

# Madeline McKenna Court

Enter & View visit

17 January 2024

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## 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 us to carry out our 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.

Healthwatch Halton has a legal power<sup>1</sup> 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.

These visits are carried out by small teams of trained members of our staff and volunteers to observe a service at work.

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.

Prior to our visit we sent the manager a link to an online questionnaire to pass on to staff and also one for family / friends of residents to give their views.

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<sup>1</sup> [Section 225 of the Local Government and Public Involvement in Health Act 2007](#) and [Part 4 of The Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#)

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## 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 Madeline McKenna Court was an announced visit to learn more about the service, and to find out 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.

Our Enter and View visits 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.

## Enter & View Visit Report

**Care Home:**

Madeline McKenna Court, 7 Caxton Close, Hough Green, Widnes, WA8 4DY

**Service provided and run by:** Halton Borough Council

**Manager:** Angela Colebrook

**Service type:** Dementia and Residential Care Home.

**Healthwatch Halton Enter & View Team:** Tracy Cresswell, Kathy McMullin

**Date of visit:** 17 January 2024

## Who we share the report with

This report and its findings will be shared with the provider, Local authority quality team (depending on the visit), Halton Place Integrated Care Board (ICB) are living with, Care Quality Commission (CQC), Healthwatch England, and other local stakeholders as appropriate. The report will also be published on the Healthwatch Halton website.

## Healthwatch principles

The Healthwatch Halton Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

- 1. A healthy environment:** Right to live in an environment that promotes positive health and wellbeing.
- 2. Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients reaching crisis.
- 3. Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family.
- 4. A safe, dignified and quality service:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect.
- 5. Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system.
- 6. Choice:** Right to choose from a range of high quality services, products and providers within health and social care.
- 7. Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received.
- 8. Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

## Madeline McKenna Care Home

Madeline McKenna Court is located in a quiet residential area of Widnes.

It is a 23 bedded residential and dementia single storey care home. At the time of our visit, the home had 23 residents, of which 13 residents are living with dementia or cognitive impairment.

All bedrooms have a toilet and sink, none currently have ensuite shower facilities.

The manager has been in post for five years, however they have over 20 years' experience working within the re-enablement team within the council and prior experience working in residential care.

There are several staff employed, spread across various roles including seniors, carers, domestics, chef, chef assistant and the manager. At the time of our visit, the home was advertising for an activity co-ordinator. The home only uses agency staff if they are unable to get shifts covered by the staff.

Shift patterns were split into three carers in the morning working 8.00am to 1.00pm, two carers in the afternoon working 1.00pm to 10.00pm and three staff mixed working from 10pm to 8am. There is also a senior on each shift.



## Initial Impressions

On arrival to Madeline McKenna the signage was clear from the road.

All access to the outside was locked and needed codes or keys, this was due to a risk that some residents would get out and wander off. The garden is not fenced off, it leads to the residential area and car park.

## Internal Environment

In the reception area we noted a visitors' signing-in book and a suggestion box, hand sanitisers and facemasks were also available.

The reception area leads into the lounge which is clean, modern and bright. Several residents were sitting in chairs in the lounge. The dining room was bright and spacious area.

The main corridors and walls were decorated in an off-white colour. The corridors did not appear to be decorated in a dementia friendly way. The corridors felt homely but there was no artwork or interactive wall art to stimulate the residents. The resident's bedroom doors did not have their name or photographs on, apart from one where the resident had chosen for it to be added to aid them in easily finding their room. Each door is marked with a red, amber, or green colour, to identify the level of assistance needed to get out if there was a fire.

There was a quiet area for residents if they wanted to sit and read or watch TV.

There was an area of the home that had been chosen to be designed as a social/shop area. We observed that this area was currently being used for storage of wheelchairs whilst the residents were sitting in the lounge.

## Essential Services

The manager explained that referrals were received from a variety of areas such as hospitals, other care homes, Oak Meadow Community Support Centre and out of area residents, mainly from Knowsley. Once a referral is received the home will carry out an assessment and invite the resident / family to visit the home. A date is set with the social worker, an inventory of personal belongings is taken, the chef talks with the resident and family about their dietary needs, likes, dislikes etc.

Care plans are still paper based, but there are plans in place for them to go electronically.

There is a weekly visit from the Advanced Nurse Practitioner (ANP), the Later Life Advanced Memory Services (LLAMs) visit every two weeks, and a GP from Hough Green Medical Centre visits as and when required. Several residents told us that they see services such as a podiatrist, hairdresser, chiropodist etc, however they are unable to see a dentist.

The manager explained that all staff have mandatory training which is a combination of face-to-face training and e-learning. However, the manager did say that the home would benefit from having additional palliative care training.

## Access

The manager explained that all the residents were able to remain registered with their own GP if they chose to, however the home is registered with Peelhouse Medical Plaza.

Upton Dental practice is the allocated dental practice for the home, the manager told us that they struggle to get regular dental check-ups and appointments for the residents.



## Residents welfare

During our visit, we saw that there were alarms on all the external doors.

Several residents told us that they felt safe and cared for in the home and had call bells in their rooms, with one saying, *'I feel very safe here, I have an alarm in my room which I used last night'*.

Some residents said they usually have to wait around five minutes if they press their call bell. We didn't observe any call bells being used during our visit.

Another resident told us that *'staff are pretty quick to come if I ring the bell'*.

One resident told us they used a walking stick but would like to go outside more.

The manager explained that a new boiler was installed last year, and Halton Borough Council have funding to replace the doors and windows this year, making the home more energy efficient and providing a more comfortable environment for residents.

All residents we spoke with said they were treated with dignity and respect by the staff.

## Information

During our visit we didn't notice an information board in the home to provide information for residents or families.

The manager explained that they used to pull together a newsletter for the residents and the relatives, however due to a lack of admin support for several months this has not been done.

Three monthly reviews are held with relatives, and this is carried out by seniors. There have been two relatives meeting in the past year. Relatives are notified of these meetings by staff ringing them or by displaying posters up in the home.

There is a big screen TV in the dining area where food menus get displayed, Residents are also supported by staff if they need help around being able to choose their food.

The manager completes supervision with seniors, domestic staff and cooks every three months and the seniors complete the care staff supervision. One staff member told us they had asked for additional training to support their role, however they were still waiting to hear if they are able to do the training, we fed this back to the manager at the end of our visit.

## Choice

We spoke with residents in the lounge area and asked about their daily routines. They told us they had a choice over the clothes they wear, with one person telling us, *'Staff ask me what I want to wear each morning, they are all lovely'*.

Residents said that they can go to bed whenever they want to.

When we discussed meals at the home, all residents told us they had a choice of meals, with one saying, *'I choose my food from a menu every day'*, another told us they had choice where they eat, saying, *'I choose to have breakfast and evening meal in my room, and I choose to go into the dining room for lunch'*. One resident, *'The chef comes round every day to ask what I want to eat'*.

Residents informed us that the drink trolley comes around often, and the water and juice is topped up in their rooms. Snacks are also available for residents at supper time with a choice of crumpets, toast and tea cakes.

There were limited food and snacks for diabetics, the staff explained they used to be able to order these, but the supplier had been changed and there was a smaller choice of food for diabetics. This was also echoed by a resident who said *'There are no snacks for diabetics, my family must bring mine in. The kitchen are trying to get some in for me'*.

The home didn't have an activity co-ordinator in post at the time of our visit but were currently recruiting a new co-ordinator. All residents we spoke with said they would like to have more activities to take part in as there were none at the moment, other than watching the TV. They told us they would like to do quizzes, bingo, and listen to musicians. One resident told us that they would like to go outside more often and get involved in some activities.

## Being listened to

We asked the manager how the home shares lessons learnt from any compliments or complaints received. We suggested the introduction of a **'You said, we did'** information board, or newsletter, as this would help ensure that relatives, staff and residents' concerns were being listened to and acted on.

The manager explained that the home has a suggestion box and any complaints raised are dealt with straightaway. If a concern is raised, the manager will meet with the relative/resident to see if they can resolve the issue informally. However, if the complaint needs to be dealt with formally then the Halton Borough Council complaints process would be followed.

We heard from several residents during our visit who said if they ever had an issue they would just speak to the manager or staff and it would be sorted.

We heard from one resident who told us that had felt lonely at the home, and the home supported them by having a landline put into their bedroom so they could talk to their family more often.

However a couple of residents expressed that they didn't always feel listened to or get a response, with one person telling us, *'I did speak to staff about my teeth and getting dentures, but it didn't go anywhere'*, and another said, *'I have asked staff about getting the exercise pole back that used to be on my bed so I can do arm exercises again'*.

## Being involved

Staff informed us that they can't always spend as much time with the residents as they would like due to the paperwork that they must complete.

The manager said she spends one day a week as a senior being hands on with the residents and does daily walk rounds the rest of the week.

As mentioned earlier in this report, several residents highlighted that they would like more activities at the home and to be able to go outside more, with some residents telling us they only ever go out if their family take them out.

A few residents said they hadn't been to any residents' meetings at the home.

One resident said, '*I get introduced to new staff if they are going to working directly with me*', another resident told us, '*I have no needs, I get everything I need*'.

One family member we spoke with said communication with families could be improved.

## **Current challenges for the home**

The manager told us that a current challenge is not having an admin member of staff, who could manage the phone calls etc. Domestic staff currently do the washing, and a laundry assistant would be beneficial.

## **Friends and Family feedback**

An online questionnaire was made available for residents' families to feedback their comments about Madeline McKenna Care Home.

They were asked, '**What does the home do well?**' and '**What could the home do better or improve?**' Two responses were received to the survey.

### **What does Madeline McKenna do well?**

- Generally, the level of care is very good. The home is well staffed. The staff are caring and there is a happy atmosphere. The focus is on the individual resident. I have never seen preference being given between one resident and another. I visit four times a week and have been so doing for four years. The home is clean, clothes are washed regularly. The food seems to be very good. The catering staff led by the chef do an excellent job. There is a good link with the local GP and district nursing service. Record keeping seems fine. A lot of hard work goes into events such as Christmas, Easter etc.
- The food seems good. The chef tries to please everyone and asks if the residents are happy with today's menu. Although a good choice of sugar free alternative food could be offered - We have to take in sugar free

biscuits and drinks. Most of the carers are lovely and make a good effort with residents and families.

### **What do you think Madeline McKenna could do better or what do you think could be improved?**

- Since Covid there has been little or no social events at the home. Rather than just having the same monotonous ITV programmes more needs to be in place to stimulate the residents and create highlights. Other homes I have visited in Halton provide tea, coffee etc for visitors use. I think the level of communication to family could be improved as to what is happening at the home. A newsletter perhaps? Parking can be a problem. It would be good to see the gardens tidied and more provision for the residents to take advantage of the gardens in the summer months. The building is badly in need of renovation as are the individual rooms.
- Better disabled access. Difficult to get wheelchairs in and hold the door open. Stimulate the residents by arranging activities, as we have seen in St Patricks, Beechcroft and Broadoak Manor. Even simple bingo, cards etc. Armchair exercises, singers to entertain residents. Maybe a DVD night with decent volume or subtitles instead of all just sitting looking blank at a TV. I would feel happier if a member of the staff was present at all times as residents are often left alone and cannot get help quickly. My mother cannot speak very clearly and cannot shout up if she needs the toilet. I have also witnessed residents getting upset and I had to look for staff to come to help. Maybe if all residents wear a 'lifeline type bracelet to get help if needed.

### **Additional comments**

- My relative has had several falls in the home, even when the staff stood by them, they refused to support them to stop them falling, the communication back to me is not good, I am not notified on when they have a fall or other conditions. The night staff don't ensure that my relative have their buzzer by them and get rude with them. The staff don't encourage interaction with other residents, there is no interaction or socialising.

## Summary

Healthwatch Halton would like to thank all the residents and staff at Madeline McKenna Court for allowing us into their home and workplace and for taking time to talk to us.

During our visit, residents at the Madeline McKenna seemed comfortable, happy and well looked after. We viewed good engagement between the manager, staff and residents. From our conversations with residents, and feedback from family members, it is clear the home generally provides a good level of care.

There were however a number of comments received, from residents, family members, and staff, regarding a lack of activities provided by the home, and some regarding a lack of communication, which we feel need addressing.

We hope the home's management will pass on the many positive comments to staff at the home while also taking into consideration the areas highlighted for improvement.

## Recommendations and suggestions

We acknowledge 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.

- 1. Activities:** Several residents and family members expressed a desire for more activities at the home. It is recommended that the home recruits an Activities Co-ordinator as soon as possible to help provide a wider range of activities for the residents.
- 2. Dementia friendly:** During any planned redecoration or renovations consider making dementia friendly changes to the environment.
- 3. Communication and Information:** We heard from some families that there was sometimes a lack of communication with them by the home. Effective communication is essential in building trust and keeping families informed

and involved in the care of their loved ones. We suggest providing regular updates, scheduling face-to-face meetings and encouraging family involvement in the home. We recommend the introduction of a '*You said, we did*' board for all residents, and regular updates for relatives that would include any changes that have been made from comments, complaints etc.

- 4. Involvement:** Some residents felt that they have not had opportunity to be involved in Residents meetings. We suggest reviewing the way Residents' meetings are promoted to encourage more involvement and look at the options to hold more than two meetings per year.
- 5. Staffing:** To ensure the current staff and manager can continue to offer person centred support to residents, we would encourage the recruitment of an admin support and laundry assistant to the home.
- 6. Choice:** Look to increase the range of diabetic food and snacks available.

## Service Provider Response

Thank you for the visit and report.

Since the Healthwatch visit we now have admin support in place, which will also help in reinstating our monthly newsletter for families. We have also introduced more dementia friendly signage for the home.

**Angela Colebrook – Manager, Madeline McKenna Court**



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