|  |
| --- |
|  |

**Enter and View Report.**

**Unannounced visit to:**

Locharwoods of Birkdale

45 York Road. Birkdale. Southport.

Merseyside. PR8 2AY

**Wednesday 8th May 2019, 10:30am**



@HWatchSefton

‘Healthwatch Sefton’

**Contents page.**

|  |  |
| --- | --- |
| **Content**  | **Page** |
|  |  |
| What is ‘Enter and View’ | 3 |
| Acknowledgments  | 4 |
| General Information | 4 |
| Purpose of the visit | 5 |
| Type of ‘Enter and View’ visit undertaken | 6 |
| How the visit was planned  | 6 |
| Observations | 7 |
| What we learnt from listening to the manager, staff, residents and family members  | 12 |
| Safeguarding observations  | 23 |
| Conclusions, recommendations and considerations  | 23 |
| Healthwatch follow up action | 28 |

**What is Enter and View?**

Healthwatch have a legal power to visit health and social care services and see them in action. This power to ‘**Enter and View’** services offers a way for Healthwatch to meet some of their statutory functions and allows them to identify what is working well with services and where they could be improved.

Enter and View is about seeing and hearing for ourselves how services are being run and allows us to collect views at the point of service delivery. This might involve talking to staff, service users or observing service delivery.

Visits are conducted by ‘authorised representatives’ who are trained volunteers and staff members. The full list of representatives can be found on our website: <https://healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view/>

Visits can be announced (we plan the visit with the service provider) or unannounced (when the service doesn’t know when we are visiting).

* The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007[[1]](#footnote-1) to carry out Enter and View visits.
* Healthwatch should consider how Enter and View activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2007[[2]](#footnote-2)

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 that we can learn and share examples of what they do well from the perspective of people who use the service first hand.

**Acknowledgements**

Healthwatch Sefton would like to take this opportunity to thank staff on duty at the time of the visit. We would also like to thank the residents for taking the time to speak to us and for their contribution to this unannounced Enter and View visit. We would also like to thank the manager (Heather), staff (including Elaine who invited the team to stay for lunch) and family members for taking the time to fill out surveys and return them to us.

**Please note that this report relates to the findings observed on the specific date and time of the visit and feedback from staff, residents and family members.**

**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 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.

**General Information**

Locharwoods is a residential care home for 19 older people. Accommodation is provided in 19 single rooms, all of which have an en-suite facility. Communal space is provided in a lounge, conservatory and dining room. Passenger lifts provide access to all areas of the home. During the last inspection by the Care Quality Commission (CQC), this service was rated overall as **‘Good’.**

<https://www.cqc.org.uk/sites/default/files/new_reports/INS2-2756404258.pdf>

**Purpose of the visit**

Our visit to ‘Locharwoods of Birkdale’ was conducted as part of a series of pre-arranged visits to care homes across Sefton. We had also received feedback about this service and agreed that it was important to visit the home and gain an independent overview.

National charity, Independent Age, have been carrying out research looking at the things that older people and their families want to know when choosing a care home, as well as consulting care experts for their views on what are the most useful indicators of quality. Surveys were developed and we used the surveys as part of the visit process, to gather information from the manager, staff, residents and family members, as well as observing a number of different areas. Copies of the surveys are available on request.

Findings from this visit will help individuals and families make more informed decisions, while also helping the Care Quality Commission (CQC), local authorities and Clinical Commissioning Groups (CCGs) to build up a comprehensive picture of quality in care homes. Through this work we aim to:

* **Provide a different perspective** based on personal testimony, tohelp fill the gaps in what people can find out from the Care Quality Commission, the local authority and the care homes themselves.
* **Seek out and share best practice** and provide feedback to care homeproviders based on our observations.

**Type of Enter and View visit undertaken**

This was an unannounced Enter and View visit undertaken by the following authorised representatives from Healthwatch Sefton:

* Wendy Andersen
* Anne Blackman
* Betty Boner
* Anne Major

**How the visit was planned.**

The visit is not an inspection, but offers a lay perspective. This visit was **unannounced** and the manager was contacted by telephone, **one hour** before the visit commenced.

The aim of this programme of work is to observe services provided by Sefton based; residential, nursing and care homes, consider how services may be improved and share good practice.

The team of trained authorised representatives record their observations along with feedback from residents, staff and where possible families and friends. Surveys with freepost envelopes are left for completion by the manager, staff and family members. Enter and View visits are not intended to specifically identify safeguarding issues, however if safeguarding concerns arise, they are reported in accordance with Healthwatch Sefton safeguarding policies.

A report reflecting observations and feedback, is sent to the manager of the service for comment. Any response from the manager is included within the final version of the report which is published on the Healthwatch Sefton website:[www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view](http://www.healthwatchsefton.co.uk/about-us/meet-healthwatch-sefton/enter-and-view)

**Observations**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Exterior** | **Excellent** | **Good** | **Okay** | **Poor** | **Terrible** |
| Parking  |  |  |  |  |  |
| Signage |  |  |  |  |  |
| Controlled Access (inc. directions on how to gain access/security).  |  |  |  |  |  |
| Physical Access (inc. disability access) |  |  |  |  |  |
| Upkeep of grounds |  |  |  |  |  |
| Upkeep of building’s exterior |  |  |  |  |  |

**Exterior of the building.**

On arriving at the home, we considered the external environment including upkeep of the grounds, parking, signage and physical access.

There was good access to parking with free street parking outside the home. We did notice that within the car park there were no guide lines to support people with parking. Signage for the home was clear but discreet. In looking at access to the conservatory, there was a steep step but there was also a ramp in place. One of the team did trip on the step.

There were raised planters in the garden, ready for the nice weather and the **manager** told us that **residents** would be encouraged to get involved in the planting of flowers.

The security around the home was excellent and **residents** have to wear emergency pendants to wear when they are in the garden.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Reception** | **Excellent** | **Good** | **Okay** | **Poor** |  **Terrible** |
| Information provided on care home |  |  |  |  |  |
| Décor |  |  |  |  |  |
| Freedom from obstructions and hazards |  |  |  |  |  |
| Lighting (inc natural light) |  |  |  |  |  |
| Hygiene, cleanliness (free from odours)  |  |  |  |  |  |

**Reception**

As you can see from the above, the reception area was observed as being excellent, there being plenty of information with all information being up to date. There were no Healthwatch Sefton leaflets available but at the end of the visit, we left some promotional material so that this could be displayed.

**Corridors, Lifts and Stairways.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Corridors, Lifts and Stairways** | **Excellent** | **Good** | **Okay** | **Poor** |  **Terrible** |
| Physical Access (inc. grab rails etc) |  |  |  |  |  |
| Décor |  |  |  |  |  |
| Freedom from obstructions and hazards |  |  |  |  |  |
| Hygiene, cleanliness (free from odours)  |  |  |  |  |  |
| Lighting (inc. natural light) |  |  |  |  |  |

Again, in observing corridors and stairways, the areas were free from obstructions and hazards, were free from odours and had natural lighting. We didn’t observe hand/grab rails. During our visit we observed that access to the veranda was not locked and wondered if this could be a health and safety issue. We informed the manager about this on the day of the visit.

**Dining Area.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dining area** | **Excellent** | **Good** | **Okay** | **Poor** |  **Terrible** |
| Physical Access (inc. disabilty) |  |  |  |  |  |
| Décor |  |  |  |  |  |
| Freedom from obstructions and hazards |  |  |  |  |  |
| Hygiene, cleanliness (free from odours)  |  |  |  |  |  |
| Dining Area (ambience/atmosphere) |  |  |  |  |  |
| Lighting (inc. natural light) |  |  |  |  |  |

As you can see from the observation ratings for the dining area, it was observed as being an excellent area of the home. We observed that chairs in this area had rods on the bottom of all chairs, to stop them from toppling over. Tables had clean tablecloths and they all had salt and pepper on them, a nice arrangement of flowers and coaster for cups. There was a weekly menu on each table. There was also a weekly menu available and a sign on the door which included both words and pictures. In reviewing the menu there appeared to be a good choice of food and fruit is available every day. The dining area was very pleasant.

**Communal sitting area(s).**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Communal Sitting Area** | **Excellent** | **Good** | **Okay** | **Poor** |  **Terrible** |
| Physical Access (inc. disability) |  |  |  |  |  |
| Décor |  |  |  |  |  |
| Freedom from obstructions and hazards |  |  |  |  |  |
| Hygiene, cleanliness (free from odours)  |  |  |  |  |  |
| Communal/ Sitting area (general ambience) |  |  |  |  |  |
| Lighting (inc. natural light) |  |  |  |  |  |

As you can see from the observations, the communal sitting areas were rated as being excellent. We observed warm twinkly lights on the fireplace, areas were clean and there were flowers displayed. Residents in communal areas were observed as having plenty of drinks and there was a fan in case residents became too hot. The conservatory area was slightly cluttered with beds that were due to be picked up but the manager was aware that they needed to be removed and that this was being arranged soon. During the visit, there were five residents in the sitting area, three of which were asleep. One resident was trying to get comfy, trying to lie down. One resident was observed as having a really sore eye which was bleeding.

During the visit, there had been a spillage and this was mopped up and the warning sign was immediately put up.

**Kitchen facilities/Food preparation area.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Kitchen facilities/ food preparation area** | **Excellent** | **Good** | **Okay** | **Poor** |  **Terrible** |
| Facilities (e.g. Sinks, Fridges) | 5 |  |  |  |  |
| Décor | 5 |  |  |  |  |
| Hygiene, cleanliness (free from odours)  | 5 |  |  |  |  |
| Health & Safety (e.g. are knives stored safely) | 5 |  |  |  |  |
| Lighting  | 5 |  |  |  |  |

As you can see, the kitchen area was observed as excellent. We spoke with the cook who told us that residents are offered a choice of food. Whilst we were in the kitchen, there was a cake baking in the oven, for later in the day. Food was being prepared during the visit and the team agreed that it smelled like home made food. The team were offered drinks during the visit and were also kindly invited to stay for lunch.

**Bathroom/Washing/Toilet Facilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bathroom/ Washing/ Toilet facilities**  | **Excellent** | **Good** | **Okay** | **Poor** |  **Terrible** |
| Physical Access (inc. disability) | 5 |  |  |  |  |
| Décor | 5 |  |  |  |  |
| Freedom from obstructions and hazards | 5 |  |  |  |  |
| Hygiene, cleanliness (free from odours)  | 5 |  |  |  |  |
| Assistive equipment available | 5 |  |  |  |  |
| Lighting (inc. natural light) | 5 |  |  |  |  |

In observing bathroom areas they were all observed as being in excellent condition. New bathrooms are being installed and residents have been asked where they want the rails to be placed.

**Additional Observations.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Not seen** |
| Is the complaints policy displayed? |  | 5 |  |
| Are the activities which are due to take place/ taking place/ took place for the day displayed anywhere in the home? |  |  | 5 |
| Have you seen any residents during the visit being offered drinks/ or see drinks available? | 5 |  |  |

We did not see the complaints policy displayed but after a discussion with a

member of staff, we were told that the policy is available on request. We did observe a ‘Friends and Family’ response sheet and there were also ‘Review us’ forms available in the reception area. We also observed minutes of residents meetings that had taken place.

We didn’t observe any activities, but there was an up to date timetable/ diary of events. The majority of the activities appeared to take place in the afternoon. A member of staff advised that they would also ensure that they had little chats with residents, painted nails for example.

During the visit, we observed staff checking if residents needed drinks and supporting residents.

**What we learnt from listening to the manager, staff , residents and family members.**

During the visit we were able to speak directly with four **residents.** Wewere told we could speak with all residents and we could knock at rooms to ask residents to chat with us with exception of 2 rooms.

The residents we spoke with were all dressed well and in those residents rooms we were invited into, they were clean and were clearly personalised. Rooms had family pictures up on the walls for example and residents had TVs in their rooms and radios/CD players.

Following the visit five members of **staff** shared feedback using a questionnaire which we had left at the home for them to return to us anonymously as did the **manager.** Three **family members** also shared their views on the home following the visit which provided us with a greater understanding of how their loved ones are being cared for.

The **residents** we spoke with told us that they were happy living at Locharwoods. One **resident** told us that they missed their garden. **Family and Friends** agreed that their relative/friend were happy. Residents who we spoke to and observed appeared very happy.

* *“Our relative would find fault wherever they were, so is happy here, as they would be anywhere else”*

Have a registered manager in post.

The **manager** told us that they were attracted to the role as they had worked in care since 1990 and had worked to progress into manager roles. They had worked as a deputy for one year at another care home but didn’t feel it was the place for them, so applied for the role at Locharwoods. The **manager** told us that they want to care for people and wanted to share their skills with staff at the home to progress their professional development. When asked what they enjoy about the role, we were told ensuring residents are happy and are treated as part of a family. They enjoy the homeliness at Locharwoods and how the staff, residents and families interact. During the visit, our observation was the homely feel which Locharwoods had. The **manager** enjoys working as part of the team and although the role can be stressful, they found the role rewarding and gets a lot of job satisfaction.

The **residents** we spoke with could tell us the name of the **manager** and feedback included that the manager was *‘very good, nice and great at her job’.*

Two **family members** stronglyagreed, with one agreeing that the **manager** provided strong and visible management in the home;

* *“The manager is always helpful and spends time with our relative when she is wanted.”*
* *“Heather is always available and is very reassuring to my mother.”*
* *“She is available most of the time.”*

Three of the five **staff** members strongly agreed that there was visible management within the home, with two agreeing. We were told that the **manager** is always available when needed and that availability of staff training and the policies and procedures in place supported this.

* *“The owner attends on a daily basis and is always available by telephone at any time. The home has strong management due to all of the policies and procedures in place and updated regularly. Also staff training is kept up to date.”*
* *“I strongly agree that the home has strong management due to the training, policies and procedures.”*
* *“Manager leads a good team and is always available for advice and support. She works as part of the team well and encourages us.”*
* *“The manager is always there is you have a problem.”*
* *“I believe that the home has brilliant management. Heather is on top of any problems straight away.”*

Getting to know residents and recording changes to health and care needs.

The **manager** told us that **staff** are allocated as key workers for residents and also use a ‘Who am I’ book, to gather background information from residents and families. **Staff** members are encouraged to read the book in conjunction with care plans and assessment forms. Handover books are used to support communication, as are memos, discussions between staff and there is a WhatsApp group. Also as part of one to one activities, they can find out more information which can be added to the book. Monthly care plan reviews are undertaken with **residents**. However on a daily basis, changes will be reported and care plans updated. This information is then shared with **staff**. The manager has an open door policy for everyone.

**Family members** strongly agreed that **staff** have good knowledge of their relatives and their conditions and **residents** also told us that they felt that staff knew what they liked and didn’t like. One **resident** told us that they knew what food and drinks they liked and that they had been able to move rooms as **staff** had understood their personal needs.

Three members of **staff** strongly agreed, with two agreeing that they had good knowledge of individual **residents** and that this was because of their interactions with residents and family members and from care plans.

* *“We get to know each individual resident by talking to them or their families.”*
* *“Have worked here a long time and enjoy chatting to the residents.”*
* *“I had time when I was doing training to have good knowledge to know each individual and continue to do so.”*
* *“Through regular one to one sessions and also by reading the individuals care plan.”*
* *“I believe that we are aware of the residents needs and if there is a new resident, we are able to find out.”*

Two of the three **family members** who shared their feedback with us, told us that they had access to their relatives care plan and they could see this when they asked. The third family member had never asked to see the plan.

Time to care for residents and staffing levels.

**Residents** we spoke with told us that staff members have the time to stop and chat with them and when we arrived a domestic assistant was with a resident cleaning and chatting to them.

Two **family members** strongly agreed that staff had the time and skills to care for their residents with a further **family member** agreeing. **Family members** commented on the positive attitudes which staff had;

* *“I am happy with the staff at the home. They always appear happy in their work and kind to residents.”*
* *“The staff are patient and helpful at all times as our relative is not easy to cope with.”*
* *“Very polite, nothing is too much.”*

Four members of **staff** strongly agreed with one agreeing that they had the time to properly care for **residents** and reasons shared included having routines and therefore the time to care;

* *“There is a good routine within the home which gives us staff, plenty of time to care for residents.”*
* *“No one feels rushed, work to residents’ preferences.”*
* *“We have the adequate amount of time to spend with residents.”*
* *“The routines are set out fairly with all aspects of daily living, therefore ensuring that staff have adequate time to care for residents.”*

In asking **residents** about their alarm/ call system they told us that staff;

* *“They will come as quickly as they can.”*
* *“Yes, the alarm is at the side of my bed and staff are always there.”*
* *“They do come.”*

**Residents** also told us that staff members have time to chat with them.

Offer a varied programme of activities and support residents to get involved.

It was clear that there was a programme of activities in place. It was also clear that **residents** also had the option of doing their own chosen activities. The **manager** told us that during the week, when possible in the morning, **staff** undertake one to one sessions with the **residents** and try to split them into 20 minute sessions for three **residents** and vary this with the **residents** over the week. During the afternoon, in-house activities such as ball games, dominos, pamper sessions and exercise classes are available. There are monthly entertainment sessions, trips out to Birkdale village and every summer there is a BBQ for **residents**, their **families** and **staff**. We were told about activities booked in for the summer, including a mobile farm visit, a barge trip and a visit to Dobbies, the garden centre.

The **manager** also shared that **residents** were given copies of the activity calendar and this was also displayed on the notice board and in the dining room. One **resident** had a copy of the activities sheet and showed to us one for April and one for May, with many of the activities including arts and craft. They told us how they had painted money boxes and then talked about money and how it is moving to a cashless system. Every Thursday was chair based exercises to music, the hairdresser visited and they also played games such as skittles, dominoes and scrabble. There was also a foot spa, remanence group, bingo, walks into the village or some went in their wheelchairs. We were told that they could also choose other activities that they wanted to get involved with.

Another **resident** told us how they liked to listen to music while another spoke about getting out into the garden when the weather was nice and going out with their family.

**Family members** had varied responses, one agreed, one disagreed and one shared that their mum was not interested in activities but all agreed that their relatives were supported enough to take part in activities if they wanted to and the **manager** shared that **family members** had also volunteered to come and support activities when needed:

* *“My mother is not interested but she does comment there is always something going on.”*
* *“They do have a varied programme but our relative is not interested in doing very much in the way of activities”.*
* *“I don’t feel that there are many events or activities taking place.”*

**Staff** told us about the activities in place and that they will cater for individual residents needs. **Staff** also felt that there were a number of residents who did not want to participate in activities and therefore didn’t join in.

Offer quality, choice and flexibility around food and mealtimes.

**Residents** we spoke with told us that they enjoyed mealtimes, there was choice, with three meals to choose from but often the menus were repeated so often ate the same things. One **resident** mentioned a variation in food quality and this was down to who was on shift to cook and one **resident** shared that they would find it useful if menus could be taken to their room so they could look at it in more detail before asked to make their choice.

**Residents** shared that they would eat their meals in the dining room, one **resident** telling us that if they didn’t feel well, the meal would be delivered to their room.

We were told that in the dining room, **residents** could sit where they wanted for breakfast but for lunch and dinner, they sat on a table with the same four residents every day.

**Family members** and **staff** shared that food was of a good quality and that there was choice around food and mealtimes. **Family members** were also offered to eat at the home if they were visiting during a meal time. We were told about the variety of food and alternatives available. Examples of home made food were provided using fresh fish, and fresh vegetables and fruit, along with freshly made cakes and desserts.

We asked the **manager** how they try to make mealtimes sociable and they told us that they the dining room is bright and airy and what they described is what we observed during the visit (page 8). **Staff** stay in the dining area whilst **residents** are having their meals to support them with anything they need, support with feeding, chat to residents and monitor any concerns.

Access to health and care.

We were informed by the **manager** that an optician visits the home annually for each resident. **Staff** also told us about the yearly visit from the Optician.

Dental appointments are in the community and can be assessed as required. Some **residents** continue to be registered with their own local dentist. The **manager** had asked **residents** to fill out a questionnaire about access to dentists to find out which **residents** were registered and some said that they did not want to see one. A **family member** also told us about this questionnaire and that their **relative** refused to see a dentist. The **manager** has accessed in the past the community dentist but there was a long wait. **Staff** also told us how they support residents to go to the dentist by escorting them to their visit.

**Residents** told us;

* *“I have not needed a dentist as yet so I haven’t asked. I have seen the optician and they come here. I have the same doctor from before I come here at Cumberland House. Not needed to see a doctor whilst been in here as yet but think they would call out.”*
* *“Not seen a dentist my teeth are very good. I don’t need glasses so don’t need to see one.”*
* *“Dentist – not recently. My eyes, I don’t really know.”*
* *“The optician came here. My GP is Cumberland House, they come here. Dentist – they take me from here.”*

During the visit, we observed a **staff** member wearing a tabard and on the back of the tabard it stated ‘medication administrator. Do not disturb’. An Occupational Therapist also visited the home during the visit.

Accommodating resident’s personal, cultural and lifestyle needs.

The **manager** explained to us that **resident’s** needs are recorded during the pre assessment. **Residents** are also asked regularly if there is anything they would like to do regarding their lifestyles.

The **residents** we spoke with told us that birthdays are celebrated and a cake is made for them. We were told about receiving Easter eggs and that a choir had visited them at Christmas to sing carols. We observed a twiddle muff being used by a **resident** during the visit.

A **family member** told us that she had seen Christian visitors at the home and that other people come into the home to visit and talk to **residents**. The **manager** also told us about the Christian visitors and how **staff** will support **residents** to attend church services when they can.

**Staff** didn’t share with us any specific examples but they all shared that all **residents** individual needs are accommodated and all are treated with dignity and respect. The **manager** shared an example. Some **residents** were feeling anxious, so the home booked some mindfulness training which was successful and helped **residents** with breathing and coping strategies.

Open environment where feedback is actively sought and used.

The **manager** told us that they have an open door policy and management and **staff** have really good relationships with **residents** and their **families.** Questionnaires are also used throughout the year to gather feedback.

Comment cards

**Staff** informed us comment/ review cards are used to gather feedback from both residents and their visitors. There is a box for them to leave their cards so that they don’t have to hand them back to staff members. **Staff** told us that the **manager** also looks to make improvements when needed and takes feedback both good and bad. A **family member** shared;

* *“Always asked if you have concerns and invited to make suggestions for improvements.”*

Resident meetings

**Staff** members told us about resident meetings which are held. A **resident** told us that they were having a meeting that afternoon. It was going to be on Saturday but they had brought it forward. A **family member** shared:

* *“They do hold regular meetings which we are invited to and they take on board suggestions that are made.”*

Staff

The **manager** told us that **staff** have regular meetings and have supervision with additional chats taking place. **Staff** for example, discuss shifts and workloads and are asked for their input into how they run, and what works best. There is an annual questionnaire relating to the home and how it is managed and **staff** members are encouraged to complete this. Within the questionnaire there is a section for ideas to share improvements. Whats App is also used to discuss concerns and **staff** members know the office door is always open.

Complaints

When we were talking to one **resident** they told us that first you see the **manager**, then the owner. The **resident** showed us the form with the information on. Another **resident** told us that they would tell them, *“you just have to say something.”* Another **resident** said that they are asked if there is anything they would like to complaint about. One **resident** said they would tell their daughter and they would speak to the manager for them.

The **manager** explained how they make use of the feedback and complaints from **residents** and relatives. Feedback and complaints are reviewed and it will be discussed if actions are beneficial to the home and what will not be possible to enforce. Feedback action plans are posted on the notice board for residents, staff and visitors to see responses to suggestions and concerns.

Staff

All five members of **staff** told us that they enjoyed their job. **Staff** fed back that it’s a friendly home, sometimes it’s a tiring job but its worthwhile making people happy. We were told that the **manager** and the owner are always available in the event of any problems.

A **staff** member shared the following;

* *“It is very homely at Locharwoods of Birkdale.”*

We were told that mandatory training based on 15 e-learning courses need to be undertaken by **staff** as well as face to face training and competancies. **Staff** are als encouraged to undertake other training and will often complete distance learning courses. New **staff** are supported to gain the care certificate and are enrolled on a health and social care qualification. Students from the college also come to work at the home on placements. **Staff** also access training via the local clinical commissioning group.

A member of **staff** told us that the **manager** always offers support to the team when there has been a bereavement in the home.

Other feedback we gathered

From residents

* *“I wouldn’t change anything. We all know there is a seat for us. It is really nice here.”*
* *“It is all quite nice.”*

From family and friends

* *“Very nice home with lovely staff and residents get on well. Well run. Food is nice and fresh.”*
* *“We are very happy with this home.”*

**Safeguarding observations.**

‘Enter and View’ visits are not intended to specifically identify safeguarding issues but if concerns arise during the visit they are recorded. There were **no** safeguarding concerns identified at the time of the visit.

**Conclusions, recommendations and considerations.**

Members of the Enter and View team fed back that this had been a very positive visit, being welcomed by the **manager**, **staff** and **residents**. In reviewing all areas, the home is rated in the majority of areas as either excellent or good.

* Overall we have found the care provided by this home to be excellent. Given that the **manager** of the home was provided with one hours notice, the team were made to feel very welcome by everyone at Locharwoods and the home has a really homely feel and is clean.
* **Residents** we spoke to were well dressed and their rooms were clean and it was clear that rooms were personalised, for example, family photographs on walls etc. **Residents** told us that they were happy living at the home and their **family members** agreed.
* The home has strong visible management and **staff** members feel supported, have access to training and welcome the ‘open door’ policy which the **manager** has in place. It is also good to hear that the owner is also visible.
* From the feedback received, it is clear that **staff** have the time to care for **residents** and we observed this during the visit. **Staff** put this down to good management and procedures. **Residents** shared how **staff** were on hand if they needed to use the alarm/call system and how **staff** took the time to talk to them.
* There are a wide range of activities available for **residents** to engage in, with options for **residents** to choose their own activities. **Residents** are supported to engage in activities.
* **Residents** enjoy meal times and there is a choice of food with a menu in place. Examples of home made food were provided and during the visit, a cake was being baked for that afternoon. **Residents** told us how they were given a birthday cake to enjoy their special day. The dining area was excellent, as was the kitchen area, with the dining room laid out and decorated in a homely way to encourage **residents** to enjoy their mealtimes.
* Access to healthcare is good, with a annual visit from an Optician and support to access dental and GP appointments.
* We were given an example of the home accommodating **residents** individual needs which we felt was exemplar. We were told how mindfulness training had been sourced as there were a number of **residents** who had been feeling anxious. This had helped **residents** with both breathing and coping strategies.
* It is clear that the home welcomes feedback from its **residents**, **relatives** and **staff.** Review cards are used (observed during the visit) as well as questionnaires throughout the year on a number of topics. **Residents** have regular meetings as do **staff**, and **residents** told us what they would do if they wanted to make a complaint.
* **Staff** told us that they enjoyed their job, find the home friendly, sometimes tiring but worthwhile. We were provided with an overview of the training on offer and ongoing support with personal development. College placements for local students are also used.

The following table shows the areas which following the visit we would like to share with the manager for consideration and their response.

We will be following up on all of the issues we have raised and the issues shared by the provider.

|  |  |
| --- | --- |
| **Healthwatch recommendations following the visit.**  | **Response from the provider**  |
| **Recommendations relating to the exterior of the home.** |
| Access in or out of the conservatory to be reviewed as the visiting team felt that the step was steep (there is a ramp). This would support with access.  | I have produced a sign for the conservatory door, giving notice of a step down, I shall continue to review this and risk assess the step. |
| **Recommendations relating to Corridors, lifts and stairways**  |
| To ensure that access to the veranda adheres with health and safety regulations and is checked regularly.  | This has now got a lock on and is checked as part of the daily checks around the home by the staff |
| We did not observe any grab rails. Manager to consider if grab rails need to be fitted to support residents to move around the home. If grab rails are not deemed necessary, Healthwatch to be informed of the reason.  | At this time, we do not feel that we need grab rails along the corridor, but we continuously monitor and will make changes accordingly, for the residents that are mobile they use walking frames. And for others they use wheelchairs, but grab rails will be put up as the need arises |
| **Recommendations relating to the conservatory area** |
| At the time of the visit, there were a number of beds being stored in the conservatory. They were due to be moved. Could Healthwatch be updated on progress with this? | All beds have returned to home loans |
| **Recommendations relating to meals** |
| One resident asked if copies of the menu could be made available to residents so they could take them to their rooms so that they could have a good look over it. Could this be considered as an option for residents? | Copies of menus will be added to the Welcome Pack on admission to Locharwoods and also given to the residents upon request. |
| **Best Practice**  |
| Is the ‘Who I am’ book, a resource which Locharwoods has created? If so we would to use this as a resource which can be reviewed as best practice for other homes to use. Could we have a copy of the resource?  | The ‘Who am I’ resource, came about after attending the ‘Six steps’ programme at Queenscourt Hospice and is an amalgamation of a few forms that they had there from other care homes (this was about 8 years ago). |
| This report details a visit to a service which is providing excellent services for its residents, family members and staff. We will be sharing this report with our stakeholders to show the great care and support which is provided by all at Locharwoods of Birkdale.  |

**Healthwatch Sefton follow up action**

The manager at Locharwoods of Birkdale, shared the following feedback alongside replying to the recommendations;

*“Thank you for the report, and I am very happy with such positive feedback, and pleased to know that not only yourselves, but the residents, relatives and staff are all very positive about the home.”*

We will now monitor the actions from the visit and will be in regular contact with the home following the publication of the report.

Healthwatch Sefton

Company Limited by Guarantee Reg. No: 8453782

Healthwatch Sefton Registered Office:

FREEPOST RTCG-HGXH-LHRS

Sefton Council for Voluntary Service (CVS)

3RD Floor, Suite 3B,

North Wing, Burlington House,

Crosby Road North

Waterloo,

L22 0LG

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

info@healthwatchsefton.co.uk

Twitter: @HWatchSefton

****Facebook: <https://www.facebook.com/healthwatchsefton2013>

1. Section 225 of the Local Government and Public Involvement in Health Act 2007 [↑](#footnote-ref-1)
2. Section 221 of the Local Government and Public Involvement in Health Act 2007 [↑](#footnote-ref-2)