

Simonsfield Care Home



Enter and View Report, July 2024

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Introduction

What is an Enter and View visit?

Healthwatch Liverpool has powers 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. Enter and View visits are carried out by small teams of trained members of our staff and volunteers to observe a health and social care service at work, for example at a GP practice, a care home, or a hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

Details of the Enter and View Visit:

Name of the service visited: Simonsfield Residential Care Home

Address: 1a Sunbury Road, Anfield, Liverpool, Merseyside, L4 2TS

Website: <https://www.qualiacare.co.uk/our-homes/simonsfield/>

The Time and Date of the Enter and View Visit:

Wednesday the 10th of July 2024 between 2pm and 4pm.

The names of the members of the Healthwatch Enter and View Team that undertook the visit were:

- *Terry Ferguson, Engagement and Project Officer*
- *Inez Bootsgezel, Engagement and Project Officer*

This was an announced visit. We would like to thank Simonsfield care home staff and residents for facilitating the visit and for taking the time to talk to us.

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 Simonsfield Care Home was to learn more about the service, and to find out from observations and speaking with people 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.

Safeguarding

Healthwatch Liverpool Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

There were no safeguarding concerns identified during this visit.

About the Service

Background

Simonsfield Care Home is owned by Qualia Care. It consists of a 3-storey purpose-built building with 36 bedrooms and is in the Anfield area of Liverpool. It provides residential care mainly but not limited to those for aged 65 and older. At the time of our visit there were 35 residents living at the home aged from early 60s to 98 years of age. The manager told us they often have waiting lists and requests to provide respite care but usually did not have space to facilitate that.

The home does not charge top-up fees.

Discussion with the manager

When we arrived we were greeted by the manager Karen Evans and were asked to sign into the care home's visitors book. We then sat down in the care homes office for our discussion.

Staffing

Karen has been the manager at Simonsfield since 2008. The home employs 5 care staff during day shifts and 4 at night. Shifts are 12 hours each, 8am-8pm and 8pm-8am. We were told that most of the staff had worked at the home long-term and that there was low staff turnover; staff usually only left when they retired. The company (Qualia Care) had allowed the home to recruit more staff recently, so they were slightly above the capacity they need. This allowed for the covering of sickness and annual leave and meant that they had not used agency staff for the last 6 months. When they have used agency staff to cover sickness previously, they had used the same 2 people for consistency.

The manager advised they recruit staff through an agency but were hands on in checking Disclosure and Barring Service applications and reference checks as it

was several weeks faster. The manager said they previously received a lot of applications from people without experience, but the company had a successful 'refer a friend' bonus scheme which had helped with staff retention and the recruitment of good quality staff.

Relationships with GP/Pharmacy/Dentists

The manager told us that all the residents were under the same GP, Dr Alimam at Brownlow GP practice. She said that the service was good and responsive. The home has recently changed to using pharmacy services by Brownlow GP practice and we were told that was working well. Management advised that Sheil Road Dental Practice are really good and they saw every resident at least once a year.

We were told that there were Multi-Disciplinary Team meetings (MDTs) every fortnight. Like other Liverpool care homes, they used the Immedicare (Telemeds) service which can refer to community matrons. The manager praised the Community Matrons. She said they were good, that staff and residents knew all the matrons really well, and that they carried out regular reviews.

Working relationships with hospitals and trusts

We were told that Immedicare (Telemeds) can be a bit hit and miss as their staff can be over-cautious. Management advised this can lead to inappropriate admissions in certain situations, particularly when people were on blood thinners. The manager also mentioned that there is often only one trusted assessor per shift, and that at that time there was only 1 for 2 hospitals. In addition, it could be difficult to get through at "peak times" such as during medication rounds; in the early morning they were too busy, and by the afternoon matrons would already have been allocated appointments.

We were advised of triages that Simonsfield staff thought were inappropriate and sometimes residents refused to take part as it felt intrusive. One example given was of staff being asked to show a resident's genitals on camera to diagnose a thrush infection. Others had been asked to show bottoms or breasts on camera. The home had been told that they could get prescriptions through the Telemeds service, but they found this only happened on two occasions and was the exception, not the rule.

The manager mentioned a positive experience with the discharge manager from Broadgreen hospital who had left contact details so they could get in touch about hospital discharges from Broadgreen and had offered video calls if needed.

Management advised there have been some issues with the new Liverpool Royal University Hospital. This included example of inaccurate discharge information which to Simonsfield staff felt like misrepresentation about the resident's condition; it had not been 'back to baseline' as the hospital had said. Other examples were about not being notified about hospital falls, and family members painting a different picture about the resident's condition. As a result, the home had then struggled to meet the resident's needs after hospital discharge. We were told that there were less issues with Aintree.

The manager also told us that their staff never had to certify residents' deaths, not even during the Covid outbreak. Recently staff had been offered training on self-certification via immedicare (Telemeds) if they wanted it.

She also told us that the home had not had COVID outbreaks for 12 months, but when they did have an outbreak, it had been tough. To facilitate visits during this time the handyman built a pod in the dining room so families could visit loved ones and used an appointment system.

Visits and Activities

The manager told us that there were no real restrictions on visiting except families were asked to avoid protected mealtimes. This is not a strict rule, as families could visit residents in their rooms if they wished to during mealtimes, or if they wanted to assist relatives with eating. The dining room could also be used as a visiting space outside of protected mealtimes. Some families liked to visit residents in the shared lounges.

Relatives and resident meetings are held every 2 months and were recorded (we were shown a document with the outcomes of these meetings). There was a 'you said we did' board, and we were told the home carries out bi-annual surveys which are sent to both residents and relatives. The 'you said we did' board had calligraphy style text on dark backgrounds, and we found it difficult to read.

The home employes 2 activities coordinators who had worked for the service for 25 and 10 years respectively. The manager said they worked really well together; they alternated workdays but worked together one day per week. Recent activities included pet therapy sessions and had a chicken hatching event; some photos of residents with a variety of animals were displayed in a corridor near the dining room. There had also been visits from the House of Memories Dementia team.

We were also told that big occasions were celebrated such as VE day, Valentine's Day, and monthly birthday parties. They recently hosted a Titanic-themed party and staff joined in and got dressed up. The home has sensory boards for residents to interact with and offered 1-1 activities for residents who struggle with group activities.

The manager told us they had quarterly visits from a team that delivers activities using Virtual Reality headsets which the residents really enjoyed. They also had a regular visitor who carried out armchair exercises. A hairdresser visited every Wednesday; we briefly spoke with her during our visit, and she told us she had been coming to this home for 25 years and really enjoyed it.

The manager also told us the home has good contacts with the local schools and pupils attend to meet the residents. The home used to have a minivan but the lease has expired, and they were trying to source a new one. It was described as a loss by staff; "it does make a huge difference". We were told that the home organised external trips such as theatre trips to Runcorn Theatre and the Royal Court. Residents could be supported to use public transport; they arranged for bus passes or used taxis.

Residents who smoked could use the outside shelter. Those who required support had an hourly 'smoking regime'. We were told some people needed to be

supervised as they might wander off. We observed staff providing a resident with her cigarette when she came to the office for one.

Management advised that residents were consulted in decorating decisions. We asked if residents had to wake up at a certain time and were told that it's the "residents' choice when they get up"

Meals and food

The home had an onsite kitchen next to the dining room with a head chef and 2 second chefs. We were told that the menus changed seasonally and following the residents' meetings if requests were made. The manager stated that 'food is talked about a lot'.

We were told that at the time of our visit none of the residents needed adjusted or special diets to meet cultural or other dietary requirements, but in the past, this had been the case. The chefs offered soft food options. The menus we saw were quite small with the text used and were not easy read.

Residents' belongings

We were told that from time-to-time clothes would get put in the wrong resident's room. Clothes were initialed and glasses engraved to help prevent this. Laundry was done on site. If clothes went missing the resident or relatives would be reimbursed.

The dentist had recently started to mark dentures with initials which the manager said had helped a lot. However, occasionally residents with dentures were putting them in tissue paper which could result in them being thrown out accidentally.

Observations

Observations on arrival

Upon arrival at Simonsfield care home we were met by the manager at reception. After signing in and confirming our identity we were taken to the manager's office to talk.

The exterior of the site looked in good condition and was tidy. The entrance had a video doorbell and a signing-in book. There was a photo montage on the walls of some of the residents, and flowers in vases on display. There were boards showing activities that included the House of Memories visit, Tuesday chit-chat meeting information and a 'You said, we did' board.

Observations of the building and facilities

Lounges

Lounge one: This was a smaller room with armchairs closely set together in a U-shape along the walls. Most if not all chairs were occupied by residents, several of whom appeared to be asleep. There was a large TV on the wall with the sound on fairly loud (it was difficult to hear residents when speaking with them). There was a large window letting in plenty of natural light, and a glass partition to the corridor allowing staff to see in.

There were decorations, lamps and a mirror bouncing light around the room making for a bright environment.

Lounge Two: This lounge was much larger with two separate partitions. There was a glass partition to the main area where information such as the dignity in care charter, first aid board and CQC information was displayed.

The room had lots of light again as it was similar in design to a conservatory with a TV, and white wooden furniture. Bright pink armchairs were set in a group, with several residents and a member of staff having a chat while we were there. Again there were decorations including mirrors, tables, lamps, clocks and there were CDs and books available.

We noticed that there were no easily read signs marking either of the lounges.

Hallways

The hallways had no natural light coming in due to the structure of the home but the walls were painted in light colours and the white painted handrails were sufficiently different in colour to be easily distinguishable and felt solid. There were film posters from classic films on the walls which made good talking points for residents who were interested in films and film stars.

On the first floor we were shown how a slightly wider part of the hallway could be transformed (by using some partition boards, tables and chairs) into a tearoom area with a vintage feel. We were told that this is where the regular chit-chat group was held.

The manager told us that residents usually moved between floors using the lift. There was one lift in the building which had broken down on occasions. When that happened those residents who were mobile enough would use the stairs with staff support. We were told that the longest the lift had been out of order had been for one week. The stairs appeared to be in good condition with treads having no loose edges that we witnessed.

The top floor corridor had a higher ceiling and felt a little darker. The walls had just been painted and similar film posters to the ones we had seen on lower floors were due to be put back up according to the manager.

Staff room

We were shown the staff room which had a table and chairs, kitchen cupboards and a small worktop, a fridge, a microwave and a toaster so staff could prepare

their own food and have some time to themselves. We were told that staff sometimes used the room to make tea and coffee for residents on that floor.

Rooms

The bedrooms we saw had decent-sized windows and natural light. Rooms were not en-suite but had their own wash basin. The rooms we saw had wooden floors and TVs. Staff told us that residents can have their own fridges and some residents could have their own tea-making facilities following a risk assessment.

Most of the residents' rooms had a small engraving of the resident's name on the door. The name of their key worker was displayed on the door as well. We noticed one resident's room door had a large picture of themselves displayed.

Toilets

There were several toilets on each floor. The manager told us that residents had asked for the toilets to be either male or female, and toilet doors had large jokey male/female signs (with crossed legs). We were not sure if it would be clear to everyone which sex the signs related to. We were told there are 4 toilets on the ground floor with further toilets on the other floors. The toilets we saw looked clean and the tiles looked to be in good shape. There was a cleaning rota on the walls and the manager told us a minimum of 4 checks per day were carried out on the toilets.

Shower Rooms

There was one wet room per floor, three in total. As the home has 36 residents when full we did ask about getting people washed/ showered/ bathed and dressed when they get up, if there were queues for the bathrooms. We were told that night staff finish at 8am and help residents to get ready, which the day staff then continues. The wet rooms looked clean and tiling smart. One of the bathrooms had a bathtub and hoist

Dining room

The dining room was a large, light and airy room with 4 chairs per table. It had a 'B&B feel' with folded napkins, flowers in vases and lots of posters, ornaments and plenty of natural light. Menus were displayed on each table, but the writing was quite small and not easy-read. We were told the home had 4 weekly menus with 2 choices per main meal. Week 1 menu was on the tables.

There were framed pictures of classic adverts on the walls which looked interesting and could help rekindle memories and start conversations. In one corner of the dining room there was a vending machine with soft drinks and chocolate. The manager told us that this was used by both residents and staff.

Observations of residents and staff

All the residents we saw looked clean and well cared for. We visited in the afternoon; a few residents were wearing dressing gowns and/or pyjamas/ pyjama bottoms, but most were dressed in 'day clothes. We were told that residents choose when they get up, and we assume that this extends to how they choose to dress. We saw staff engaging with residents in a friendly and respectful manner. There was one longer term resident who clearly had a close

relationship with staff and had some great back and forth rapport between them and the manager

When we first arrived there was a smell of urine near the entrance which was gone by the time we left.

Feedback from residents

We spoke to several residents in both communal lounges



"It's lovely here, they look after us here."



"We do all kinds, I got to hold a spider they brought in. I wasn't scared my cousin had one. The food is lovely, I eat all kinds, even the plate!"

(The resident told us with her finger that she had been very thin when she arrived at Simonsfield.)

"I've got mates here, and they put a balloon on my walking frame on my birthday. I'm happy here, they're good to us in here. We go on outings; we went to Chinatown."

(When asked what could be changed the resident pointed at the manager) "One thing is to give her a raise, she works hard!"

"The food is not bad at all; the portions suit me and you don't go hungry."

"I've not been asked about activities, I'm not one for bingo, I like to read, a bit more reading, I would like to go to the library".

(We fed-back to the manager who advised this resident takes part in activities but has some memory loss.)

"It's sound, food is great I can't complain, If anything it's a bit too much (*portion size*)".

"Could do with a bit more time between meals as I wouldn't eat as often".

"The room (*lounge*) is a bit small for activities but it's a bit of fun and keeps the mind active"

(*Anything you would change*) "Not much you can do because of the environment, It does take a while to settle in".

"The staff are very good; the accommodation is good. The one complaint I have is about the food, I would like more Italian food, like spaghetti with meatballs. I go to the residents' meetings and mention it there, I don't get the food I like often enough. I get on very well with the staff, there are 2 activities people, they do quizzes I like. And 2 people do exercises, music and exercise"

Summary and recommendations

Summary

The small number of residents we spoke to had majority positive comments about the staff, the care and the home in general. There were lots of positive comments about the food, although some residents would prefer more choice. We had been told this was a topic regularly discussed at residents' meetings and shown the notes of this by management. There is also acknowledgement of this on the homes 'you said we did' boards.

The lounge areas had a homely feel, and the dining area looked like it could be in a B&B. The glimpses of residents' bedrooms we had showed clean and homely rooms. Overall, the residents we saw seemed content, and the home appeared clean and well looked after.

We did question the relatively low number of bathrooms for the number of residents given that there are no ensuite facilities. There were no complaints from residents regarding this and management and staff did not report any difficulties in managing the situation. The Care Quality Commission states that there should be 'sufficient bathrooms for the number of people using the service' and staff seem to be managing the situation well.

Recommendations

We make the following recommendations for Simonsfield care home:

- Focus on providing more accessible information for residents. We would suggest looking at providing easy-read menus and providing more easy-read signage and displays around the home.

(we have added some directions to living well with Dementia further on)

Response from Simonsfield

We shared our recommendations to the manager at Simonsfield who responded promptly. They advised they would make a start on the recommendations in the report.

Positives and good practice

We found during our visit examples of positives and good practice which included but were not limited to:

- Activities seem a real strength at Simonsfield with multiple residents praising the work done by staff. Having activities coordinators with multiple years of experience working in the same home undoubtedly helps in building relationships and expertise. Activities can be seen on their Facebook page including most recently chair basketball, manicures, baking and darts.
- The quality and quantity of food was praised by many residents. The dining room was a very pleasing environment also and seemed a nice place to have lunch. The staff response to feedback regarding choice also seems very open and demonstrates a willingness to listen to residents and family.

Appendix

Healthwatch Liverpool – Powers to Enter and View Services

Healthwatch Liverpool was established under the Health and Social Care Act 2012 and came into being in April 2013. We work to give local residents a stronger voice to influence and challenge how health and social care services are provided.

We enable people to share their views and concerns about local health and social care services, helping build a picture of where services are doing well, and where they can be improved. Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist us in carrying out our statutory functions under the Health and Social Care Act 2012.

Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for us to get a better understanding of the service by seeing it in action and by talking to staff and service users.

We aim to identify and share good practice wherever possible. However, if during a visit we identify any aspects of a service that it has serious concerns about, then these concerns are 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 for investigation. Addressing issues of a less serious nature may be done directly with the service provider.

For more information about Healthwatch Liverpool, please visit our website www.healthwatchliverpool.co.uk or contact us using the details at the end of this report.

Resources

Information and training on living well with dementia:

www.alzheimers.org.uk/get-support/staying-independent/stairs-reducing-risk-falls (Information for reducing falls risks around stairs)

<https://portal.e-lfh.org.uk/> (Modules we recommend are Introduction to living with dementia, enabling people to live well with dementia)

www.ageuk.org.uk/bp-assets/contentassets/2d42698f64294f3993e75b378eb3292a/eating-and-drinking-well-carers-guide.pdf (Age UK eating and drinking well with dementia)

www.scie.org.uk/ (Supporting the use of the best evidence about what works in social care and social work)

www.nwadass.org.uk/ (Northwest Association of Directors of Adult Social Services)

Support for staff and families:

www.thelivewelldirectory.com/ (Directory of local services and groups)

www.ourhouse-walton.co.uk/ (Mental Health and community activities)

www.england.nhs.uk/supporting-our-nhs-people/support-now/care-health-and-wellbeing-support/ (Support for health and social care)

www.carers.org/help-and-info/introduction (for unpaid carers)

www.thelivewelldirectory.com/Services/2519 (FACT Cinema dementia friendly screenings)

www.thelivewelldirectory.com/Services/2026 (Liverpool City Council: Dementia Advice)

www.thelivewelldirectory.com/Services/2221/Museum-of-Liverpool (House of Memories Dementia awareness workshop for families and carers)

www.thelivewelldirectory.com/Services/7254/Tide-Together-in-D Tide (Together in Dementia Everyday) is a UK-wide charity for carers & former carers of people living with dementia.



healthwatch

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