

Ferndale Court

Enter & View report

09 January 2024



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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 us to carry out our 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 has statutory powers under the Health and Social Care Act to carry out what we describe as 'Enter and View' visits. These are visits to health and social care settings which help us in our role as the independent local champion for health and social care.

These visits are carried out by small teams of trained members of our staff and volunteers to observe a service at work.

We carry out our 'Enter & View' visits not as inspectors but as visitors to that service. We view the service provided and observe the care and support offered and we look to obtain the views of the people using those services.

Disclaimer

Please note that this report is related to findings and observations made during our visit made on 9 January 2024. The report does not claim to represent the views of all service users, only those who contributed during the visit.

Why did we carry out this visit?

Enter and View visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to Ferndale Court was to learn more about the service, and to find out where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

Our Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Halton's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

Prior to our visit we sent the manager a link to an online questionnaire to pass on to staff and also one for family / friends of residents to give their views.

There were no safeguarding concerns identified during this Enter and View visit.



Enter & View Visit Report

Name and Address of Service: Ferndale Court, St Michaels Road, Widnes, WA8 8TF

Manager: Letitia McKee

Service type: Residential, nursing and residential dementia care

Service provided and run by: HC-One Limited

Healthwatch Halton Enter & View Team:

Tracy Cresswell, Jude Burrows and Julie Birchall

Date of visit: 09 January 2024

Who we share the report with

This report and its findings will be shared with the provider, Local authority quality team (depending on the visit), Halton Place ICB, Care Quality Commission (CQC), Healthwatch England, and other local stakeholders as appropriate. The report will also be published on the Healthwatch Halton website.

Healthwatch principles

The Healthwatch Halton Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

- 1. A healthy environment:** Right to live in an environment that promotes positive health and wellbeing.
- 2. Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients reaching crisis.
- 3. Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family.
- 4. A safe, dignified and quality service:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
- 5. Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.
- 6. Choice:** Right to choose from a range of high quality services, products and providers within health and social care.
- 7. Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.
- 8. Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

Ferndale Court

Ferndale Court is split into 3 units, Residential and Dementia on the ground floor and Nursing care on the first floor with a stair lift and a lift are available.

The manager has been at the home for 11 months; however, they have been managing homes for several years.

The home is a 58 bedded care centre which is split across the 3 areas listed above. At the time of our visit the home had 39 residents.

There are currently 67 staff employed, which are spread across various roles including nursing, nursing assistants, domestics, catering, carers and senior assistants.

The shifts are split into 12 hour shifts 8am to 8pm and 8pm to 8am; however, staff are able to do shorter shifts. On each shift there is a senior / care staff on the residential / dementia floor and 1 nurse / senior on the nursing floor.

Initial Impressions

On arrival at Ferndale Court, the signage was clear from the road. There was clear signage at the entrance of the car park and to the entrance of the home.

The grounds looked well-tended, there were several car park spaces available and a couple of disabled spaces. However, one of the available spaces was very muddy and had potential for a visitor to slip and fall when they got out of their car.

The garden at the rear of the property was very spacious with several different seating areas for the residents.

The covered outside smoking area was well used during our visit. The manager explained that they were applying for grants to upgrade the outside area.

The home was accessed by ringing a doorbell, we were greeted by the manager, we introduced ourselves and were asked to sign in. There were face masks and hand sanitiser to use. The entrance and reception area had a welcoming feel to it.

Internal Environment

On arrival the reception area of the home had a relaxing feel to it, being bright and airy, there was a slight unpleasant odour on the dementia corridor, but the manager explained that they were having the carpet replaced.

The radio in reception was loud and we could hear it from the lounge further down the corridor.

The main entrance lobby at the home has tables and chairs, a comfy couch and some games such as 'Connect Four'. A Halton libraries Christmas themed memory box was available.

The Dementia corridor is secured with a keypad to get in or out, the Nursing corridor was accessed via a switch to enter and a keypad to exit.

It was observed throughout the home there several areas for residents and families, however this does not seem to be the same in the dementia corridor.

The decor throughout the building looked tired and in need of updating, including communal bathrooms. The manager explained that the home was up for sale, however they had requested for decorating to be carried out and the furniture to be updated.

The staff had started to paint a few murals on the corridors in the dementia unit, which was bright and colourful.

The communal lounge and dining areas were clean with matching furniture. During our visit we observed that there were plenty of areas for the residents to use, either in the lounge, dining area etc. We noticed that the floor in the dining in the dementia unit felt a bit sticky underfoot. This was mentioned to the manager who explained that the residents hadn't long finished their breakfast, but she would get the domestics to clean it, which we saw happening.

In the dining area there was a folder entitled '**Managing choking risk**' that was left out on the top of the kitchen cupboards, this was highlighted to the manager during the visit.

Essential Services

The manager explained that referrals were from the hospital, social workers, family and friends etc. A pre-assessment would be completed with the resident and relatives including any top ups that would be required. The admin officer will complete a walk around for anyone wishing to move into the home. A mutual agreement date is planned, they can select their room and the family bring in any personal items. New residents are introduced to all the staff including the kitchen chef, they have a seven-day initial care plan that will include all their likes and dislikes etc. A full care plan will be put together and reviewed monthly with the residents and relatives. The domestic staff are encouraged to read the care plans to understand new residents likes and dislikes etc.

All care plans are still paper based due to the home being up for sale.

All staff receive mandatory training, including Tier 1 and Tier 2 dementia training, which includes separate modules etc and is provided by the provider. They had not received **Oliver McGowan training**¹, but it was something that the manager was going to look into for the staff. They use distraction techniques if any of their residents show challenging behaviour.

We spoke to a volunteer at the home who seemed very committed to and enthusiastic about supporting the residents and helping at the home a few days a week. They said they'd had yet not received training and they'd been a bit reluctant in the past to take it up, but expressed that they may benefit from awareness training around dementia, safeguarding etc.

We asked the manager about residents Care Plans. She explained that when devising a care plan they would always engage with both the individual and their families for a person-centred approach; they would begin by identifying **'must-haves'**, then desirables.

The home runs a **'resident of the day'** event, which involved reviewing the resident's care plan with them. They would involve the chef, who will ask the residents for their likes and dislikes – the manager gave an example of a

¹ <https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism>

resident who *'could have killed for a rump steak'*, so the chef ensured that this was actioned for the resident, and housekeeping would also be involved. Due to the size of the home, there would typically be more than one *'resident of the day'* on any given day.

The manager explained that they have initiated *'Stop the clock at 3pm'*, all staff including domestics, volunteers, chef etc stop what they are doing and spend quality time chatting to residents including those that are in their rooms.

The home has a hairdressing salon, and the hairdresser comes every Friday and several of the residents both male and female use the service.

When talking to a number of residents they told us they were *'very happy here'*, that *'the cleaning is spot on'*, and it was *'absolutely fantastic here'*.

Access

The manager explained that all the residents were under one GP practice, **'The Beeches'**, and that a ward round takes place every Monday at the home. The home collates a list of residents to be seen and sends it over to the GP in advance to the ward round. The manager explained for residents who are at end of life that they have to sometimes push back to district nurses especially around the paperwork and they don't always see the residents in a timely manner, however this has been highlighted.

Residents welfare

During our visit, we observed the emergency call bell being activated and the staff immediately attended to the resident.

We observed one resident being lifted from their chair in the lounge, this was done by two staff and was done with care and dignity.

As we were shown around the home, we observed that the emergency cord in one of the toilets along the dementia unit was tied up too high for residents to reach and call for help, this was raised with the manager by members of our team.

We observed a staff member walking with a resident holding their hand to support them along the corridor chatting to them explaining where they were going.

A resident told us *'Everyone is very concerned and will help'*. They said, *'If there was a problem, the staff would sort it out'*. They told us they have not had any issues.

One relative expressed that they were *'happy in general'*, however some of their family member's toiletry items had gone missing, despite the resident not getting out of their bed very often. They also said that they were still waiting for a personal electronic photo framework to be replaced that had been broken over three months ago. They told us that the cleaning had improved over the last 12 months.

Information

There were several notice boards in the entrance and reception. The notice boards displayed photographs of residents taking part in activities, useful information, e.g. Healthwatch Halton information and information from the local organisations that we had shared during our visits to all care homes last year.

A memory tree with fairy lights and hearts displayed people's memories of loved ones. The Manager explained this was created at a special event that families attended.

A *'How happy are you'* board was displayed on the wall and captured experiences from May 2023. Daily activities were displayed on the wall. These

included bingo, word searches, sensory lights and an 'Elvis Impersonator'. Lots of photographs of residents enjoying activities were displayed. This showcased Christmas fun, singing, entertainers etc.

Signage was not consistent throughout the home. Some rooms have an image to go with the room sign and some don't. Bus Stop type signs are on corridors for some communal areas but not all.

Most of the residents' room doors had a small picture of the resident and a personal choice of photograph. However, they were affixed to the door with Sellotape and a number had fallen off and the doors were marked.

Dementia friendly signage is not always used, even in the dementia area. Toilet doors were painted in a contrasting yellow colour, however we only observed only one toilet seat was in a contrasting colour and it was not in the dementia area.

Weekly activities were displayed in the main entrance lobby but not in the residents' areas.

We observed the promotion of family and friends' meetings around the home. The manager explained that letters get sent out to the key relatives via email / post and they have a good attendance.

We did not notice any information on the Healthwatch Halton Advocacy Hub in the home.

Supervision of staff occurs every three months and is carried out by the heads of each department, in addition to the supervision, staff attend staff meetings and group meetings. The manager has an open-door policy so staff can talk to them anytime.

During our visit we did not observe all staff wearing name badges, there were staff wearing different uniforms, but we did not know what their roles were.

Choice

Residents were enjoying hot and cold drinks whilst watching tv. One person asked what was for lunch and the AR's read the menu for them. The resident told us they were '*happy at the home*'.

One resident invited us into their room where they were in bed, watching tv. They told us the home was nice, but they wished they could live back at their own home. Their room was decorated with family photos, and they chatted about their family with us. They told us the food at the home was not to their taste and would prefer plainer food, like beans on toast. A family member came into visit as we left the room.

The dining area was laid out nicely already for lunch. Water, cordial and condiments were on all the tables. Snacks and fruit were displayed in baskets for residents to help themselves. A menu was available with the different dishes for each day of the week.

We spoke with some residents in the dining area who told us they liked living in the home. One said, *'If you don't like the food chef will make you something'*. They went on to tell us, *'Elvis is in the building later'*, in reference to that afternoon's activity. They added that they like it when children come in from a local school and that *'they have lovely manners'*.

We talked with a resident in a corridor who told us, *'It is very good at Ferndale'*. They said, *'any food you want they will get you'* and highlighted cleanliness at the home, telling us, *'the cleaner is spot on, it is spotless'*.

Another resident stopped to chat with us on their way to get themselves a cup of tea. They said they liked living at Ferndale and enjoyed giving hand massages to the other residents. They went on to say, *'I don't go out as such, but my son takes me out to exercise classes so I can keep up with them like I used to.'*

The activity board in reception showed the daily activities, including a special event with an Elvis impersonator, visiting in the afternoon. We didn't notice an activity board in the corridors for the residents.

The residents' art projects were on display on the first floor. One resident mentioned that she enjoyed the activities with Kevin, who was 'very good'. Another resident told us they liked to walk and keep fit but could only do this if their family member took them out but added *'there were enough activities'*.

There was a Christmas memory box from the library and local history books were located in the lounge.

Being listened to

The manager expressed that they had a resident who is at end of life and the GP had put them on a syringe driver, however the patient kept pulling out the driver as they did not want it, the manager explained this to the GP and it was removed.

The manager explained that when they lose someone within the home, they hold a guard of honour for them when they are taken out of the home.

The manager explained that if a resident or relative has an issue she will have an informal conversation to try to come to a conclusion. However, if it cannot be resolved informally it will be raised formally and logged onto the system and the relative / resident should receive a response within 28 days, however if the investigation takes longer than planned the relative / resident will be informed.

We asked how the home shares their lessons learnt from the compliments or complaints, and the manager explained that they had been recently asked this by a relative. We suggested a *'You said, we did'* board, with an explanation as what changes were or weren't made and why. This would help update all the relatives, staff and residents and the home would be seen to be open and transparent.

There is a *'Have your Say'* screen where residents, visitors and professionals can leave feedback available next to the Managers office.

Several residents told us they were very happy at the home. A number of residents were complimentary about the food at the home, saying *'the food is delicious'* and *'plain and simple but good'*, although one resident did tell us that the service was terrible and they were unable to get simple things correct such as 'hot pot'.

Being involved

During our visit we observed good positive interaction between staff and residents, including staff chatting and sharing a joke with residents. The manager greeted residents warmly whilst we were being shown around the home.

A volunteer supports with activities for the residents, helping them with crosswords etc. We observed residents doing jigsaws in the dining room.

One resident had a table with a jigsaw on it in front of them, however the resident appeared unable to do the jigsaw themselves, and we did not observe any staff assisting.

The manager explained that they have re-established the home's links with the local school, they have 10 year 5 pupils from the local primary school who visit the home on a weekly basis.. It was expressed that they would like additional activities within the home.

One resident expressed that their room was too small, and that they have been moved several times over a short period of time.

Summary

During our visit, residents at the Ferndale Court seemed generally comfortable and happy. The manager and staff were friendly and engaged well with residents. The internal environment is looking quite tired and in need of a full refresh. Due to the home being currently up for sale it appears that it is not being maintained to the standards that the manager, staff would like for residents.

We'd like to thank the residents, staff and manager of the home for their kindness and support during our visit.

Recommendations and suggestions

1. Ensure that all areas are maintained and decorated to give a bright and warm feeling to the area, this includes the furniture.
2. Look into the options for all staff to take part in The Oliver McGowan Mandatory Training on Learning Disability and Autism.
3. Ensure that Dementia friendly signage is used in appropriate areas and ensure that where necessary all the toilets have a contrasting colour seat.
4. Ensure that all visitors, relatives, and residents know who the staff are by the staff always wearing a name badge and having photos of uniforms and what roles they are on a notice board.
 - a. Consider having name badges for staff in the format of "My name is" yellow badges.
5. Consider using photo frames for resident's doors with their name, photo and a personal picture of their choice.
6. Consider ensuring that all communal areas and facilities have pictorial signs on them.
7. Ensure that details of activities are displayed in all lounge areas.
8. At resident's meetings, consider discussing the different activities that residents would like to be involved in, this could be going for a walk outside of the home as part of their daily exercise.
9. Look to introduce a '*You said, we did*' board to highlight for residents and relatives any changes that have been made from comments, complaints etc, but also try and explain if you are unable to do it and why.
10. Ensure that all the pull cords in the toilets are not tied up so residents are unable to reach them.

- 11.** Ensure that the car park spaces are well maintained and kept clear of mud.
- 12.** Ensure that information on Healthwatch Halton Advocacy Hub service is clearly displayed for staff, residents, visitors, and relatives.

Provider feedback

Thank you for providing Ferndale Court with a positive report following your visit on 9th January 2024. I wanted to provide you with an update on the below recommendation and suggestions you kindly provided within your report.

Recommendations and suggestions: -

1. Ensure that all areas are maintained and decorated to give a bright and warm feeling to the area, this includes the furniture.
We have implemented an environmental improvement plan, which has commenced, to enhance the environment, and surroundings for our residents, along with new furniture which has been ordered and received.
2. Look into the options for all staff to take part in The Oliver McGowan Mandatory Training on Learning Disability and Autism.
We have an eLearning module available to all colleagues to improve knowledge in relation to Learning Disability and Autism, this is a new module which may not have been recognised by the home at the time of the visit
3. Ensure that Dementia friendly signage is used in appropriate areas and ensure that where necessary all the toilets have a contrasting colour seat.
Our Dementia team are scheduled to complete a support visit, to look at environmental improvements, including signage
4. Ensure that all visitors, relatives, and residents know who the staff are by the staff always wearing a name badge and having photos of uniforms and what roles they are on a notice board. a. Consider having name badges for staff in the format of "My name is" yellow badges.
We provide all colleagues with name badges, Ferndale Court have had several new colleagues commence employment, and we are awaiting a delivery, once received there is an expectation all colleagues wear the correct uniform, and this includes name badges.
5. Consider using photo frames for resident's doors with their name, photo and a personal picture of their choice.
All residents have their own choice of name and pictures on their doors to identify their own rooms, this is done with each resident to ensure options and choices are given and we will continue to review.

6. Consider ensuring that all communal areas and facilities have pictorial signs on them.
We thank you for your feedback and have subsequently consulted with residents, and they have advised that this is something they do not wish us to proceed with at this current time, but we will keep under review.

7. At resident's meetings, consider discussing the different activities that residents would like to be involved in, this could be going for a walk outside of the home as part of their daily exercise.
We have started to implement remembering me booklets, which capture individuals' wellbeing, this will support our colleagues to implement individual meaningful activities

8. Look to introduce a 'You said, we did' board to highlight for residents and relatives any changes that have been made from comments, complaints etc, but also try and explain if you are unable to do it and why.
Thank you for this feedback and the home will implement a board, you said, we did to help support information sharing within the home.

9. Ensure that all the pull cords in the toilets are not tied up so residents are unable to reach them.
These are now checked daily on each walk round.

10. Ensure that the car park spaces are well maintained and kept clear of mud.
Our Maintenance operative monitors this daily and attends to the car park when required inline with changing weather needs.

11. Ensure that information on Healthwatch Halton Advocacy Hub service is clearly displayed for staff, residents, visitors, and relatives.
This is now on display on the notice board in the main entrance

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