



Madeline McKenna Court

Widnes

19 June 2018

Enter & View report



ACKNOWLEDGEMENTS

Healthwatch Halton would like to thank the management, staff and residents of Madeline McKenna Court for their time and consideration during our visit.

WHAT IS ENTER & VIEW

People who use health and social care services, their carers' and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met.

To enable the Healthwatch Halton to carry out its activities effectively there will be times when it is helpful for authorised representatives to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.

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

In carrying out visits, we may be able to validate the evidence that has already been collected from local service users, patients, their carers' and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is to consider the standard and provision of local care services and how they may be improved and to promote identified good practice to commissioners and other providers.

VISIT DETAILS

Centre Details	
Name of care centre:	Madeline McKenna Court
Address:	7 Caxton Close Widnes WA8 4DY
Telephone number:	0151 424 5272
Email address:	Veronica.francisco@halton.gov.uk
Name of registered provider(s):	Halton Borough Council
Name of registered manager (if applicable)	Veronica Francisco
Type of registration:	Care Home
Number of places registered:	23

The Enter and View visit was conducted on from 10.15am to 11.30am

The Healthwatch Halton Enter and View Team were:

Dave Wilson, Jude Burrows and Jane Catt

Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

SUMMARY



Madeline McKenna Court is a local authority owned care home providing support and care for up to 23 residents.

We visited the home on Tuesday 19 June 2018 arriving at 10.15am and leaving at 11.30am. The home was clean and decorated to a good standard. The manager and staff we spoke with were warm, friendly and more than willing to answer any of our questions. All the care staff came across as calm, friendly and respectful to residents during our visit. From our observations, staff appeared to be aware of individual resident's needs and how they liked to be cared for.

Residents we spoke with said they were happy at the home and with the care and support they received from the staff.

Some residents told us that they would like to see more activities taking place at the home. We hope the home will look at ways to increase the range of activities offered to residents.

OBSERVATIONS

Location, external appearance ease of access and parking

Madeline Mckenna is a single storey building situated in a residential area of Widnes offering residential care for up to 23 residents. At the time of our visit the home had 22 residents with another new resident due to arrive within a few days.

The home is well signposted from the main road. The exterior of the home is of a good standard and there were plenty of parking spaces available on the day of our visit. The entrance is step free. A CQC inspection summary poster is displayed on the main door, facing visitors. There is also a 5-star food hygiene rating certificate displayed. There was a door bell which we pressed to be shown in to the reception area and then another locked door to enter home.

Initial Impressions (from a visitor's perspective on entering the home)

The entrance area contained a selection of comfy chairs and a side table. A Healthwatch poster was on display. There were other posters and pictures on the walls including:

- A 'Herbert Protocol'¹ poster
- 'Six Steps to End of Life Care Award'
- A poster on how to contact the local priest from St. Wilfred's parish and a list to other faith groups too.

There was a Safeguarding poster up with the contact details missing which needs to be replaced and an outdated residents meeting list from 2017.

There was a pleasant aroma. A visitor's book was available. A door keypad entry system led into a large residents' lounge.

Internal Physical Environment

One member of our visiting team met with the home manager, Veronica Francisco, while the other two were shown around the home by a member of staff.

Throughout the home there was a pleasant odour and the décor was of a good standard. In addition to the main lounge area there were smaller seating areas including one with an additional television and small library. It was a nice day, so patio doors were open near one of the quiet areas. A staff member stated some residents prefer sitting in the small area as they are near the open door for air.

¹ The Herbert Protocol is a national scheme being introduced locally by Cheshire Constabulary and other agencies which encourages carers and family members to compile useful key information which could be used in the event of a vulnerable person going missing.

There is a large space outside with seating available. We were informed a BBQ (including entertainment) was being planned for July. The corridors were bright, and seating is placed at regular intervals. There was a colour contrasting handrail along the corridor.

The decoration was clean and bright but very plain in the hallways with no colour or pictures. The doors were all white with a number on.

We viewed an empty bedroom that was due to be filled by a new resident shortly. It had an en-suite toilet and sink, bed, drawers and a wardrobe. It had a spare bed and hoist stored in it. The Senior explained staff had been sleeping in there to support the agency night staff and they have limited spare space or storage. They are recruiting new staff.

One bedroom had a door decorated with signs and stickers saying 'Ma's room' which her grandchild had done.

Other than door numbers and the one decorated door there were no obvious means of residents differentiating their door to another. We would suggest the home look to place a laminated photograph or first name of the resident on their door. If a future refurbishment was planned, we would suggest they consider changing the colours of the doors to assist residents with dementia or visual impairment to ensure the walls and doors had contrast between them. Throughout the corridors there was motion sensor lighting.

We viewed a bathroom and it was clean and clutter free. It had an emergency pull cord. The Senior explained most residents need help to wash but privacy is given as much as possible. She told us that most residents preferred a shower but the bath was available with moving chair to lower residents in. The shower room was in use when we visited.

We also saw a toilet on the corridor that was clean and clutter free.

In the lounge, photos from a Halloween event were displayed with residents dressed up, enjoying party food. One resident told us "*it is a nice place here*".

A display cabinet in the lounge had the complaints policy pinned up. We would suggest using this cabinet to also display a list of activities at the home.

Staff support skills and interaction

During our visit we observed interaction between staff and residents as it was morning break. Tea was being given out at the time of our visit. One staff member waved and smiled as she passed a lady we were chatting with. The resident told us the home was "*a lovely place*". She explained she has had to get used to living in a home but would like some music to sing along to as she likes singing. She also expressed that "*a choir would be nice*".

All staff members were observed talking patiently and with respect to the residents. From chatting to some of the other residents about living in the home their responses included "*very kind*", "*they look after us*" (referring to staff), and "*I like it here*".

One residents told us she enjoys the Spanish chef's cooking as he adds some spice and she likes different things to try. Another lady said, *"we can say if we want different foods"*

Staff are encouraged to take up any training opportunities that arise to help develop their skills. The home accesses training for staff through Halton Borough Council and Riverside College.

We were told that all residents and their families receive information on the home when they first arrive. The staff are given pre-admission briefings on new residents to help them get to know their life history, personality and health and care needs when they arrive

Residents' physical, social, emotional and cultural welfare

The home has 23 bedrooms all en-suite. The rooms are a good size and include a telephone socket if a resident chooses to connect a telephone and a television aerial. We were informed residents can furnish their rooms as they choose, an example given was a resident currently has brought her double bed with her.

There is a communal shower room and bathroom. The bathroom has a chair to lift residents in and out of the bath. There are also communal toilets near the lounge area. All bathing/toileting areas are of a high standard and very clean.

We were shown the kitchen had a list of all the residents' likes, dislikes and allergies on the fridge door. The chef showed us the weekly lists of food and they do have options available. A whiteboard in one of the corridors had that day's food displayed but it was not overly easy to read as it was light blue writing on a white background.

There are two cooks who job share (though they both work one day per week). There is a list on the fridge in the kitchen stating each residents name and room number. Details under this include allergies, personal preferences and any advice given by SALT regarding swallowing difficulties and food consistency. A menu is in place and each morning residents are given a choice of meals for the day. If a resident does not like what is on the menu there are other options available. Residents can choose to have their meals in their rooms if they prefer.

Along with breakfast, lunch and dinner. Residents are offered drinks and biscuit mid-morning, mid-afternoon and at supper time. We were informed in the hot weather a jug of water is left next to the residents' bed at bedtime. If a resident requires a drink at other times they can ask for it. The home maintains hydration charts for each resident to ensure they are well hydrated.

The home does not currently employ an activities co-ordinator (we were informed they are hoping to advertise for this position shortly). The care staff currently run activities such as quiz nights, bingo, themed nights and twice weekly chair-based exercise sessions. We were informed the residents enjoyed the exercise sessions greatly. Organised trips and outings are not arranged, though residents go out with family members.

The Senior told us they have started a monthly activity and singers do sometimes come in. They had singers at Christmas and are planning a BBQ in July, with entertainment. The last monthly activity was poorly attended but they were planning a Spanish themed night shortly.

One resident told us, “*we could do with more activities, you soon get bored*” and added “*we need more visitors like you*”. She explained they watch a lot of TV and felt you can only talk so much. Other residents said they watch TV when we asked about activities.

We would suggest that the limit in activities should be addressed to provide greater stimulation for the residents this can be achieved by continuing with the plans to employ an activities co-ordinator.

There is a hairdressing ‘salon’ in the home, with a visiting hairdresser each week. The chiropodist visits every 6 weeks and utilises this space also.

A visiting priest attends the home to officiate a joint faith communion. A Christian mass is held at the home and the Senior explained that they encourage residents to attend if they choose to, as some think it is just for Catholic people if they see communion being given out.

We were told by the manager that the home had adopted the ‘*Red Bag*’² scheme. She explained that when this worked it worked well, but they had a few issues of the bags not returning or missing information when residents had been discharged from Whiston Hospital. There had also been incidents of residents being discharged from the hospital back to the home at very late times of the night, which was not always an ideal situation.

We were told that residents have an Oral Health Assessment when they first arrive at the home. Oral care and hygiene is part of the review process and staff are trained to look for visual clues which indicate pain in residents who struggle to communicate. The home uses the ‘Oral Health Assessment Tool’ as recommended by NICE³

The home also uses the ‘*Purple Butterfly*’ symbol to aid in their End of Life Care.

² The innovative red bag scheme is helping to provide a better care experience for care home residents by improving communication between care homes and hospitals.

<https://www.england.nhs.uk/urgent-emergency-care/hospital-to-home/red-bag/>

³ https://www.nice.org.uk/Media/Default/Oral%20health%20toolkit/Oral_health_assessment_tool.pdf

Facilities for and involvement with family / friends

The home has an open-door policy. There are no restrictions on visiting hours for family members.

The manager informed us that residents families are very active in supporting the home.

We were told families take people out and visit regularly. They can stay into the evening and staff will be told visitors are in at hand over. During our visit we noticed some residents were being visited by their family members.

During end of life care, family members are able to stay with their relative and the staff will put an additional bed within the resident's room for them.

Any feedback on the home from families, good or bad, is discussed with the staff team to see what the home can learn from the comments.

At the end of our visit we thanked the manager and staff for the very kind welcome we had received and for taking the time to answer all our questions.

RECOMMENDATIONS / SUGGESTIONS

- 1.** Some residents expressed that they would like to have more activities taking place at the home. We would suggest that the home looks at employing an activities coordinator.
- 2.** When the home is next due to be redecorated, look to make it more 'dementia friendly' by using appropriate colours on doors, walls and for furniture.
- 3.** Keep Healthwatch Halton informed if the home has any further issues when using the 'Red Bag' scheme
- 4.** Ensure that staff maintain the dignity and respect of residents by knocking on resident's bedroom doors and/or bathroom doors prior to entry.

Healthwatch Halton has statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

Providers and commissioners of health and social care services are required to respond to our requests within 20 working days by:

- Acknowledgement of receipt of the report or recommendation in writing;
- Providing (in writing) an explanation of any action they intend to take in response, or if no action is to be taken, to provide an explanation of why they do not intend to take any action.

Healthwatch Halton are required to report if any providers/commissioners have not provided a response within the required timeframe; this information will be included in our Annual Report.

SERVICE PROVIDER RESPONSE

The following response was received from Veronica Francisco, manager of Madeline McKenna Court.

1. We will not be recruiting an activity co-ordinator in the near future. We are 162.5 hours under established with staff currently and Halton have been very slow to respond to these vacancies. We are still waiting for job posts to be advertised. Some of the posts have been on-going since November 2017
2. We will take it on board about the decor of the home. However, it is important to state that this is a residential home and not a Dementia home. We do have some residents with a dementia diagnosis, but they have been here for some time and are oriented to their surroundings
3. I will keep Halton Healthwatch updated if there are any issues with the red bag scheme
4. Staff do knock at residents rooms. If a member of staff has not knocked at the door it is because they are aware a resident is in the lounge or dining room. We have dignity audit tools in place for staff to fill in to assess how they provide dignity and respect.

APPENDIX 1

Oral Health Assessment Tool

Oral health assessment tool

Resident: _____ Completed by: _____ Date: _____

Scores – You can circle individual words as well as giving a score in each category
 (* if 1 or 2 scored for any category please organise for a dentist to examine the resident)
0 = healthy 1 = changes* 2 = unhealthy*

Category	Score
Lips:	
Smooth, pink, moist	0
Dry, chapped, or red at corners	1
Swelling or lump, white, red or ulcerated patch; bleeding or ulcerated at corners	2
Oral cleanliness:	
Clean and no food particles or tartar in mouth or dentures	0
Food particles, tartar or plaque in 1–2 areas of the mouth or on small area of dentures or halitosis (bad breath)	1
Food particles, tartar or plaque in most areas of the mouth or on most of dentures or severe halitosis (bad breath)	2
Saliva:	
Moist tissues, watery and free flowing saliva	0
Dry, sticky tissues, little saliva present, resident thinks they have a dry mouth	1
Tissues parched and red, little or no saliva present, saliva is thick, resident thinks they have a dry mouth	2
Dental pain:	
No behavioural, verbal, or physical signs of dental pain	0
There are verbal and/or behavioural signs of pain such as pulling at face, chewing lips, not eating, aggression	1
There are physical pain signs (swelling of cheek or gum, broken teeth, ulcers), as well as verbal and/or behavioural signs (pulling at face, not eating, aggression)	2
Tongue:	
Normal, moist roughness, pink	0
Patchy, fissured, red, coated	1
Patch that is red and/or white, ulcerated, swollen	2
Natural teeth Yes/No:	
No decayed or broken teeth or roots	0
1–3 decayed or broken teeth or roots or very worn down teeth	1
4+ decayed or broken teeth or roots, or very worn down teeth, or less than 4 teeth	2
Dentures Yes/No:	
No broken areas or teeth, dentures regularly worn, and named	0
1 broken area or tooth or dentures only worn for 1–2 hours daily, or dentures not named, or loose	1
More than 1 broken area or tooth, denture missing or not worn, loose and needs denture adhesive, or not named	2
Gums and tissues:	
Pink, moist, smooth, no bleeding	0
Dry, shiny, rough, red, swollen, 1 ulcer or sore spot under dentures	1
Swollen, bleeding, ulcers, white/red patches, generalised redness under dentures	2

- Organise for resident to have a dental examination by a dentist
- Resident and/or family or guardian refuses dental treatment
- Complete oral hygiene care plan and start oral hygiene care interventions for resident
- Review this resident's oral health again on date:

With kind permission of the Australian Institute of Health and Welfare (AIHW). Source: AIHW Caring for oral health in Australian residential care (2009). Modified from Kayser-Jones et al. (1995) by Chalmers (2004).

TOTAL: _____
SCORE: 16 _____

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