

Eldonian House Care Centre

Enter and View Report, November 2023

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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: Eldonian House Care Centre

Address: Eldonian Way, Liverpool L3 6JL

Livewell Website: <https://www.thelivewelldirectory.com/Services/2076>

Date of the Enter and View Visit: 01/11/2023

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

The members of the Healthwatch Enter and View Team were:

- Terence Ferguson Engagement and Project Officer
- Claire Stevens Engagement and Project Officer
- Adefolarin Moses Dawodu Healthwatch volunteer and 2nd year Nursing (Mental Health) student.

This was an announced visit, and we would like to thank Claire Miello for her support in facilitating the visit and notifying residents and family beforehand to enable them to contribute. We would also like to thank staff and residents 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 Eldonian House Care Centre was to learn more about the service. We try to do this by speaking to residents and staff, and from our own observations on the day. We look to see where the service is performing well and finding out if any improvements could be made. We have not had any recent feedback via our Information and Advice Service and Liverpool City Council advised they had no current concerns about the care home and would value some independent feedback. 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 Enter and View visit.

About the Service

Background

Eldonian House Care Centre is provided and run by Delpin Limited and our visit was facilitated by deputy manager Claire Miello. It accommodates 33 people living with dementia in one adapted two storey building. Accommodation includes all single bedrooms with ensuite facilities, two main lounges, adjacent smoking room, a communal garden, and a dining room.

At the time of our visit there were 30 residents with three current vacancies. Two of which were due to the recent passing of residents. A new resident was due to move in 5 days after our visit.

Discussion with the manager

We met with deputy manager Claire Miello and the staff duty manager upon arrival at Eldonian House and after signing in had a discussion in the office.

Claire advised that although she is fairly new to her current role at Eldonian House she has worked within the care sector for many years. The staff duty manager is also new to her current role but again has experience in the care sector including counselling qualifications. Both Claire and the duty manager impressed that they are putting in place new procedures to improve the care

home. To facilitate this they are canvassing residents, families, and professionals' opinions. They advised surveys are conducted regularly to allow family members, staff, visiting professionals and residents to make suggestions and share feedback. A feedback and complaints board were in clear display in the communal entrance area.

Number of beds, and number of residents?

Eldonian House has a capacity of 33 bed with all the residents having diagnosed/suspected dementia as primary diagnosis. One resident is currently presenting with psychosis but with suspected underlying dementia. There were three vacancies when we visited with one to be filled with a new resident whilst the other two vacancies are due to the recent passing of residents. Staff had nothing officially in place to support with mental health following deaths. The Staff Duty Manager is a qualified counsellor and is looking to add support but is new to the role and not yet had the chance to implement this.

We made the manager and deputy manager aware that Healthwatch Liverpool can provide signposting to support groups, organisations and activities to support staff and residents' family's well-being via our Live Well service. The deputy manager was already aware of the website (www.thelivewelldirectory.com).

Staffing

We were advised that a typical day shift has 4 carers and 1 senior carer while night shifts have 3 carers and 1 senior carer. Management advised they have never known it to be so bad to find and retain staff. They feel the profession is underpaid for the responsibilities involved. There have been increased difficulties finding staff since Covid and recruitment "*feels like papering over cracks*". Management have used the Liverpool City Region (LCR) 'Be More' website (<https://lcrbemore.co.uk>) and they advertise on 'Indeed' (<https://uk.indeed.com>) but most available staff have issues with sponsorship and/or limited spoken English. We were advised this can worsen communication barriers typical in dementia.

Management have needed to use agency/bank staff and recruit staff from the same provider to maintain consistency. Profiles sent from the agency include pictures of staff and Disclosure and Barring Service information (DBS). Management have advised DBS is taking a long time and we discussed whether there should be a 'quick pathway' for staff in high demand. At the time of the visit there were 4 trainees/students employed including 2 student mental health nurses. Staff were conscious about providing them with the experience needed to enable them to develop, including experience in meds.

Staff have a daily morning handover meeting dubbed '10 at 10' to discuss any issues and provide handovers which include fluid intakes and sleep updates. All care plans are documented on computers and updates for all residents even those that had a peaceful night. Manager arranges spot checks on night shifts to make sure everything is running smoothly and has not had a problem so far.

Staff are trained to use manual handling equipment, evacuation chairs and walkie-talkies. There is a fire evacuation plan and regular evacuation practices including practical training to ensure that all staff feel prepared for potential

emergencies. We did notice multiple fire doors that were propped open, and staff advised this is not appropriate and would investigate immediately.

Relationship with local GP/Pharmacy/Dentist/Optician

Staff advise they work closely with the GP Vauxhall Medical Centre with all patients registered. They have regular Multi-Disciplinary Team (MDT) meetings every fortnight and staff are happy with the relationship they have with Vauxhall Medical Centre.

Pharmacy services are provided by RiteCare but they are possibly changing supplier in the future. There have been issues with immediately needed medications being put in with the monthly deliveries. These issues are normally resolved quickly with the pharmacy dropping off the medication when needed.

Shiel Road Dentist attends the home when needed and the staff are very happy with the service they provide. Vision Eye Care attend annually to do reviews and check-ups and are responsive to requests. Staff are again very happy with the service.

Working relationships with hospitals and trusts

Staff advised us that late discharges from hospitals were a common problem as was residents being sent home whilst still poorly. The home had a recent incident where they were told that an end of life care resident would be sent back by teatime but did not arrive back until 22:30 without notice.

Improving residents' quality of life and maintaining relationships

Family are allowed to attend most times except during protected mealtimes. Family can come as they please and take patients out as they please (within obvious reason but staff offer as much freedom as possible). Residents' clothes are marked with room numbers so residents are wearing their own clothes. Laundry is washed daily on the premises and family are also able to wash laundry at home at their choosing. All the residents we saw looked clean and well cared for and were wearing appropriate footwear.

Management have been speaking to local schools about starting work experiences. Offsite visitors are organised via the activities coordinator with groups attending and activities such as BBQs in the communal garden. A monthly newsletter has been introduced for families, to help keep them up-to-date and included in the life of the home. Families are generally very "hands on" in the experience of staff. The ethos of the manager in relation to the residents is very much that "We work in their home".

Activities on offer to residents

The activities coordinator Annie was busy providing activities during our visit (including a music quiz) so we did not get the chance to speak to them directly. She was interacting with residents during our visit and seemed friendly, approachable, and dynamic. There is a communal activities board in the entrance area, and it includes a list of the multiple activities taking place Monday-Friday. This also included the monthly newsletter on display and information regarding the on-site salons opening times and plans for more

beauty treatment options to come. Activities listed included Music of the '40s, Word games, Biscuit-bingo and others.

Meals and food

Management had a recent meeting to change the menu as staff felt that there was not a lot of choice. There were previously only two choices of main meal but now there are multiple options and staff assist residents in accessing the menu. There are two in-house chefs with food prepared on site. There is a kitchen folder for each resident with information on residents' likes/dislikes/allergies and dietary needs. There is a menu provided to the residents and choice making is assisted by staff. We did notice that the menu font was small and there were no pictures or easy read options. Improving this could assist staff with communicating choices and enable more freedom for residents.

There are surveys provided to visitors and family that include food and drink suggestions to improve meals and encourage co-production of menus. Residents can have fridges in their own rooms, and these are on specific cleaning rotas to prevent spoilage.

Staff have faced recent issues with a resident refusing food as a presentation of her dementia. Staff offered resident sweet alternatives throughout the day to supplement her diet and continued to offer the resident food throughout the day at multiple opportunities. High calorie food was given to the resident whenever possible to maintain her nutrition with dietician and GP input sought to maintain the residents health.

“Trick was perseverance and giving the resident plenty of time”.

Equality, Diversity and Inclusion

At present there are no non-English-speaking residents and staff were not aware of there ever having been and did not seem clear as to how they would deal with it if this became an issue. Staff advised *“The north is less likely to have people speaking other languages than the south”*. At present staff do not have any access to interpretation/translation services. In terms of residents' cultural needs, there is currently one Muslim resident who is given appropriate meals. As mentioned above each resident has a folder which includes their individual dietary likes, dislikes and specific dietary requirements.

Meeting residents' communication needs

All Staff carry AAC key rings with communication cards to assist in communication with resident. Multiple copies are available in the office and these were provided to us when we attended to assist in communication with residents. Staff advised it is important to allow residents processing time and also the time of the day to best facilitate communication.

Observations

The outside of the care home is in a quiet estate with parking available and looks pleasant and well maintained. Upon arrival at Eldonian House Care Centre we were met by deputy manager Claire Miello who was welcoming and invited us in. She confirmed our identities and had us sign into the visitor's logbook and invited us into the office.

Main entrance observations

The area is warm and light with a signing in book for visitors and family.

There are prominent displays with newsletters, activities, CQC information, PPE, Fire alarm points Healthwatch Liverpool posters, complaints and feedback all on display. We noticed that the purpose of each room was clearly marked on the door (e.g. Lounge, Hairdresser) with pictures as well as words to add clarity.

The hairdresser room was temporarily being used by maintenance staff for DIY and we did notice that maintenance staff left the door not firmly closed or locked for a short period of time before returning. This may be due to door handles not returning to a normal 'neutral' position when closed which we did see happen with other doors. As this could pose a risk to residents interacting with tools, we informed management. They agreed that this was not appropriate and immediately spoke to staff to rectify this.

Dining area

A separate dining area is available to residents with multiple spaced-out tables and chairs. There are posters and pictures that include local figures, and the room looks warm and welcoming with plenty of light. There is a board with the day, date and the weather listed which is a nice tool to keep residents up to date. There is a menu board as well as handheld menus that staff can use to assist residents in picking their food. Some bigger text and pictures would make this more easy-read and accessible.

Residents are generally seated according to care needs but there are no assigned tables. There is a folder in the kitchen that has a list of resident's names their food requirements and likes/dislikes. The Kitchen has a sign on the door (pan) to help identify it to residents.

Lounge and sitting area

There are two lounges with one designated a quieter area and the other described as the loud lounge. Both lounges had comfortable looking high-backed chairs and we observed several residents with blankets and pillows. Both rooms had care alarms near the doors, and staff were providing hot and cold drinks the whole time we were there.

The loud lounge had a musical quiz taking place with the activity's coordinator attempting to engage residents with music playing and a fun visual display on the TV. There were books, CDs, and radio available in the room. There were

pictures and decorations in the room and the floor was clear of any obvious trip hazards.

The quieter lounge had a large TV for residents to watch and again books, CDs and radios available. We were told that some residents prefer the peace and quiet of this room and others preferred it due to the easy access to the neighbouring smoking room. The quieter lounge was brighter than the other lounge with larger windows. We were advised that this area is a high falls risk due to residents frequenting the smoking area. A member of staff is stationed here constantly when in use to minimise risk and there were no obvious trip hazards. The smoking room had a large window to look out of and smelled strongly of smoke, but this is likely unavoidable.

Bedrooms

There are bedrooms on the upper and lower floors of the building. Staff try and keep the more mobile residents upstairs to make it more accessible. Staff advised they like to maintain consistency of room and so residents know where they are. Residents' names are listed on each door. Families are encouraged to decorate rooms and bring familiar furniture to make them "a home away from home".

Beds we saw did not have safety rails; staff advised they are installed following risk assessments on a case-by-case basis. There was a resident with a bed that is low to the ground with a crash mat in place for any falls. All rooms have ensuite toilet facilities and an accessible bath is available. Residents are bathed 3 times a week when possible, in addition to showering to maintain hygiene, with residents able to request baths.

Staircases and hallways

Hallways have wooden bannisters around most areas for residents to use to hold on to. Bannisters do contrast with lighter wallpaper colours but may not be the most distinguishable. Hallways are locked at night to keep residents safe and prevent unhygienic behaviours stemming from confusion. Staff have a waiting area between corridors on night shift to help monitor and assist residents.

There were posters from Liverpool City Council on display advising on the cold weather preparedness scheme. The carpet has a pattern and is visually distinct from other surfaces. The carpet looks worn but not frayed with no trip hazards spotted.

Staircases are code locked to prevent residents accessing the areas. There are some pieces of equipment stored in the staircase areas of the building. The stair carpeting was worn but with no obvious frayed material or trip hazards. The stair tread/nosing did not have any high visibility strips to indicate edges.

Doors leading to the dining area via the "loud" lounge were reasonably heavy and a resident was struggling to push them open. The resident was very frail and may struggle with most doors. We noticed multiple doors were the handle seemed to have jammed in an upward position. We noticed multiple fire doors propped open. Staff advised this is not appropriate and would investigate immediately.

Garden area

We were shown the different garden areas and advised that events are regularly held outdoors during the summer. This includes singers, ukulele groups and barbeques with family members welcome to attend outdoor activities and events. One garden area includes herbs and spices planted by a volunteer which staff advised residents enjoyed watching grow and assisting with. All exterior leading doors are secured to prevent residents leaving unaccompanied. Garden areas can be easily observed from multiple surrounding corridors.

Staff

The staff room is fairly small and not as bright as other rooms. There was a radio playing and a table for staff to eat their lunch. There is a family meeting area/lounge upstairs that doubles as a staff meeting area and is used for handover meetings. This room is much brighter and more pleasant than the staff room.

During our observations we observed the following staff behaviours:

- Multiple areas of the care home being cleaned (staff advised us cleaning trolleys had to always be in eye contact and locked away when not in use). Wet floor signs were up and on display when mopping.
- The care home although looking worn in places looked very clean and there were no strong smells anywhere.
- Staff were friendly and engaging with residents. This included using the residents name, bending down, and making eye contact.
- We noticed one member of staff allowing a resident to brush her hair and engaging the resident in conversation.
- When residents met staff, we noticed staff greeting residents in all areas including when staff were not in our eyeline. This included cleaning staff and staff asking residents whether they were ok.

Feedback from residents, relatives, and staff.

Healthwatch spoke with several residents and multiple members of staff. Due to the advanced nature of the resident's dementia and or co-existing conditions sometimes the communication we received was not clear and may have been misinterpreted. We have listed residents feedback as we received it.

Residents seemed content with the care home, found the environment and staff nice and were happy with how clean it was. The food was less praised with food described as "OK" and sometimes "Not as nice". There was also some feedback raised about the choice of food available.

We spoke to members of staff assisting residents, all of whom seemed positive about the home. One of the bank staff said "It's a lovely place with lovely people. It's always very neat and clean." A student nurse said they enjoyed working there and all staff appeared to be interacting well with residents.



"It's a lovely place with lovely people. It's always very neat and clean." (Agency bank staff member)



Resident in lounge

1. "Like it, nice/lovely" "Looks very clean" "Food sometimes not as nice, okay".

Resident in lounge

2. "Comfortable" "Foods okay/not much choice of food" "Get offered coffee or tea" "Room is comfortable".

Student Nurse

3. "I enjoy working here"

Resident in lounge

4. "Like it, nice/lovely" "Looks very clean" "Food sometimes not as nice, okay"

Resident in lounge

5. "Don't mind activities" "Staff are fine" "Have little talks" "Everything is fine".

Deputy manager

6. "We work in their home".

3. Personal stories: Resident story

We met a male resident who moved into the care home whilst experiencing psychosis. The care staff advised that alongside his medical treatment they made the following adjustments.

- Moving him into a room that overlooked a local pub as watching the comings and goings calmed him.
- Not forcing him into communal areas, as it was evident he found this distressing.

The resident's symptoms have now eased, and he goes swimming often and has family and friends that help him to exercise which he enjoys. The resident's room was full of family photos of his grandchildren and included a fridge with his favourite food and drinks in.

Summary and recommendations

Eldonian House Care Centre was a friendly and welcoming care home. The environment feels like it has been arranged to mirror a person's home rather than a clinical setting which make it a pleasant environment. The use of local art and decorations as well as the bright and cheerful garden create a relaxing environment. The rooms we saw were clean and smelled pleasant with no strong odours. There were some areas that looked tired such as some carpeting and bannisters but nothing in disrepair. The environment is clearly consistently looked after by staff and cleaning and maintenance works were obvious.

We did not see any trip hazards or safeguarding issues during our visit. Management and staff appear to have a robust policy for keeping residents safe. This was evident in the detailed fire evacuation plans and training as well as the commitment to recording and sharing updates for all residents in handover plans. There were some lapses observed such as fire doors being propped open and temporary access to areas of maintenance. This was recognised by management who made immediate steps on the day to remedy this. From what we observed, and the feedback given from management, we believe that Eldonian House Care Centre is a safe environment for residents and staff.

The residents we spoke to seemed happy and well cared for. People we saw sitting in the communal areas appeared calm and relaxed. Most people we spoke to, including temporary staff, gave us positive feedback about the home. Of the Residents we spoke to capacity for communication and understanding was reduced. Many residents were advanced in their dementia making communication a challenge, but staff were observed consistently making the effort to try. Interactions between staff and residents seemed warm and caring. Staff appeared kind, proactive and patient in their interactions with residents. Staff consistently made the effort to greet residents by name when they saw them even when busy cleaning or with other tasks.

Recommendations

At Healthwatch Liverpool we recognise the pressure that providers in the social care sector are under. Financial pressures, capacity pressures and the growing complexity and number of medical conditions that service users have makes it an incredibly challenging environment.

We provide the following recommendations as suggestions towards providing what we feel would be best practice. We understand that some of these recommendations may not be possible due to financial pressures and demand.

We make the following recommendations for Eldonian House Care Centre

- *Making Easy-Read changes to the menu such as larger font and pictures for food.*
- *Keeping Fire doors securely closed to maintain fire safety. It may be worth asking staff to carry out spot checks and/or spot checks during handovers.*
- *Maintenance staff to check on door handles for sticking faults.*
- *Renewed focus on keeping residents from accessing unsafe work areas by keeping doors locked when hazards in place and staff not in the room.*
- *During any decorations/renovations consider making dementia friendly changes to the environment. This could be high-visibility strips on stair treads/nosing, Contrasting colouring to flooring, bannisters/certain doors/place mats and plates with different colours etc.*
- *Explore options available for providing mental health support for staff.*
- *Training is available free around living well with dementia via the NHS E-learning for Healthcare hub. It provides excellent resources for staff and was developed with the Dementia Action Alliance.*

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)

www.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/wp-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.liverpool-light.org.uk/ (Mental Health crisis support)

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.

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.



healthwatch

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