



Enter & View Report

Care Home: Derwent Lodge

Service address: 197 New Ferry Rd,
Birkenhead,
Wirral, CH62 1DX

Tel 0151 643 1494

Service Provider: Sure Care UK Ltd

Date : 17/07/2019

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Mary Rutter
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Acknowledgements

Healthwatch Wirral would like to thank the management, residents, carers and staff at Derwent Lodge 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.

If there are any issues/concerns which arise during this visit then this could result in a follow up visit by Healthwatch Wirral Authorised Representatives.

Purpose of visit

Service User feedback

Type of E&V visit undertaken

Announced Visit

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. 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 or Commissioner for investigation.

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

Enter and View visits are conducted in a way that works in accordance with Merseyside Safeguarding Adults 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.

General Profile of Service

Derwent Lodge is a care home situated in Rock Ferry. The home has 2 floors serviced by a lift and stairs. Outside is a small car parking area and the building provides extensive views over the river Mersey. Derwent Lodge provides residential and nursing care for up to 46 people. At the time of our visit there were 37 people living at the home.

Discussion with Manager

We were welcomed by a member of staff who asked us to sign in and escorted us to the Manager's office for a discussion about the home. The Manager reported that the facilities at Derwent Lodge are arranged over two floors to meet the varying needs of residents. The Manager informed Healthwatch Authorised Representatives that she had been in post for 8 months and that they were currently working on the action plan set for them by CQC.

Care Plans

The Manager told Healthwatch Authorised Representatives that care plans are person centred and reflect people's needs and wishes. It was reported that the care plans were currently being reviewed and updated.


Staff and Training

We were informed that the home currently employs 49 care staff. The Manager reported that staffing levels are adequate to provide safe care to the 37 people currently residing in the home. The home uses their own staff or agency to cover any absences.

Staffing Levels

Day - 7 carers during the day plus 1 registered nurse 8am to 8pm and another registered nurse from 7am to 1pm

Night - 3 carers plus 1 registered nurse

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All staff receive an induction, regular supervisions, and an annual appraisal.

Training and Qualifications

Staff qualifications range from NVQ 1, 2 and 3 and Care Certificate.

All staff receive mandatory training in core subjects including First Aid, Manual Handling, Infection Control, Medication, and Nutrition. Training is delivered either in-house or externally.

It was reported that the home does not currently participate in the '6 Steps' End of Life training but intends to do so in August.

This home participates in the Tele-triage System Scheme which they find to be very useful. The scheme, created through a partnership between the NHS, University of Cumbria and Wirral Council provides the home with iPads.

The iPads act as a single point of contact between care home staff and senior nurses at Teletriage. If a resident falls ill, instead of dialing 111, trained staff at the home are able to contact a teletriage senior nurse at any time of day or night. The iPad's camera together with information provided by staff (who are trained to take blood pressure, oxygen saturation levels and temperature) will enable the Teletriage nurse to help diagnose and recommend treatment.

Health and Safety

Derwent Lodge uses the PEEPs evacuation system and practices the procedure.

The home employs a full time maintenance person who, along with external companies, manages and looks after the equipment and building maintenance requirements and certification.

Medication Management

It was reported that the home stores medicines in secure locked cupboards in the medication room and that trained staff administer and manage medication.

Nutrition and Hydration

We were informed that 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 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. We were informed that residents are given a good choice of food and staff know individual preferences.

Safeguarding

The Manager informed Healthwatch Representatives that all alerts are reported and investigated.

Complaints

The home has a complaints policy and all staff and residents are aware of how to proceed if they wish to make a complaint. Complaints are dealt with in house and the manager has an open door policy.

The Manager reported that all complaints are investigated and the outcomes are fed back to the person or family making the complaint.

DoLS and DNAR's

The home follows legal requirements and best practice guidelines.

Falls Management

We were informed that falls are reviewed monthly and that the home has implemented a fall chart.

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Pressure Ulcer Care

The home manages pressure ulcers by seeking advice from the Tissue Viability nurses and staff receive training.

Visiting Services

Most of the residents are registered with a local GP practice who conduct weekly ward rounds.

Activities

The home employs a dedicated full time Activity Co-ordinator to ensure that there is always something enjoyable and stimulating to do. Another person attends the home to help with karaoke sessions on a regular basis and the 'Pet Therapy' service also attends.

Activities include games, quizzes, bingo and outings and the home has its own transport to take residents out into the community.

Quality Monitoring

It was reported that the home has quality assurance processes in place which are monitored daily and reviewed monthly.

Environment -

Reception

The entrance to the home was via a secure door controlled from within the building.

On entry Healthwatch Authorised Representatives were asked to sign in the visitor's book. Hand gel was available for infection prevention and control purposes.

The reception staff were welcoming and friendly.

Information and notice boards were evident including a Staff Family Tree, Staff of the Month, Community Links, Champions Board and other statutory notices.

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Corridors

The corridors were wide and relatively free from obstruction. However in one area the flooring was damaged. Several doors were wedged open which was a cause for concern with regards to the safety of residents.

The stairs were free from obstruction and were well lit but the area seemed to be easily accessible for residents with dementia as the door leading to them was not secure. This was also a cause for concern with regards to the safety of residents. These concerns were reported to the Manager.

Communal Lounges

We viewed the main lounge on the ground floor where activities were being set up.

It was spacious and clean with adequate seating to accommodate the residents. This area would benefit from a refurbishment as the décor looked a little tired.

We also viewed a small 'quiet' lounge which was being used by a member of staff who was reviewing care plans.

This room was bright and fresh and comfortably furnished.

Dining Room

The lunch service had finished and staff had cleared the tables. Although the area appeared to be clean, the décor appeared tired and a little unwelcoming. The menu displayed was from the previous day. The doors to the garden area were wide open to the external patio and car park and the area did not appear to be secure. This was a concern to Healthwatch Authorised representatives as residents with dementia would have the opportunity to exit the premises unsupervised.

Toilets and bathrooms

The toilets and bathrooms viewed were clean, fresh and fitted with call bells and appropriate equipment. These rooms would benefit from refurbishment and could be made more dementia friendly. A radiator in one of the bathrooms was rusty and in need of attention.

In one wet room the window was hanging from only one hinge which could be a hazard to residents. This concern was reported to the Manager.

Bedrooms

The bedrooms viewed were clean and looked tidy and it was evident that residents could personalize rooms with their own belongings.

One resident did not have a bed in their room. We were informed by a staff member that the resident would only sleep in a recliner chair: 'It's the resident's choice'.

In another room there was a bed which had been lowered to almost online with the floor. The call bell cord seemed to be situated at the wrong end of the bed.

Three of the residents' doors displayed a large initial letter (first letter of the resident's name) and, within the outline, gave a great deal of information about the resident.

The information included the person's life history, likes and dislikes interests and hobbies.

Sadly this excellent idea was not being used on most of the residents' doors.

A number of bedrooms on the 1st floor were occupied by residents who appeared to be very poorly. We did not observe many staff working on this floor.

Kitchen

The kitchen had an environment rating of 5. It was clean and organized and appeared to be adequately equipped. Staff informed us that they were aware of residents' nutritional needs and preferences.

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Laundry

Laundry is completed on site and the laundry room was locked at the time of our visit.

We were informed that staff, residents and relatives all understand laundry arrangements at the home. Items of clothing are required to be labelled by the families and it was reported that the home has a low level of lost items reported.

Lifts

The lift door was disguised and painted to prevent exit by residents who may have dementia. It was clean, bright and fresh but did not appear big enough to accommodate a stretcher.

Sluice Room

The sluice room was unlocked and appeared to be used for storage. This was reported to the Manager.

External Areas

The external areas included small paved areas, gardens and a carpark. They appeared to be adequately maintained. The garden furniture looked old and would benefit from being refurbished or replaced.

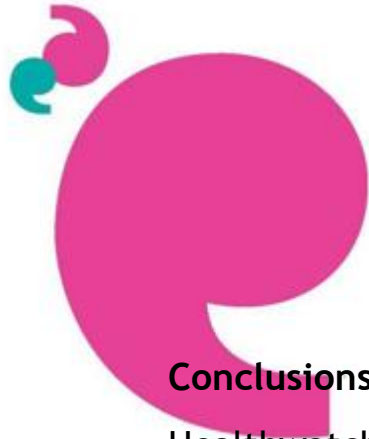
Staff Observations:

During our visit the Ambulance Service arrived and staff were dealing with two very poorly residents.

Activities were being carried out in the lounge on the ground floor and staff were observed interacting well with residents.

Residents –

Residents appeared clean and tidy and were looking forward to the activities arranged.



Conclusions

Healthwatch Authorised Representatives observed friendly and caring interaction between staff and people living at the home.

However, throughout our visit call bells were ringing. We were unable to assess whether this was because there was no response by the staff to the alarms or if it was just a high demand for assistance.

It was hard to identify staff and their roles as some staff were not in uniform.

Staffing levels on the day of our visit appeared to be low, but it was difficult to judge, as some staff were dealing with the specific needs of the two residents and ambulance staff.

Derwent Lodge would benefit from a refurbishment of the environment and heating system as several radiators were rusty and in need of attention.

Storage seemed to be a problem throughout the home.

Recommendations/considerations

- To ensure physical décor and general appearance is improved, it would be beneficial for the home to have a work schedule to address the maintenance issues.
- A place for storage needs to be clearly identified which can be used throughout the year.
- The security of the building needs to be addressed as access in and out of the premises could not be reliably monitored.
- Improve the environment to become 'Dementia Friendly'
- Consider having a strategy to cover demands of the majority of the patients when staff are dealing with an emergency or urgent situation.



Supplementary feedback from the provider post visit

Thank you for your feedback following your visit to Derwent Lodge, it was lovely to meet you all, and we appreciate your positive feedback. I have a few things I would like you to take into consideration following reading the report. I have listed these below within the domains of your report.

Staffing and training: Staffing levels are morning: x 2 nurses x 1 8.8 shift, x 1 7-1 shift. Carers x7

Afternoon: x 1 nurse, x 1 nurse assistant, x 6 carers.

Dining room- Doors are at times open as we have residents and family's that smoke, leading to the patio we have fencing around then building, fencing has x 2 locked gates.

Bedrooms: Beds that are in line with the floor are for safety of the individual, these are to prevent falls, if residents' high falls risk- low lying beds.

Letters for residents with all personal history, were only being implemented that week, our activities had only placed the ones on doors where she had confirmation from either the resident or family member that they were happy with this to be done.

Time of visit 2pm-4pm, Staff would have been less visible between 2-3 due to this being the time they assist all residents with pressure care and assistance with toileting. X1 staff member will do the tea trolley. All staff work through both floors together in twos.

Identifying staff and their roles:

Our photo board- Derwent's family tree divides departments with names and pictures.

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Staff members on day of visit not in uniform were:

Myself- manager

Administrator.

Health care assistant who was new awaiting new uniform.

I can confirm that we had 7/7 staff on shift that day and that is sufficient staff following the Dependency Tool we use for the home.

Call bells were constantly ringing due to a Resident who continued to press the buzzer and emergency buzzer due to behavioural needs. This has now been addressed and the Resident in question has been moved to an appropriate home to cater for their needs appropriately.

As you were aware on the day of your visit, we had two emergencies to which required ambulances and this required some staff to attend with a nurse meaning not all staff were able to answer as promptly as they would. We do not place extra staff on shifts encase of emergencies.

Physical decor - this is not an action that would be priority at present as we have actions being completed following the CQC last inspection. Although now the CQC action plan is complete, we have a Painter and Decorator attending Derwent within the next week to start the refurbish of the home.

I agree with Residents being at risk of acquiring pressure sores, our Resident who sleeps in his chair has full capacity, is very much mobile and independent, He used to sleep in his chair at home as he is not happy sleeping in bed due to an occurrence that happened whilst at home and this has now frightened him, we give all our residents person centred care here at Derwent Lodge and we continue with encouraging residents with their choices and independence.

Within the Residents Care Plan it states this information. He is very much aware of the risks, but the final decision is with our Resident whom has full capacity to understand and retain the risks.



Health follow up action

Revisit in 18 months

Glossary

COSHH	Control of Substances Hazardous to Health
DNAR	Do Not Attempt Resuscitation
DOLs	Deprivation of Liberty Safeguards
EMI	Elderly Mentally Infirm
GDPR	General Data Protection Regulation
H&S	Health and Safety
HCA	Healthcare Assistant
MCA	Mental Capacity Act
MUST	Malnutrition Universal Screening Tool
NVQ	National Vocational Qualification
PEEPS	Personal Emergency Evacuation Plan
RGN	Registered General Nurse
SCA	Senior Care Assistant
SOVA	Safeguarding of Vulnerable Adults

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.



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