

Wavertree Bungalow

Have your say

Enter and View Report, December 2024



Introduction

What is an Enter and View visit?

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

What happens during an Enter and View visit?

During an Enter and View visit we talk to people using the service, whether patients or residents, and to friends and relatives where appropriate. We also speak to staff to find out where they think the service is working well, and where it could be improved. We also observe the service. We write up our observations and the feedback we receive and publish it as a report. Our report is sent to the provider of the service, as well as to regulators such as the Care Quality Commission (CQC), the local authority, and NHS commissioners when appropriate.

If there are recommendations in the report, the service provider is asked for a response, which we later publish online alongside the Enter and View report.

Details of the Enter and View Visit:

Name of the service visited: Wavertree Bungalow

Address: Old Mill Lane, Wavertree, Liverpool, L15 8LN

The Date of the Enter and View Visit: 19/12/24

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

- Terry Ferguson, Engagement and Project Officer
- Alice Lloyd, Engagement and Project Office (Learning Disability and Neurodivergent focus)

This was announced visit. We would like to thank Wavertree Bungalow staff and residents for facilitating the visit and for taking the time to talk to us.

Why did we carry out this visit?

Enter and view visits can take place for a variety of reasons, for example to find out more about a particular service, or in response to public feedback.

The Enter and View visit to Wavertree Bungalow was to learn more about the service, and to find out from observations and speaking with people where the service appeared to be doing especially well, in addition to finding out if any improvements could be made. The visit was not in response to any prior feedback or concerns identified relating to the quality of this service.

Safeguarding

Healthwatch Liverpool Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies, and the Local Authority will be notified on the same day as the Enter and View visit.

There were no safeguarding concerns identified during this enter and view visit.

About the Service

Background

Wavertree Bungalow is a small 5 bed specialist respite care service for adults with a learning disability and accompanying personal care and support needs. Residents must not be in receipt of any other care home support, be registered with a Liverpool GP and have a home to return to so they can access the service. There are staff onsite 24/7 when residents are present including nursing staff.

Discussion with the manager

Upon arrival we greeted with our credentials checked and taken to the dining lounge, where we chatted with multiple members of staff including the manager of the service Amy Peacock

Residents

Management advised that the service supports people aged 18 and over with complex nursing and/or learning disability needs. The ages of residents supported can vary, with the youngest resident being 19 and the oldest 71. Staff try to match residents' interests as best as they can when arranging respite to get a good mix and improve their experience.

Residents often have multiple complex health needs which can include neurological conditions, physical disabilities and complex epilepsy. Residents may require PEG feeding, wheelchairs and hoists to support them. Residents often require significant support across all areas. All the people Wavertree Bungalow supports are living at home and are registered with a Liverpool GP.

Staff bring family members in with service users initially to help adjust them to the service. We were informed that preferences, such as meeting cultural needs or food requirements are established through discussions with families and carers. Staff like to slowly integrate new service users as best practice, but this is not always possible due to the nature of respite care. Staff find out what is important to the residents and how to comfort them from families and carers.

Staff informed us that some residents are non-verbal and physical health monitoring is required. They offer two packages of stays according to residents' needs or wants. They have had service users returning to the service for many years with one attending since 1988. Staff say they focus on building positive relationships with families with some keeping in touch many years after their relatives have passed away.

For existing residents, they always have a pre-admission telephone call to assess if there are any significant changes in their condition. Respite care is often planned for over 12 months. They no longer admit residents on Fridays as there is a risk of not being able to access support services at short notice.

Activities

Management advised that resident's normal routines are followed as closely as possible during their stay. If a resident visits a day service usually, then they will ensure that resident can still go. Staff mentioned that activities are very bespoke, with the number of residents being small at any given time. Staff try and match interests and activities to the service users, but this can be a challenge due to differing ages and interests. Due to the short stay respite nature of the home things can be less personalised than longer stay services. Staff schedule differing activities such as having busier activities in the lounge and quieter activities in the dining area.

Activities include film, music and girls' nights, games, puzzles, arts and crafts. Many residents access activities as part of their routine of accessing their usual day services so may not have the desire for a higher energy activity later on. During our visit we saw residents taking part in music activities playing along to songs and staff offering games of Jenga to service users. One resident told us about the perfume they had won at bingo at their day centre and was very happy about it.

Staff say they have an online bank of easy-read symbols and materials that are co-produced and co-produce their own materials with their residents to make it personal and relevant.

Staff advised that they document any items and clothing when residents arrive to prevent any loss. Any money residents bring is documented and put in the safe.

Food

We were advised that staff create a weekly menu plan and make home-cooked meals for residents with most staff contributing to the cooking. Blended, softened and IDDSI food are provided as well as culturally appropriate meals. Staff document dietary needs and preferences and this information is available for staff

We were informed that residents do not have unsupervised access to the kitchen, although some clear up supervised as they like to help. Some residents bring in their own food which is labelled with dates when they are opened.

We saw staff offer residents drinks on multiple occasions whilst we were at the care home. Staff say they provide culturally appropriate activities for residents such as celebrating Diwali with a resident and providing 'Sunday Roasts' rather than Christmas Dinners for residents who do not celebrate Christmas.

Visitors

Management advised that there are no protected mealtimes and resident's family, and friends can freely visit whenever they would like. As a respite service it allows families to take a break from the complex care, they often provide so visitation does not always take place. The respite service provides a break for both the resident and their support network.

Staffing

Management advised that Wavertree Bungalow has 19 staff in total as well as external staff that support the service. A day shift includes 1 nurse, and 2 support staff and night shifts have 1 nurse and 1 member of support staff. Many residents require 1-1 support and management advised they can adjust staffing levels as needed. Management advised that sickness amongst staff is low, and staff tend to stay long term. Some staff have returned to the service after leaving due to missing the home according to management.

Management advised that training is a real strength at Wavertree Bungalow and face-to-face training with staff happens as often as possible. They closed the service for 3 days to focus on a block of training as a team. Management says training adds to the consistency and quality of care provided. Staff receive mandatory training which includes Oliver McGowan training, PEG training, alongside access to an e-learning log to take additional modules when they can. They advised there are supervision programs in place and a focus on reflective practice. Due to the service falling under the Mersey Care Trust they have access to training and staff support from many specialist services such as Mental Health services and Occupational Health.

Quote from manager

"You need to invest in staff to give them time to care"

The services work closely with the community learning disability team as service users tend to be supported by them. Referrals can come through multiple channels but are mostly through social services teams.

Staff advised there is a massive shortage of respite care across the city which can lead to inappropriate referrals. Staff can sign-post to more appropriate services if Wavertree Bungalow is not suitable. To qualify the residents would need to have a home to go to after the end of their stay. The respite offered is short stays, so they do not have the chance to build new routines for residents. They try and keep the residents' routine consistent, which includes taking them places they would normally access such as day centres.

Residents often have multiple healthcare needs, so staff must anticipate people's needs during the stay. This includes daily physical observations although some service users refuse these. They have access to a community matron and advise that this service helps avoid unnecessary hospital admissions. Staff say that Community Matrons help to bridge the gap between various services including GP services.

Quote from visiting staff from other service

"I love it here; I work all over the different services and the families here are gorgeous"

Staff advised that they have a good joint working relationship with multiple specialists including dietitians, community matrons and podiatry staff. Wavertree Bungalow staff say they are clear about their remit, which helps maintain relationships with other professionals.

Observations

Observations of the building and facilities

We were greeted by the manager Amy Peacock who checked our credentials and showed us around the home after a discussion with multiple staff.

Entrance

The entrance is key-coded and had long curtains for privacy. Staff informed us, some residents get dropped off in a taxi at an alternative locked entrance as it is more accessible. There are good nearby public transport links including a train station.

The sign in book was placed next to hand sanitiser. There were keys in the fire alarm system and the fire box. The hallway contained information in a locked display, aimed at staff and visitors and was text heavy. One poster about safeguarding had a picture of the safeguarding lead, alongside a bullet pointed list of what signs of a safeguarding concern looks like.

Living room

The living room is spacious with windows surrounding the whole room and a glass door leading into the garden area. There was a lot of natural light, and the room felt airy and pleasant. The views outside the window were excellent as you could see the garden. There was a large TV with ornaments and decorations around. The room was decorated for Christmas with a decorated and lit up tree and lights.

There was pictures, patterned curtains and residents using this space said they like spending time in here, and that it was 'very good'. There also was a digital clock displaying the date and time clearly.

We observed that the lounge room sign was blocked by the placement of a clock on the wall. There was also a folder left discarded on a chair, containing a visible page which said, 'care plan'. It was not clear whether this was a template or a file for a resident. The adjacent staff area, which has a key code entry point was left unlocked, after previously being propped open at the start of the visit. There was a sign advising staff to be bare below the elbow, but we did see staff members wearing watches.

Dining room/Activities room

The room had a large dining table and chairs with space for wheelchairs as needed. There was a radio, beanbag and a display of festive drawings, made by residents. This room was also labelled with a clear visual sign; 'dining lounge'. This felt most clinical of the main rooms as it contained medical equipment, like a blood pressure monitoring machine. The room is multifunctional and is also used for staff meetings. We saw a resident utilising the space with an activity and a cup of tea.

Bedrooms

Each bedroom comprises of an adjustable bed equipped with an epilepsy alarm which can be disabled, a wardrobe and an emergency evacuation mat. One bed was set up with a bariatric bed and another with padded walls for residents that require it for safety. Due to residents having short stays rooms are not personalised for each resident. Rooms did not seem overly small and were bright due to the windows looking out to the garden.

Hallways

Hallways were open and spacious with clear visual signs on each of the doors informing you what each door opened. There was pictures and artwork on the walls, which broke up the clinical feel of the space.

Bathrooms

We were shown two-bathroom spaces. One contained a large accessible wash area and was spacious and looked and smelled clean. We did observe the cabinet was lockable but had the key still in it. The smaller bathroom had equipment stored within it and the manager advised us due to issues with space in the home they must store these items there and remove when the room is required.

Outside Space

There was a well-maintained garden with lots of plants, a sun catcher, bench, table and chairs and an accessible and well-maintained path. Staff informed us this was used as the taxi entrance for residents.

Summary and recommendations

Summary

During our Enter and View visit we observed that Wavertree Bungalow was an accessible and inviting care home. Although an older building staff have clearly thought of how to make it accessible for residents and worked around the buildings existing design. Features such as bariatric beds, ceiling hoists and epilepsy alarms mean that people with complex needs can access the care home safely and comfortably. The wider hallways and ground level bungalow design mean people with mobility aids and wheelchairs can move freely around the home.

Staff are realistic that the home has to be clinical to a certain extent to provide the specialist care needed. This is also further complicated by the shorter stay respite offered reducing the opportunity for individual personalisation of rooms for residents. They have however made many touches to the care home that do give it a homely feel. This is especially evident in the living room which looks and feels like an area in someone's own home.

The commitment to training and development is impressive as is the wrap support offered to staff. Wavertree Bungalows is one of the few places across the country that is set up and staffed to provide the respite service they offer. From what management advise staff always have the training they need to provide this pioneering care. Training also allows staff to progress and provides an incentive for staff to stay long term. The staff retention described by management seems to speak to the success of this approach as does the positive feedback we got from staff.

The expertise on offer in Wavertree Bungalow is impressive and staff can provide care and support for residents that other nursing homes could not. The support from other allied health professionals is welcome and will allow for residents to receive excellent medical care. This relationship further strengthens the training and knowledge available to staff.

Recommendations

We make the following recommendations for Wavertree Bungalow:

Display Easy read equivalents for safeguarding and other policies

We noticed that the safeguarding procedures displayed in the hallway were very text heavy. It may be more accessible to have easy read versions on display for residents and families. Easy read displays were generally good throughout the home although one sign was covered by a clock.

Keys in cabinets

We did notice one set of keys left in a cabinet which staff advised contained nothing of value or anything that could cause harm. We discussed this with staff on site and they removed the keys there and then and advised they would rectify the situation and make staff aware in future.

Positives and good practice

We found during our visit to Wavertree Bungalow examples of positives and good practice which included but were not limited to:

- Staff training and expertise seems to be at an impressive level and staff should be proud of their commitment to learning and best practice.
- Residents are encouraged to keep to their day-to-day routines even during a respite break. This means residents can continue to enjoy their normal routine and are not out of sorts when they return home. This will make it easier for them and their support network upon return home.
- The Lounge set up and decoration was open and very inviting. It is a difficult job making a complex care needs environment homely, but they have done an excellent job in this room where residents will spend a lot of time.

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.



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