed and well ordered. It was evidence that there is good interaction between service users and staff.

Other Comments

Overall, the visiting team enjoyed their visit to the home and felt that staff deserve recognition for their hard work and achievements. Although the various units care for residents with different needs and there are many challenges involved in this, the home is flexible and treats them as individuals. High quality, person centred-care was evidently taking place. There also appeared to be good communication between staff members and all the relatives that the team spoke with were extremely happy with the care their family members were receiving.

For example, a lady who was visiting her husband told the team that: ‘I’d looked into various homes and decided this was the most suitable - very pleased...he’s been here six weeks and it’s really great - the staff, everyone looking after him...it’s top of the tree’. On balance, there were some issues that should be addressed, which are reflected in the following recommendations.

Recommendations

1. **Improve External Signage:** Signage at the front of the home should be reviewed and improved to provide better signposting for visitors.
2. **Parking Notices:** It may be helpful to display notices that request visitors not to park near the nearby bus stop, as this could present a safety concern.
3. **Noticeboards:** It would be useful to install and maintain a ‘Who’s Who’ board near reception, to help visitors and residents which members of staff are on duty during each shift. It would be also be beneficial to include some more information about patient representative groups, such as Healthwatch.

Distribution List

This report has been distributed to the following:

- Warrington Borough Council
- NHS Warrington Clinical Commissioning Group (CCG)
- Care Quality Commission (CQC)
- Healthwatch England

Appendices

Appendix A

Response from provider

Dear Catherine and Jim

Can I please thank you for such a lovely, but fair and honest report. We will act on some of your suggestions.

Kind regards

Deborah Wareing

Care Centre Manager

your **voice** **counts**

We want to hear about the care you received from a local healthcare service.

Whether you've had a positive experience or there is room for improvement, have your say on the Healthwatch Warrington website today. You can even leave feedback anonymously.



Leave feedback now:

www.healthwatchwarrington.co.uk

Telephone: 01925 246893 Email: contact@healthwatchwarrington.co.uk
The Gateway, 85-101 Sankey Street, Warrington WA1 1SR

