

healthwatch Liverpool

Eldonian House

Eldonian Way, Liverpool, L3 6JL

Enter and View Report
22 February 2018

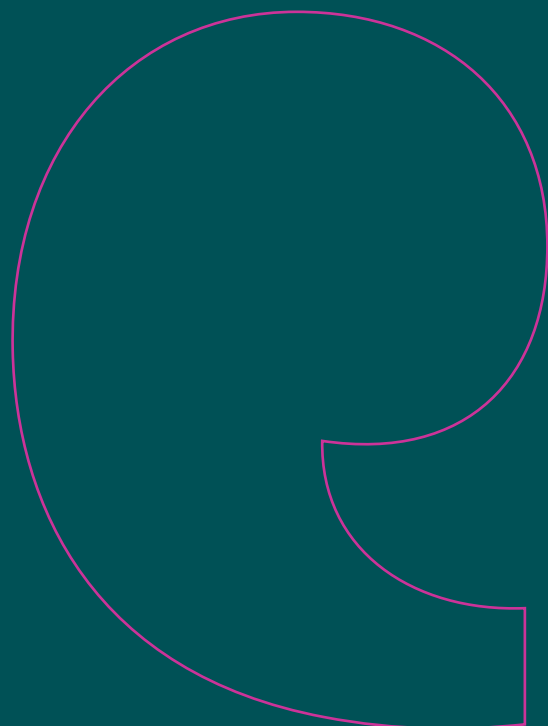


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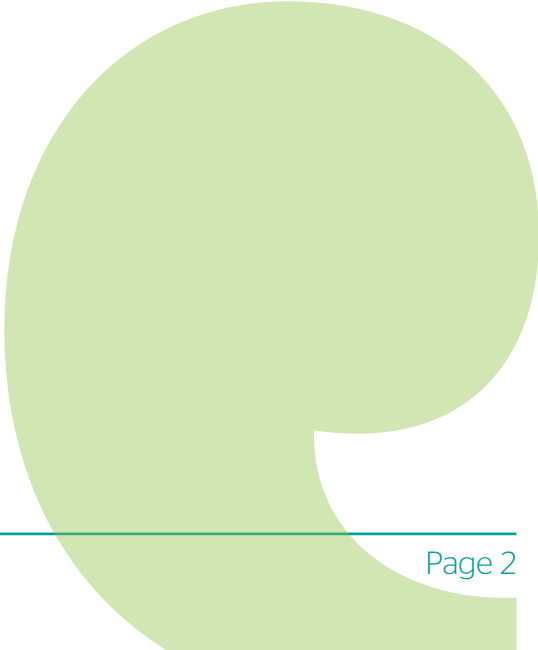
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Introduction

What is an Enter and View Visit?

Healthwatch Liverpool has powers to carry out what we describe as 'Enter and View' visits. This assists us in our role as independent local champion for patients' rights regarding health and social care services (see the Appendix for more information). These visits are carried out by small teams of trained members of Healthwatch Liverpool staff and volunteers who observe health and social care services at work, for example at a GP practice, care home, or hospital. We only visit services that are publicly funded, e.g. through the NHS or via local authorities.

What happens at an Enter and View Visit by Healthwatch Liverpool?

During an Enter and View visit, we talk to people who use the service, whether patients or residents, and their 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. Observations and feedback from the visit are then collated in a report, which 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: Eldonian House

Address: Eldonian Way, Liverpool, L3 6JL

Date and time of visit: 22 February 2018, 2pm - 4pm.

The Healthwatch Team Members that undertook the visit were:

Kasia Carter - Healthwatch Information and Project Officer

Laura Yallop - Healthwatch Information and Project Officer

This was an announced visit. It was judged that announcing the visit on this occasion would enable Healthwatch to liaise with the service provider to publicise the visit to the friends and families of residents, thus providing them the opportunity of informally advocating on behalf of those residents who, for one reason or another, may not be in a position to speak for themselves e.g. some residents who have dementia can find it difficult to articulate their views.

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 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, as well as finding out if any improvements could be made.

As part of our project work, we also spoke with the home manager and gained feedback about discharge from hospital, local GP services and the local authority

General Profile of the Service

Upon arrival at Eldonian House, Healthwatch representatives were met by the home manager, Richard Catahan.

Background

The home is owned by Delpin Ltd. The manager told us the home was taken over by the new owners in a poor state of repair two years ago. Richard Catahan has been manager at the home for 1 year.

At the time of our visit there were 29 people living at the home which is registered to accommodate 30.

All the residents living at the home are over 65 with a diagnosis of dementia.

Each room is en suite and there are 13 rooms on the ground floor with 17 on the first floor. The owners are currently converting a storage area into three additional bedrooms on the first floor.

Observations

Observations on arrival

- i. We noted an information board containing details of Advocacy Services by the entrance
- ii. There were no unpleasant smells in the home
- iii. The main entrance led to a corridor which didn't have any features to aid navigation for residents

Building and facilities

We were shown around the home by Richard Catahan, the home manager and made the following observations:

- i. There were a small number of residents waiting by the front door, wishing to exit the building
- ii. All the corridor areas to be decorated in the same way and all doors are the same colour
- iii. Each door had a name plate which gave the person's full name and their preferred name. This ensures visiting professionals refer to residents by the name that they prefer
- iv. There was one small outside area which has recently been laid with artificial grass with gravel areas and a water feature. We were told that it gives residents an area to sit in the sun
- v. There was a sign warning those who smoke in the courtyard and don't use the bin, may face a ban
- vi. There was a small room upstairs which the manager would like to decorate as a 1940's tea room, for small groups of residents to have afternoon tea as a treat. We noticed that the carpet was loose along one of the edges in this room
- vii. In the upstairs corridor we saw glove boxes and plastic bags being stored on the grab rails
- viii. There was a bathroom which was decorated, making it homely in appearance rather than clinical looking
- ix. There were three rooms being converted into bedrooms from storage rooms. These rooms were being decorated to a high standard and we were told that new residents can decorate their room as they wish and are encouraged to bring in their own belongings from home
- x. There was a hairdressers room and were told the hairdresser visits each week on a Friday
- xi. There was another outside area which contained some raised beds which were in need of repair.

Richard spoke about wanting to create a bus stop in the outside area for a resident who talks about waiting for the bus

Kitchen and Catering Area

The team visited the kitchen and spoke with the chef.

- i. The home operates a four weekly menu. In addition to this, there are a range of alternatives such as soup, sandwiches and omelettes available.
- ii. All meals are made fresh each day.
- iii. We observed an area close to the door where the tiles have come away. This will make this area difficult to clean. We were advised by the manager this was recent damage and had already been identified and added to the maintenance schedule.
- iv. We saw drinks available in the dining area.

Activities

- i. We saw Mandy, the Activities Coordinator running a music and singing session with a number of residents in the dining room. The residents we saw were engaged with the activity and clearly enjoying it.
- ii. We were told that Mandy is more of an 'I'll do it' rather than a coordinator, when it comes to activities in the home.
- iii. On a Thursday afternoon Mandy takes some of the residents out to the village social club.
- iv. Some of the residents also visit a community centre for bingo, live music and refreshments once a month.

Involving Residents and Relatives

- i. The home holds quarterly resident and relatives meetings but sometimes no one turns up
- ii. The home sends out an annual questionnaire to family members

Discussions with the manager

The team discussed a number of areas with the manager, outlined below:

Telemed

Richard was able to give us feedback and examples of times they have used telemed. We will share this with the Liverpool Clinical Commissioning Group (CCG) who commission the service.

Discharge from hospital and GP services

Richard was able to give us specific examples of when people have been discharged from hospital to the home. We will include anonymised stories in our discharge from hospital work.

Richard was able to give us positive feedback about Vauxhall Health Centre and the pharmacy.

Dementia Friendly Environment

We discussed with Richard how we would have expected to see more examples of features to create an environment that is more supportive of people living with dementia, particularly as the home is specifically for individuals living with dementia. We told Richard about the Museum of Liverpool House of Memories project which has memory boxes available to borrow.

Feedback from residents, relatives and staff

Healthwatch spoke with one resident during our visit.

- i. One resident described Richard, the manager as 'a good un, he hasn't half come on.' And described the home as '[it's] cleaned up' and about the other residents 'he [Richard] looks after them and always have a good laugh'.

Summary and recommendations

Summary

The resident we spoke to was happy with the staff and home. During our visit we saw residents engaging with the activities taking place. Also the interactions we saw between staff and residents were caring.

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There is refurbishment work going on to convert storage space into three further bedrooms. These rooms appeared to be decorated to a high standard. We also saw a bathroom which had been decorated to feel homely and not clinical.

However, as every resident in Eldonian House has a diagnosis of dementia we would have expected to see a more dementia friendly environment. We discussed this with the manager and made some suggestions during our visit.

Our Recommendations and Requests

Healthwatch Liverpool makes the following recommendations and requests of the care home:

- i. The management may wish to consider setting aside time at staff meetings or training days to look at ways all staff can support the wellbeing of residents by incorporating activities into their daily care
- ii. Make contact with the Museum of Liverpool House of Memories project which has memory boxes available to borrow. This could help supplement existing activities
- iii. Repair the raised beds in the garden areas. This would broaden the range of activities available to the residents in the home, allowing them to engage in gardening activities, and enjoy seeing, touching or smelling any flowers that are grown
- iv. The management at the home should consider conducting an audit to look at how dementia friendly the environment is, develop an action plan and carry out improvements identified such as:
 - decorating the main door to reduce the anxiety of those residents who wait by it
 - adding some navigation features such as different brightly coloured bedroom doors, and street signs to name and identify each corridor
 - installing a notice board with information such as the day, date and a pictorial menu of what is available on the day
- v. Repair the loose carpet along one of the edges in the small upstairs room, as this could be a trip hazard
- vi. Improve storage on the upstairs corridor of glove boxes and plastic bags that were being stored on the grab rails. Grab rails should be kept clear at all times and wall mounted holders can be purchased to store this equipment safely

Safeguarding

Enter and Views visits are not intended to specifically identify safeguarding issues. If, however safeguarding concerns arise during a visit, they are reported in accordance with our safeguarding policy on the same day. The Local Authority will also be notified on the same day.

There were no safeguarding concerns identified during our Enter and View visit.

Our Contact Details

Get in touch if you have any questions or feedback about health and care services in Liverpool:

healthwatch
Liverpool

Call: 0300 77 77 007

Text / WhatsApp: 07842 552 878

Email: enquiries@healthwatchliverpool.co.uk

Write: 4th floor, 151 Dale Street, L2 2AH

Website: www.healthwatchliverpool.co.uk

Twitter: [@HW_Liverpool](https://twitter.com/HW_Liverpool) facebook.com/HWLiverpool

Appendix I

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 to help 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 seek to identify and share good practice wherever possible. However, if during a visit, we identify any aspects of a service we have serious concerns about, then these are referred to the appropriate regulator or commissioners 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 above.