



**Healthwatch Liverpool Enter and View Report
Crompton Court Residential Care Home
Crompton Street
L5 2QS**

August 2015

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Section 1: Introduction

Healthwatch Liverpool has powers to carry out so-called 'Enter and View' visits (see the Appendix for more information about this). These visits are carried out by small teams of trained members of Healthwatch 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. These services have to be publicly funded, e.g. through the NHS or via local authorities.

During an Enter and View visit Healthwatch talks to people using 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. Feedback and observations are collated in a report, which is sent to the provider of the service, as well as regulators like the Care Quality Commission (CQC), and the local authority where appropriate. If there are recommendations in the report, the provider is asked for a response.

Section 2: Basic Details about the Enter and View

Name of the service visited:

Crompton Court Residential Care Home

Address: Crompton Street
Liverpool
L5 2QS

The Date of the Enter and View Visit: **23rd July 2015**

The Time of the Enter and View Visit: **2pm - 4pm**

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

Amanda Brown - Healthwatch Volunteer

Julie Anderson - Healthwatch Information and Project Officer

Inez Bootsgezel - Healthwatch Information and Project Officer

This visit was announced, i.e. a date and time had been agreed with the Crompton Court manager beforehand. Healthwatch asked the care home to inform residents, their relatives and other visitors that the visit was to take place, and a flyer for display was emailed over to this end.

Healthwatch Liverpool would like to thank Crompton Court staff for facilitating the visit, and the residents, their relatives and staff for taking the time to talk to us.

Section 3: General profile of the service that was entered and viewed

Crompton Court residential care home has 33 bedrooms with en-suite toilets and can house a maximum of 34 residents in total (there is one double room for couples). The home has a seven-bedded unit for residents with dementia. At the time of the visit all rooms were filled; the home had 33 residents.

Crompton Court is currently owned by HC-One, however this is set to change in the near future as the home is due to be sold to a new provider.

Section 4: The reason for the Enter and View 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 Crompton Court residential care home 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 whether any improvements could be made. The visit was not in response to any feedback or concerns identified relating to the quality of this service.

Section 5: What Healthwatch Liverpool observed regarding Crompton Court's environment and facilities

Healthwatch representatives found that there appeared to be ample parking outside the main entrance, and the area was free of rubbish. Entrance doors were locked and had to be opened by staff using a key pad, a security measure to help ensure the safety of those residents who would be at risk if they were to go out unaccompanied.

The garden at the back was sheltered, well-maintained and attractively laid out, with seating areas for the residents. However, it was also noted that the paint or stain on the window frames on this side of the building looked a bit worn, and needed some work.

It was positive to see that the main reception area had photos of all staff members, including bank staff, displayed with their names. A folder with information about Crompton Court was clearly displayed, as well as letters and cards from relatives on a notice board. The menu for the day was displayed in the hallway.

There was clear signage in corridors and hallways to help guide residents and visitors around the home, and there was no clutter. On the residential unit all residents' rooms had a little plaque with their name on by the door. Some of the décor in the corridors appeared a bit dark and dated to the Healthwatch representatives, but staff had put pictures on walls which

brightened the area up.

Notice boards in the corridors had a variety of useful information on display; however, there also was a laminated 'Bristol Stool Chart' sheet with drawings of stool samples displayed on one of the boards near reception. Healthwatch representatives were not sure why it was displayed there, rather than in a more suitable and dignified place for staff information.

Communal living and dining room areas on the ground floor were clean, with comfortable seating and there appeared to be enough space for residents to choose whether they wanted to sit alone or with each other.

Chairs in the conservatory appeared a bit threadbare, and the carpet showed signs of some staining, but overall the space was pleasant and light.

By the entrance to the dementia unit on the first floor a tree had been painted on the wall, with photos of the unit's residents on its branches. There were also photos of each resident on their individual room doors, along with their name and what they liked to be called. The unit had a combined living and dining room.

Healthwatch representatives were shown the kitchen, where fresh food is prepared for residents every day. The kitchen was clean and appeared well-organised. Healthwatch was also shown a bathroom and a shower room that both looked clean, however the bathroom had a noticeable smell of urine.

Section 6: Feedback from residents, relatives and staff

Healthwatch representatives were met by the Manager and Deputy Manager of the home. The Deputy Manager showed the Healthwatch representatives around, and answered questions. She told Healthwatch representatives the following:

Residents: The Deputy Manager told Healthwatch representatives that the home tried to care for residents as long as they could, and one resident had been there for nine years at the time of the Healthwatch visit. However, sometimes residents' needs could no longer be met by Crompton Court, which meant some had to move to accommodation with more intensive support.

Several residents had advanced care plans, and staff aimed to discuss the residents' wishes for end of life care both with residents and their relatives where appropriate. There are a few residents at Crompton Court who don't have relatives; they have solicitors allocated to support them.

Residents' meetings are held bi-monthly, and residents and relatives can raise concerns with senior staff at any time, as there is an 'open door' policy.

Staffing: In the day time the home is staffed by 2 senior members of staff and 3 care staff; at night there is one senior member of staff and 3 care staff.

Healthwatch was pleased to note that there appeared to be continuity of staff, with the manager having worked there for 20 years, the housekeeper 19, and the deputy manager for 6. The home had not used agency staff since 2004, instead relying on bank staff who knew the home and the residents. Healthwatch representatives were impressed by the commitment and kindness of the staff they met and observed at work.

There were 2 chefs, working different days of the week, and an assistant. Housekeeping staff were trained to do both kitchen work and cleaning. All staff receive Equality and Diversity training, and relevant staff are trained in-house to use equipment such as hoists etc.

Food: Healthwatch representatives were told by the deputy manager and chef that residents can choose from a daily menu offering 2 options for both lunch and evening meal. The menu is rotated on a 4 weekly basis and menus are planned to ensure that residents are provided with 2,500 calories per day.

In the mornings, residents are given tea or coffee with cereals, followed by an optional cooked breakfast of their choice. At 11am there is tea/coffee and biscuits, with the main meal of the day served at lunchtime. Alternatives are always available for residents who would like something different or have changed their minds, e.g. the chef explained she can fry an egg if that is preferred.

Homemade cakes are regularly offered in the afternoon and residents' birthdays are celebrated by the chefs baking them a cake.

Dietary requirements are catered for, for example some residents have blended food and there is a notice board for the chefs with residents' food likes /dislikes. At the current time none of the residents have asked for specific diets, e.g. kosher, halal or vegetarian, but appropriate food can be provided. Residents are routinely weighed every month, and if someone has lost weight food and fluid intake is monitored. Some residents eat in their room by choice.

Activities: Healthwatch representatives were told that Crompton Court has a dedicated activities worker who works with residents on the dementia unit in the morning and the residential unit in the afternoon. During the Healthwatch visit a game of bingo was underway, which the deputy manager told Healthwatch is very popular and requested by the residents.

At the time of the visit the home still had a mini-bus provided by the company which was used to go on trips with residents; however with the change of owner the mini-bus was likely to go.

The home seems to be well integrated in the local community; Healthwatch representatives were told that local people take part in activities in the home on National Care Home Open Day and at the home's Summer Fair each year. Every other day, in addition to scheduled events, volunteers from a nearby school help with activities, and some residents also attend a nearby community centre.

There are opportunities for residents to help in the garden and there is a budget for entertainment, with regular visits by musicians. The home is visited weekly by a hairdresser, who had been on the day of the Healthwatch visit; some residents told us they had had their hair done that morning.

Medical care: Healthwatch representatives were told that GPs visit residents when necessary, and that the home had good connections overall with the district nurses.

The deputy manager said that if there are more serious health issues staff phone the community matron first, as it is often not in the residents' best interest to go to hospital. After a hospital stay, residents could be less mobile and disoriented for example.

There had been some problems in the past with residents being discharged from hospital at unexpected times, e.g. during the night, but more recently this had improved and lately residents were discharged around tea time.

6.1 Feedback from patients and relatives

Healthwatch spoke with four residents, 3 from the dementia unit and one from the residential site. All had nothing but positive things to say about the home, including:

“It’s friendly, and clean, and the staff and food are good”. Another resident said that she had made a friend since moving to the home, and that “it’s lovely”.

Three relatives also gave feedback, again all positive, including:

“It’s a home to be highly recommended; we come 4 or 5 times a week, we ring the bell, can come in, and it’s always welcoming”.

All the relatives mentioned looking at several care homes before deciding on Crompton Court with one of the main reasons being the warm and welcoming atmosphere created by the staff. One said “this is the best in the area”.

Another relative said she “can’t fault it”; and that while other care homes might have looked better in terms of décor, Crompton Court provided really good care.

Section 7: Summary/Conclusions & Recommendations

Overall, Healthwatch representatives gained a positive impression of this service during the Enter and view visit. Nothing was observed that gave grounds for concern about the quality of the environment and facilities.

The home appeared clean and uncluttered, although the décor in places seemed a bit tired and in some parts there was a slight smell of urine.

Residents appeared relaxed and well-cared for, and staff were observed to be

speaking and interacting with residents in a respectful and friendly way at all times during the visit. The feedback from residents and their relatives was very positive.

At the time of the visit it was not clear yet who will become the new owner of Crompton Court residential home. Any recommendations from this report may have to be followed up with the new provider.

Recommendations:

Healthwatch Liverpool has the following recommendations for commissioners:

- It was positive to see photos of all members of staff, including bank staff, displayed on a wall near reception; Healthwatch considers this to be good practice and recommends that other local care homes do the same;
- Equally, having photos of residents and what they prefer to be called on residents' doors in the dementia unit is good practice (as long as this is always done with the resident's permission), and Healthwatch recommends that other local care homes do the same;

Healthwatch Liverpool has the following recommendations for Crompton Court residential care home:

- The outside window frames at the back of Crompton Court might benefit from decorating, and Healthwatch Liverpool recommends that this is done before winter;
- That staff deals with the origins of the smell of urine that was noticeable in some parts of the home, and informs Healthwatch what plans will be put in place to monitor this.

Section 8: Safeguarding

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

Section 9: Healthwatch Liverpool Contact Details

Healthwatch Liverpool

*151 Dale St
Liverpool
L2 2AH*

Main Number: 0300 77 77 007

Fax: 0151 237 3998

Email enquiries@healthwatchliverpool.co.uk

Website www.healthwatchliverpool.co.uk

Appendix I:

Initial provider's response, received 07/08/15

The provider responded quickly to the draft report that Healthwatch sent. Paragraphs in quotation marks are in this Healthwatch report, the areas in italics are the provider's initial responses:

“Notice boards in the corridors had a variety of useful information on display; however, there also was a laminated ‘Bristol Stool Chart’ sheet with drawings of stool samples displayed on one of the boards near reception. Healthwatch representatives were not sure why it was displayed there, rather than in a more suitable and dignified place for staff information”.

Provider's response: *Both HC-one & Liverpool PCT have asked for an infection control board to be displayed in the corridor with a copy of the Bristol stool chart on as information to visitors and residents*

In an initial response to the recommendations the provider wrote (in italics):

- The outside window frames at the back of Crompton Court might benefit from decorating, and Healthwatch Liverpool recommends that this is done before winter;

Provider's response: *HC-One are aware of this and it will need to be followed up by new provider.*

- That staff deals with the origins of the smell of urine that was noticeable in some parts of the home, and informs Healthwatch what plans will be put in place to monitor this.

The provider gave an initial response to this point, but as it may identify an individual resident we will discuss this further with the provider.

Appendix II:

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. Healthwatch Liverpool works to give local residents a stronger voice to influence and challenge how health and social care services are provided. Healthwatch Liverpool enables 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. Healthwatch Enter and View visits are undertaken in accordance with the remit of Healthwatch Liverpool, and assist Healthwatch Liverpool in carrying out its statutory functions under the Health and Social Care Act 2012. Healthwatch Enter and View visits are not designed to be full inspections, audits or an investigation of the service, rather they are an opportunity for Healthwatch Liverpool to get a better understanding of the service by seeing it in action and by talking to staff and service users.

Healthwatch Liverpool seeks to identify and share good practice wherever possible. However, if during a visit Healthwatch Liverpool identifies 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.