

# St Joseph's



Enter and View Report October 2024

# 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:

**Address:** Woodlands Road, Aigburth, Liverpool, Merseyside, L17 0AN

**The Date of the Enter and View Visit:** 08/10/2024

**The Time of the Enter and View Visit:** 10:00-12:00

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

- *Terry Ferguson, Engagement and Project Officer*
- *Claire Stevens, Engagement and Project Office*

This was an announced visit. We would like to thank St Joseph's 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 St Joseph's 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 was no safeguarding concerns identified during this enter and view visit.

# About the Service

## Background

St Joseph's is registered to provide accommodation and support for up to 18 people. At the time of this inspection there were 18 people living there with one in hospital. The service provides support to people who have an acquired brain injury, a neurological disorder and/or a physical disability. The home is run by Nugent Care.

## Discussion with staff

St Joseph's provides care for people with acquired brain injuries who often also have other conditions. It has 18 rooms with 18 residents when we visited with one resident in hospital at the time.

Management advised that as of November they have 36 staff and 3 relief workers. They said recruitment is challenging especially following Covid and although they have vacancies they are fully staffed within their mandate. Staffing includes relief/ bank staff, and part time staff working overtime shifts. Management advise that agency staff are used but are mostly for last minute cover. There are multiple staff who have long term experience including the manager and three team leaders who have worked at St Joseph's for over 20 years in various roles. There are also cooks and care workers with over 10 years' experience and maintenance staff with over 40 years' experience. We also spoke to one volunteer who had previously been an employee for many years and still comes in once a week.

One member of staff advised they prefer not to use agency staff due to residents' complex needs and not all agency workers have the skills to manage this. They feel long-term employees have developed a more thorough understanding of resident's needs, like and dislikes. One staff member we spoke to said they had noticed a reduction in agency use. Management advised they understand staff frustration about recruitment but that not shifts are run under their mandated staff number.

Management advises that shift patterns are set over a 24hr period. This includes six care staff plus a Team Leader of a morning, five care staff plus a Team Leader of an evening, and two care staff plus a Team Leader during the night. The morning and evening shift have a cross over of 3hours during the afternoon.

## Health Care

Most residents are registered with the Sandringham Medical Centre with one registered with The Ash Surgery. Some staff found Sandringham to be generally helpful, but one staff member felt that the Ash was better. One team leader advised they have difficulties with Sandringham and advised that they had to wait in a phone queue from 8am to get appointments for residents. This is often not feasible with staffing levels and resident needs. They feel that this has caused staff to have to attend walk in centres requiring some staff to leave the care home for longer periods.

## Feedback from staff

"I am finding it difficult to get doctors out and also the get appointments over the phone. We are having to ring at 8am but struggling to get through and end up having to use telemed or the walk-in centres instead. The Ash Surgery is a hundred times better than Sandringham and they will come out."

Management advised they have now been appointed a community matron who visits every other week, with regular contact in between and can also request extra visits if needed. They also now have contact with the GP practice pharmacist who will carry out medication reviews and where they can discuss any issues relating to medication.

District Nurses attend the Home regularly and are generally the same nurses, and this is welcomed by staff as *"The same faces promote good relationships."* Pharmacy is provided direct 2 chemists and staff advised that *"There is some chasing needed"* but they are usually okay. Eye care is provided by Vision Care Opticians who were described as very helpful and will come out to the care home to see residents.

Most patients use Everton Road Dental Centre or Mydentist Picton Road and some have accessed the Special Care Dentistry Unit at the Dental Hospital. One staff member said that they struggle to get dental care for residents from Everton Road as they will only register patients who are in pain. This leads to residents having to wait until they deteriorate and is further complicated by the abilities of residents to communicate when they are in pain.

## Feedback from staff

"Mydentist in Picton removed residents from their books during Covid. We are having to use Everton Dental now, but they will only see residents in an emergency. We are having to wait until residents are in pain before we can get them registered. Some of our residents are non-verbal and have undetected dental problems that can cause them a lot of issues."

## Hospital care and discharge

Residents attend various hospitals but mainly attend The Royal Liverpool University Hospital. Hospital discharge is described as difficult as staff struggle to get hold of patient information from hospitals as staff are not listed as next of kin and paperwork has been lost on occasions. Staff from St Joseph's are often having to attend in person which removes more staff from caring duties. Staff

feel this could be resolved with phone calls or the introduction of a more streamlined approach or dedicated contact.

The Walton Centre is described as very good, but residents generally attend there for planned care, unlike at The Royal. Staff feedback about Immedicare was generally positive. Staff also mentioned that they have a chiropodist that visits every 6 weeks with no problems reported.

## **Residents**

Residents arrive to the care home from various sources such as hospitals, social workers, other care settings where a placement is no longer suitable and when a person can no longer live in their own home. Most placements are from Liverpool but there are out of area placements too.

Staff say that care plans are developed through discussions with residents, families, other professionals and sometimes resident's previous care homes. Staff say most residents are verbal and able to communicate effectively but it does take time to understand the needs and behaviours of residents. Staff say that when agency staff are working, they are paired with permanent staff to aid them in supporting residents. Staff say that Speech Therapists are heavily involved in the care.

Residents can bring their own furniture, and rooms can be painted in colours of their choice by maintenance staff. The rooms we saw had large windows which let in a lot of light and all rooms are en-suite. Residents can choose to have their names on their doors.

Residents that smoke are taken by staff to an external smoking area that is wheelchair accessible and has a small, covered area. Those who smoke are generally taken outside once an hour. They don't keep their own cigarettes or lighters for safety reasons. The outside area looked exceptionally well maintained and had recently been jet sprayed.

## **Activities**

There is an activities co-ordinator who has been in post for over a year. Staff mentioned that service users enjoy cooking, arts and crafts, movie nights with snacks, and music. We saw an activities board which listed activities including arts and crafts, card games, quizzes, cooking and an outing. This was not dated so we weren't sure whether it was accurate. The home no longer has a minibus, but staff are hoping to get a replacement. This has impacted residents' ability to access the community according to one member of staff we spoke to. One member of staff advised that there have been fewer visits to pubs and restaurants since Covid.

Management later reported that as part of their upcoming budgets they are looking at costings for new transport but due to the complex needs of residents, this transport needs to be specially adapted adding cost and complexity. Management advised that residents are still able to access community-based activities such as two residents who attend Goodison Park to watch the football. They said that so far, the only activity that has had to be cancelled was a trip to Blackpool. Management advised that all in-house activities at St Joseph's are covered by the care home budget

## Feedback from staff

**“I would like to be able to offer more activities to residents without them having to pay”**

One member of staff said there are occasional residents' meetings, but that not many people attend these meetings. Management clarified after our visit that residents' meetings are held every other month, and they also have quarterly beneficiary surveys which are completed by a member of their governance team. Staff said that residents are encouraged to share their interests with staff.

Residents discussed their interests with us which included fishing, football, films (particularly James Bond) and shopping – particularly for clothes.

### **Food**

There is an on-site chef who takes account of individual needs such as swallowing difficulties. Chalk boards with the daily options are placed on the dining tables and the chef will generally go around daily to talk to service users about their preferences. They can also make 'off menu' requests.

Some residents sometimes shop for themselves and can make their own snacks and drinks (subject to risk assessments). Different dietary options are available, and residents can eat in the dining room or in their own rooms. There have been some BBQs outside when the weather has allowed.

Cultural needs including food choices will be met wherever possible. One resident has meals brought in by family members about 4 times a week, as well as getting a takeaway once a week. Staff say that the in-house chef will always try to cater to individual needs.

### **Keeping possessions safe**

Staff say that clothing is labelled with marker or have labels sewn in by either staff or family members. Dentures are kept in residents own en-suite bathrooms overnight and rarely go missing. Drinks and snacks can be kept in people's own rooms or in locked cupboards in the kitchen.

Management also advised that residents rooms come with a lockable safe and the rooms have keys for if the residents wish to lock the room when not in use. Team leaders have master keys in case any room or safe keys are misplaced.

## Visiting

There are no rules about when family or loved ones can visit. Staff prefer that families schedule visits to avoid protected mealtimes and appointments, but they can just pop in at any time. People mainly visit in the afternoons, and families can take residents out for days or weekends. One resident often spends the weekends in their nan's whilst others are taken out by families for a few hours at a time. Family members can raise concerns informally or formally and there is a booklet and information available on the website.



# Observations

Upon arrival at St Joseph's, we were met by staff and were asked to show our ID and sign in. We later met another team lead who took over as staff had to assist a resident.

## Observations of the building and facilities

St Joseph's is a purpose-built care home, and it looked in a good state of repair. It is all on one level which is helpful for residents with mobility difficulties. The decoration was tasteful, and the design of the building allowed for lots of natural light. Staff say that Nugent Care provides painters and decorators, and residents can decide the decoration in their own rooms. They are also able to bring their own decorations and furniture.

### Foyer/entrance

The foyer is airy and bright with lots of natural light and artwork by residents and thank you cards on display. There is a pet bird with information including their name. There is comfortable sofa seating in this area and flowers on a table.

### Hallways

Multiple pieces of art are displayed on the walls and the areas are all well-lit. There were hand gel and cleaning stations in multiple locations. The care home seemed extremely clean in all areas and looked spotless. There are rails on both sides of the hallways to assist in transferring. Thank you, boards and pictures, of resident's activities were also on display.

### Lounges

The quieter lounge has large windows, comfortable chairs, a large television, ceiling fans and fireplace. Photographs of residents were in place around the room as well as an air con/dehumidifier. There was also a fish tank which was clean, and the fish looked healthy.

The louder lounge again had large windows including some looking into the hallway. It is an open and airy room with a door leading into the garden. Again, a ceiling fan and air con/dehumidifier was in the room. All the clocks we saw were set to the correct time.

### *Quote from Resident in dining room*

*"Oh yes I like the space, and you can get coffee when you like"*

## Dining room

The dining room was large and spacious with windows letting in lots of natural light. There were multiple tables with place mats and staff advised that condiments are placed out at lunch times.

# Feedback from residents, relatives, and staff.

Healthwatch spoke with 5 residents and 4 staff members

*Quote from resident*



**"It's a good place to live."**



Feedback from residents

Resident A

"I enjoy socialising with people. I like the TV and watching the soaps and James Bond. I like to go out with (staff name) and my 2 brothers come to visit. I like to do dishes and its clean here, I like the environment."

Resident B

"I don't like anyone. (whilst laughing and joking with staff) It's fine, Auntie Po is fantastic. We have weekend fry ups and can order from the chippy"

(What would make it better?) - "More staff so we can go out more"

Resident C

"The staff make me anxious. I'm afraid they might steal my perfume and Christmas presents."

*(Same resident speaking about staff.)*

"I love *(staff member)* she even bought me a Christmas present she's my favourite"

Resident D

*Do you get offered tea or coffee-* "You never get offered one"

*Where did you last go?* - "I went to the shops, the Asda. We don't do arts and crafts; they used to do card games, but the girl left. I used to like fishing, but I've got no one to take me. I would like to go out more"

Feedback from Staff

"I have worked here for 9 years and it's like a family. They play board games and have events. The Halloween party is coming up and we had Valentine's Day. We could do with more staff to help people go out so we can take them to shopping."

“It can be a bit stressful and hectic of a morning especially with meds. Appointments can be difficult especially for residents that require 2-1 support. We could do with more staff to help with crossover shifts”

## Personal stories: Feedback from staff member



“I’m happy working here but I’d like to be able to take people out more. We used to do things like trips to Blackpool, but we can’t do that anymore. It would be good for people to have more fresh air. It can be difficult getting what we need from GPs – getting appointments is hard, we have to ring at 8:00am like anybody else. This is not a good time for care workers. And it’s impossible to get a home visit. We sometimes have to take people down to the Walk-In Centre, but this often involves 2 staff”.



# Summary and recommendations

## Summary

Overall, during our visit, we observed that St Joseph's Care Home has many strengths that make it a good environment for people to live. The building is purpose built, accessible and designed and decorated to a high standard. There is obviously a lot of care and attention given to the care home by staff and every area we saw was spotless with a high level of cleanliness.

The interactions we saw between staff and residents were positive. Staff and residents seemed to have built very close bonds and there were lots of good-hearted banter between residents and staff. Staff appeared to care deeply about the residents, and this was mirrored by some of the residents. That a volunteer continues to attend the home to support residents after working there for many years speaks to a culture of caring staff at St Joseph's.

Staff were open about the challenges they face, and staffing levels was brought up as a concern by multiple staff members and residents. Staff and residents seem to feel that their ability to engage in activities and experience life outside the care home is impacted by current staffing levels. This seems to be further impacted by communication challenges with the linked GP Sandringham Medical Centre and The Royal Liverpool University Hospital. Management has advised that new pathways such as the community matron and contract with the GP's pharmacist is now in place.

## Recommendations

We make the following recommendations for St Joseph's Care Home:

- Leadership at the care home to have an open conversation with existing staff and residents about staffing levels and the impact it is having especially on activities for residents.
- The relationship with the current linked GP Sandringham Medical Centre or Royal Liverpool University Hospital does not seem to be functioning as effectively as it could and is further impacting staff availability. Leadership should contact the practice manager/hospital and discuss alternatives. Healthwatch Liverpool are happy with permission to discuss with partners to see if there are alternative pathways.
- Attempt to source a dedicated transport for the care home as some staff and residents feel this is having an impact on residents' activities.
- The inclusion of a 'you said we did' board is a good way of showing residents and families that staff are listening to suggestions and making changes in the home.

## Positives and good practice

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

- The building and grounds of St Joseph's are a real strength for the care home. The building is accessible and is designed and decorated in a way that makes it feel a very pleasant place to live and work. The surrounding grounds also looked well maintained and there was lots of greenery and nature nearby.
- St Joseph's seemed exceptionally clean during our visit. We did not see anyone cleaning at the time, but the floors and surfaces were gleaming, and we did not see any clutter or debris. One resident commented positively about how clean the care home is.
- Staff seem to have built close relationships with residents and knew their interests and histories without needing to look through records. Staff came across as wanting the best for the residents and many residents seemed to consider staff as friends and family.

## Response from Management

Management were in contact with us during the report writing process and seemed open and honest about things at St Joseph's. They gave us the following responses to our recommendations.

### Discussing staffing

*We have had some difficulty with recruitment, particularly since Covid which is an ongoing concern across health & social care. Although we currently have staff vacancies, shifts are fully staffed within our mandate and includes relief/bank staff, and part time staff who will pick up overtime. We are currently inducting three new staff members. Agency staff are used to fill some shifts but is mostly used for last minute cover such as sickness.*

*I understand staff frustrations around recruitment; however, shifts are not run under what our mandate is. We have three shifts over a 24hr period, this includes six care staff plus a Team Leader of a morning, five care staff plus a Team Leader of an evening, and two care staff plus a Team Leader during the night. The morning and evening shift have a cross over of 3hours during the afternoon.*

*The only thing I can think that relates to staff saying they would like extra staffing, is during this cross over period. This is something I can look at; however, thought it was important to say that we do not have shifts that are short staffed.*

### Discussing Activities

*It is unfortunate that our minibus is no longer in use, however this is recent and has not prevented any community-based activities. We have two of our residents who are season ticket holders and attend home games at Goodison Park. The only activity in which the minibus has affected us, is that we were unable to do Blackpool this year. As part of next year's budget, we are looking at costings for new transport however, due to the needs of residents, this needs to be specially adapted with tail lift, and appropriate safety belts for securing wheelchairs.*

*In the report, it captures a comment made by staff where they would like to offer more activities to residents without them having to pay. Residents will only pay for community-based activities that they wish to do i.e. like the football tickets. All in house activities are covered within our budget.*

*Residents' meetings are held every other month and we also have quarterly beneficiary surveys which are completed by a member of our governance team.*

### Discussing GP access

*We have now been appointed a community matron who visits every other week, with regular contact in between. We can also request extra visits if needed. We now also have contact with the GP practice pharmacist who will carry out medication reviews and where we can discuss any issues relating to medication.*

*In relation to using walk-in centres, the report states that this would require 2 staff when in fact, we only have one resident who requires 2:1 support when out in the community.*

*The report states that getting appointments is difficult and waiting on the phone impacts staffing further. The appointments are usually made by the Team Leaders so would not impact the care staffing ratio.*

# 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](http://www.healthwatchliverpool.co.uk) or contact us using the details at the end of this report.





**healthwatch**

Healthwatch Liverpool **Liverpool**  
151 Dale Street  
Liverpool  
L2 2AH

[www.healthwatchliverpool.co.uk](http://www.healthwatchliverpool.co.uk)

t: 0300 77 77 007

e: [enquiries@healthwatchliverpool.co.uk](mailto:enquiries@healthwatchliverpool.co.uk)

 [@HW\\_Liverpool](https://twitter.com/@HW_Liverpool)

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