



Enter & View Report

Care Home: Elderholme

Service address: Clatterbridge Road
Bebington,
Wirral,
CH63 4JY

Tel 0151 334 0200

Service Provider: Wirrelderly

Date : 20/11/19

Authorised Elaine Evans

Representatives: Piara Miah
Carole Battersby



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Acknowledgements

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

Elderholme is a Care Home situated in Clatterbridge Health Park. The home currently provides nursing care, end of life care, complex intensive care and residential care for up to 64 people.

It also provides 16 Transfer to Assess beds.

Accommodation is provided on the ground floor with upper floor being used for administration purposes.

At the time of our visit the home was at full capacity.

2.0 Purpose of visit


Scheduled revisit

2.0 Type of E&V visit undertaken

Unannounced

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

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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.

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 Merseyside 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

We were welcomed by the receptionist who asked us to sign in and take a seat in the reception area.

The Manager introduced herself and escorted us to her office to have a discussion about the home.

The Manager was very accommodating and took the time to discuss the day to day running of the home. We were informed that Elderholme provides residential, nursing and end of life care for up to 64 people in single rooms, with 16 rooms having ensuite facilities.

It was reported that the home is currently at full capacity and has a waiting list.

Staffing levels are adjusted up to ensure quality care for residents when necessary and the home can provide 1 to 1 care when required. Elderholme also provides Transfer to Assess beds for up to 16 people and provides office space for the Discharge Team.

The purpose of the beds is to provide assessment and therapy services for those patients who may require longer term support upon leaving hospital. The beds are also a step up provision for the community to avoid unnecessary hospital admissions.

We were informed that the home is divided up into units and that each of these units have their own staff allocated to them. Staff members



have computer access from the terminals in the nursing/care station in each unit.

It was reported that the home is undergoing a continuing programme of refurbishment and this was evident during our visit.

Health and Safety.

Evacuation Procedure

We were informed that the home uses the Personal Emergency Evacuation Plan (PEEP) for each resident and that the evacuation procedure is practiced.

The Maintenance Procedure for equipment and the building, certificates of servicing and monthly compliance checks are managed by a full time maintenance person and external contractors.

Care Plans

We were informed that residents have their own detailed care plan which are person centred. All clinical staff, care staff and professionals such as GPs have access to the plans. Residents are assessed prior to admission to enable the home to meet their needs. Residents are asked about their preferences and their families are also able to provide information with regard to previous lifestyle and history. Families are also involved in reviewing their relatives care plans every 6 months. This was apparent as, at the time of our visit, a family member handed in a completed care plan for the attention of the Manager.

Residents End of Life wishes are also documented in their care plan and the home uses the 'This is me' care planning tool.

Registration of residents with a GP

Most of the residents are under the care of a local GP Practice who visits the home three times per week, but some are registered with other GP practices as this is their choice.

Elderholme provide the visiting GP's with a consultation room to use.

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Staff

There are 110 care staff employed at Elderholme.

Staffing levels are;

During the day - 8am to 8pm

1 x Manager (RGN), 1 supernumerary shift leader(RGN), 5xRGNs, 1x Nursing Assistant, plus 16 Health Care Assistants.

At night - 8pm to 8am

4 x RGNs, 4 Nursing Assistants plus 10 Health Care Assistants.

The home manages staff shortages by using their own bank staff who are familiar with the home and residents or agency workers. We were assured by the Manager that the home is never short staffed.

Training /Induction/ Appraisal

The Manager informed us that all staff have an induction, 6 supervisions per year and an annual appraisal.

Mandatory training is undertaken and compliance is monitored. The home also offers a substantial amount of training in addition to the mandatory subjects and is currently working within the Oral Healthcare Initiative and NICE guidelines.

The home follows the Gold Standards Framework Principles for End of Life care.

Elderholme also has a team of volunteers who help in all areas of care including End of Life.

This home also participates in the Tele-triage System Scheme.

The scheme provides the home with iPads that act as a single point of contact between care home staff and senior nurses at the Teletriage Unit.

Whenever a resident falls ill, instead of dialing 111, trained staff are able to contact a senior nurse at Teletriage at any time of day or night. iPad's camera together with information provided by staff



enable the Teletriage nurse to help diagnose and recommend treatment.

Medication

It was reported that medication is stored and managed in line with the homes policies and medication is administered by qualified nurses and nursing assistants.

Complaints

We were informed that the home has a Complaints Policy and Procedure which is displayed around the home and is in the residents welcome pack. Complaints are managed in line with the Complaints Policy. It was reported that the home has a low incidence of complaints. The Manager has an open door policy to deal with issues, concerns and complaints and all complaints are discussed and investigated.

Committees

The home runs residents meetings every 6 weeks to ensure residents feel involved in the service that is being provided.

Nutrition and Hydration

Elderholme uses the MUST Tool (Malnutrition Universal Screening Tool) When applicable, parenteral nutrition and dietary supplements are provided. All staff are aware of the need for adequate hydration and nutrition for residents.

Residents are weighed when they come to live at the home and their weight is monitored monthly or weekly if there are any concerns. This

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is all recorded in their care plan. Residents are given a choice of suitable food to meet their cultural, religious or dietary requirements. Alternatives to food choices offered on the menu are also available. Meals are served at set times but food is available on request. Staff are available to offer assistance to those who need help. Residents may also take meals in their own rooms.

Pressure Ulcers

The home manages the prevention of pressure ulcers by providing individual care plans, nutritional reviews, using repositioning and specialist pressure relieving equipment. All nursing staff receive regular training in Tissue Viability and audits are conducted.

Falls


The home conducts risk assessments, residents have individual care plans and specialist equipment is used such as falls alarms on chairs, CCTV, movement sensors etc. All staff are trained in Falls Management and the home has Falls Champions.

All falls are recorded on the care records and are audited by the Manager.

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. Resident's Dols care plans are reviewed monthly and DNAR are reviewed yearly. Best Interest meetings are held if required.

Quality

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We were informed that the home uses several systems to monitor quality. These include CCTV, internal inspections, reviews, audits and questionnaires providing feedback from residents, relatives and visiting professionals.

Activities

The home employs a dedicated full time activity co-ordinator to ensure that there is always something enjoyable and stimulating to do. The home has links with the local community and schools. Elderholme has its own transport and volunteers to take residents on outings. Birthdays and special occasions are celebrated and relatives are encouraged to participate.

Additional Services -

Hairdressers, chiropody, physiotherapy.

After meeting with the Manager, we were invited to tour the premises.


Environment

Reception

On arrival, Healthwatch Authorised representatives were met in the reception area by a member of staff who asked us to sign in the visitor's book. Hand sanitizer was clearly visible in this area. The main entrance door was secured by a keypad entry system. The area was clean and tidy and furnished to high standard. Information about the home and the services provided, along with an extensive range of information leaflets, were displayed for the benefit of residents and visitors.

On display was a 'Tree of Life' and the home has exhibitions of various points of interest for the residents. These are changed regularly. There was also a Christmas Raffle table and a collection point for gifts for the homeless.

Another good initiative was the provision of trolley stocked with toiletries for the residents to purchase if required.

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We observed one resident, who was a wheelchair user, in the reception area. They were participating in an activity and dropped something on the floor. They were about to become upset but were placated immediately by a passing member of staff.

Corridors

The corridors were well lit, clean, tidy and fresh. Handrails were in place to aid residents to mobilise around the home.

Communal Day Rooms/Lounges

The rooms viewed were large, decorated and furnished to a good standard. They were well set out, with comfortable seating set around small tables. Each communal room had a hydration station.

We were informed that some residents tend to stay in their rooms but at the time of our visit there were residents sitting together or with their visitors after lunch.

Large windows provided residents with a pleasant view of the grounds and gardens.

We noticed games and books available for residents use and call buttons were readily accessible in communal areas.

Dining room

The dining room, which had recently been refurbished, was very spacious and elegant and the tables were set with quality linen and fresh flowers. The furnishing and décor was of a good standard and this room had extensive views over the gardens.

Chairs had a “sled” style adaptation to enable them to be moved easily with the resident still sitting in it to prevent tipping. There was plenty of room allowing safe mobilisation of residents.

Meals are served at set times and residents are encouraged to use the dining room for socialisation.

Residents can have a tray and waitress service in their own room if they wish to do so.

A staff member informed us that there is a wide selection of food available outside of mealtimes.

At the time of our visit care staff were seen escorting residents into the dining room for the lunch time service. Staff were friendly and efficient and clearly had good relations with the residents.

The atmosphere in the dining room was very pleasant and there was lots of interactions and chat between residents and staff.

The food being served from the trolley looked very appetizing and was hot.

Bedrooms

The bedrooms viewed were attractively decorated to a good standard, with fitted furniture, wardrobes and matching soft furnishings. Call bells were sited appropriately and within reach for residents.

It was also evident that residents may personalize their rooms with their own furniture and belongings. The rooms were light and airy and looked out onto the gardens. A number of rooms had en-suite facilities and specialist profile beds for residents who need them.

Bathrooms

The bathrooms viewed were spacious clean and well equipped.

The Manager demonstrated how staff use a very unique and specialist Mobile Shower Unit which was situated in one of the bathrooms.

Kitchen - Hygiene rating 5



The kitchen appeared to be well equipped and organized. It was very tidy even though they were very busy with serving lunch. The food looked appetizing and there was a good choice on offer.

There appeared to be plenty of staff on duty and we were informed that staff get to know residents and will assure their preferences are taken into consideration. The Chef offers a four week rotational menu and provides a breakfast club with additional treats on offer. This gives residents an extra opportunity to meet and chat together.

Laundry

The laundry was tidy and organized with labelled baskets on the shelves.

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

We were informed that any lost items are displayed on a rail.

Preventing and controlling infection

The premises were clean and hygienic in all areas viewed.

Staff had sufficient access to personal protective equipment such as disposable gloves and aprons and were observed using them routinely.

External areas and gardens

Outside the home was a large car park for staff and visitors. The home itself was situated in its own well-kept parkland area affording attractive views for the residents.

A new garden area, 'Fred's Garden', had been created at the front of the home. It was in memory of a former resident and provided a pleasant area for residents to enjoy.

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Residents have their own veg and fruit garden and the produce is included in the menu.

Staff Observations:

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

Staff.

All staff spoken to said they enjoyed working at Elderholme and were supported by Management.

One member of staff, who had worked in several Care Homes said that Elderholme was the best one to work in.

Residents/visitors

We spoke to the husband of a resident and he was very complimentary about every aspect of his wife's care.

Another resident told Healthwatch that they were very well looked after and that the staff were lovely.

6.0 Conclusions

Healthwatch Authorised Representatives were very impressed with the many examples of innovative good practice which should be shared widely.

There was a pleasant atmosphere within the home with staff and residents interacting well

The home gave the impression of a well-run caring establishment.

Residents appeared to be very well looked after and were treated with dignity and respect.



Staff worked well together and appeared to be carrying out their duties efficiently and in an organised manner.

Relationships between the carers and senior staff appeared to be good.

Staffing levels were supplemented by volunteers.

The environment was safe and clean.

People had access to innovative equipment such as the Mobile Shower.

Overall, we concluded that this home is extremely well led as the above examples demonstrated.

7.0 Recommendations/considerations


Continue to provide 'Dementia Friendly' environment in any future refurbishment throughout the home.

8.0 Supplementary feedback from the provider post visit

Thank you for your visit and report.

9.0 Healthwatch follow up action

10.0 Distribution of report

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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.

11.0 Glossary

CADT- Central Advice and Duty Team

CQC - Care Quality Commission

DoLS - Deprivation of Liberty Safeguards

DNAR - Do not attempt resuscitation

EMI - Elderly Mentally Infirm

NVQ - National Vocational Qualification

MUST - Malnutrition Universal Screening Tool

Healthwatch Wirral

Liscard Business Centre

The Old School

188 Liscard Road,

Liscard, Wallasey

Wirral, CH44 5TN

Telephone: 0151 230 8957

Email: info@healthwatchwirral.co.uk

Website: www.healthwatchwirral.co.uk

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