

Millbrow Care Home

Enter & View report

09 January 2024

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What is Enter and 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 statutory powers under the Health and Social Care Act 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.

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 and their families.

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 Millbrow Care Home 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:

Millbrow Care Home, Millbrow, Widnes, WA8 6RT.

Service provided and run by: Halton Borough Council

Manager: Jayne Anderson

Service type: General nursing and dementia nursing

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

Date of visit: 9 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), 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.

Millbrow Care Home

Millbrow Care Home is a purpose-built Care Home located in a quiet residential area of Widnes.

It is a 43 bedded care home which is split over two floors, Riverside General Nursing on the ground floor has capacity for 20 residents and had 18 residents at the time of our visit. sycamore unit on the first floor, which provides dementia nursing has the capacity for 23 residents and had 19 residents at the time of our visit.

The manager had been registered with CQC since May 2023, however they have worked in the home for 10 years working their way up from a nurse, senior nurse and stepping up to the manager role through COVID.

There are several staff employed, which are spread across various roles including nursing, domestics, catering, carers and senior assistants. At the time of our visit over 40% of the staff were agency staff due to annual leave, sickness and recruitment issues, this has since improved.

Shifts are split into 12 hour shifts 8am to 8pm and 8pm to 8am; however, staff are able to do shorter shifts. There is a nurse on each floor, with 9 carers which are split over the 2 floors.

Initial Impressions

On arrival the home was easy to find and was clearly signposted. There is a small car park, on a slope, at the front of the home, that included some disabled spaces.

There was clear signage at the entrance of the car park and to the entrance of the home.

The main front door to the home was not closed, we entered into a small holding entrance which was accessed by ringing a doorbell, there was a small notice board (we observed the notification of our visit) within the entrance. We were

greeted by the manager, we introduced ourselves and were asked to sign in. There were face masks and hand sanitiser to use.

On the Sycamore unit, we observed that all the resident doors had numbers and names on them, some of the walls in the corridors were painted a different colour. In one of the lounge areas the walls were plain, the lighting was not very bright. There was a TV in the lounge. We didn't see the lounge being used by the residents. The unit didn't appear to have been designed in a dementia friendly way. The use of colour and the layout of the buildings, can make an enormous improvement in people's quality of life, and can reduce the impact of their dementia and help them live more independent lives. The correct colours, textures and layout of a building can help to reduce confusion, isolation, and anxiety, and help people live well with their dementia.

The décor in many areas of the building looked tired and in need of updating, including communal bathrooms. The manager explained that the home was waiting to be refurbished.

The main lounge on Riverside unit had a horseshoe style seating layout, with the TV on, there were also chairs positioned at the back of the lounge. The nursing office was situated in the lounge.

There was a small notice board in Riverside's dining room displaying two options for lunch. Tables had not been set for lunch at the time of our visit.

The staff informed us that there was a rear garden that required some maintenance, the shed and fence had been damaged and needed repairing / replacing. Due to the time of the visit and the time of the year this was not observed by our Authorised Representatives.

Essential services and access

The home only accepts residents with a nursing need.

Potential new residents have a care assessment to identify if the home can meet the care needs of the resident. The home discusses likes and dislikes with the resident and their family and this is included within the assessment.

All care plans are still paper based, but plans are in place for them to go electronically.

The manager informed us that all staff receive mandatory training, they explained that training has been provided to clinical staff by Chester University which has been funded for 12 months and has been useful for the staff. Not all staff have received Mayfly or six steps training (specialised end of life training).

The manager explained that they have a 'resident of the day' event, which involves reviewing that resident's care plan with them. They would also involve family members if the residents had capacity and gave consent.

The home has a number of professionals that visit the home. There is a meeting with the Advance Nurse Practitioner from Peelhouse Medical Plaza, Widnes, every week and every 4th week a GP attends. Podiatrists visit the home as and when required. The Speech and Language Team, Tissue Viability Nurse, and a Dietician also visit the home. Upton Dental practice is the allocated dentist for the home, but the manager said that they sometime struggle to get dental check-ups and appointments for the residents.

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

Residents' welfare

We observed good interaction between staff and residents. We noted them respectfully calling residents by their first names and being kind and reactive to their needs.

Several residents we spoke with said they felt safe and cared for in the home.

They told us they were very happy at the home, with one saying, *'I like it immensely'*. One resident's family member said that their loved one was *'happy living here and we are happy with their care'*.

During our tour around the home, we noted that there were emergency pull cords in the lounge and corridor, there was also a pressure pad in the lounge on Sycamore corridor.

On the Sycamore unit corridor, we observed a door that was ajar that should have been locked. It was a small sluice. We closed the door and reported it to the manager.

We observed one of the toilets on the Sycamore unit was not able to be used by residents due to a hoist and chair being stored in there, we informed the manager about this when we completed our visit.

We noted that throughout the home there was a mismatch of toilet seats with some having white seats and some having black seats. For residents living with dementia they may not be able to distinguish the toilet seat if it is the same colour as the pedestal, so having a contrasting colour toilet seat limits them having issues finding the toilet.

We asked the manager if there were ever any issues when a resident was discharged back to the home after a hospital stay. We were told that they sometimes have issues with medication as it is not labelled correctly, and they are unable to administer it. There were also instances where paperwork, such as DNR forms (Do Not Resuscitate), is not always returned with the residents when they are discharged to the home from hospital.

Information

There was one notice board in the entrance and reception. The notice boards displayed information, including details of Healthwatch Halton.

We did not notice and information on display around activities taking place within the home, however the manager explained that the previous activities coordinator had left and the replacement staff member was currently off sick. One staff member told us they felt that residents were missing out on activities / experiences and interactions due to the lack of cover of sickness cover for the activities coordinator.

The manager told us that that relative's meetings are held in the afternoon from 2.00pm to 6.00pm, however they are not always well attended. The meetings are advertised through the newsletter, relatives board and notice board within the home.

We noted several staff wearing different uniforms but didn't know what their roles were as not all staff were wearing name badges.

Choice

We spoke with residents regarding choice. Several of the residents expressed that they had choice over the clothes they wear *'The staff show me my clothes from my wardrobe, and I get to choose what I want to wear'*, however another resident said, *'some staff do ask about clothing, but some do not they just pick the clothes and put them on me, like this morning'*.

Several residents expressed that they had choice over the food, with one saying, *'I get to choose from the menu everyday'*.

However, a couple of residents said they didn't always have choice, *'I got to choose my food yesterday but not all the time'* others expressed, *'sometimes we get a menu to choose, but not always as it depends on the staff'*.

All the residents we heard from said they would like more activities to take place, as there were none at the moment.

Being Listened to

We asked the manager how they shared lessons learnt from the compliments / complaints etc, and suggested using a **'You said, we did'** format, as this would help ensure that relatives, staff and residents' concerns were being listened to and acted on. The manager told us that a 'You said, we did' notice is on the relatives notice board in the main foyer. This is completed and updated following any feedback received from family members.

The manager explained that they will speak with individuals if they have received a complaint / concern to understand the issues and ask how they would like it to be dealt with. If the individual wants it to be dealt with formally then the Halton Borough Council complaints process would be followed.

One family member said that it was often difficult to get through to the home on the phone to check on their loved ones. Another person said, *'No updates are ever given'*.

Being involved

The staff expressed that due to the staffing levels they were unable to spend as much time with the residents other than supporting them with feeding, toileting, personal care etc.

Family and friends had access to the resident's room and the communal lounges. We were not made aware of any other rooms for the relatives and friends to meet.

Some residents explained there weren't many activities to get involved with at the home and they'd not been involved in residents meetings etc. They expressed that they would like to go outside more, have more activities, and would like to sing.

The manager told us that they have reconnected with St Bede's church to re-start visits back into the home for the residents.

Current challenges for the home

We asked the manger what challenges the home faced and the manager highlighted the issue of recruiting nurses to the home.

Friends and Family feedback

An online questionnaire was made available for residents' families to feedback their comments about the home.

They were asked, 'What does the home do well?' and 'What could the home do better or improve?'

Five responses were received from friends and families of residents.

Friends and Family comments

What do you think the home does well?

- Happy with everything at the moment.
- Any concerns are dealt with.
- Everyone appears friendly when we visit. It's a nice atmosphere.
- Not a great deal is done well here. Some of the care staff that's been working at Millbrow are superb, however there are very few of them. Far too many agency staff.

What could the home do better or what do you think needs improving?

- Windows, decorations and furnishing.
- Nothing at present, happy with things so far, no cause for complaint, my relative is happy here.
- Happy with things so far, no cause for complaint. My sister seems happy here.
- The manager could call back when complaints had been made. Some of the agency staff could be trained better. The dementia patients could be interacted more in activities such areas of being left in beds 24/7. You can't get through on the phone to enquire about loved ones. It has been observed some staff have been sat in the canteen on their phones whilst patients were in the tv room. Patients could be cleaned up after they are

fed. Underwear should be put on patients and teeth should be brushed. Doors should not be shut just because a dementia patient shouts. Fire doors or noise activating doors as I've been told should not close with patients calling out.

- The whole care home needs a good clean and decorating. Rooms are very basic and outdated. The furniture is miss matched & some broken. The rooms are grim. Staff need better training. The daily book is not available for relatives to see at times. No updates are ever given. Family is not informed of medication changes. Laundry is lost even with multiple labels & ripped. Often wrong patient's clothes put in other people's rooms. Toiletries go missing each day / week. Taps constantly drip in rooms with sinks. Plaster has fallen off the walls. The care home smells. Lift is very often full with a dinner trolley full of crockery. No stimulation for patients at all. I could go on.
- Any issues highlighted to staff are not rectified.
- Place needs to be cleaner. More communication between staff, managers and patients' family. More basic care to be fulfilled. Staff attitude to visitors.

Visit summary

During our visit, residents at Millbrow gave positive feedback on the care provided by staff at the home. Many family members praised the care provided by staff and felt the staff at the home were friendly and the home had a nice atmosphere.

There are though areas for improvement, such as the general environment, staffing levels, activities, and communication. We heard from staff and resident's families that the home was in '**desperate need**' of redecoration. We also noted during our visit that the home is looking tired and in need of a refresh.

Concerns were also raised by staff, residents, and family members, over the lack of activities. We are aware that the home is looking to recruit a new activities coordinator.

Staff told us of short staffing issues and concerns over agency staff.

There were also comments received from residents' families, through the online questionnaire, regarding a lack of communication, which we hope the home will address.

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.

We would like to thank the residents, staff and manager of the home for their kindness and support during our visit.

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 ensures there is adequate staff cover for the role of activities co-ordinator.
- 2. Dementia friendly:** During any planned redecoration or renovations ensure dementia friendly changes to the environment are included.
- 3. Communication and Information:** We heard from some families who felt there was a lack of communication with them from 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:** Review the way Residents and Family meetings are held. While we were told that regular meetings are held, it seems that attendance is often low, while some residents told us they have not had an opportunity to be involved in these meetings. We suggest reviewing the way Residents' meetings are promoted to try to encourage more involvement.

Provider feedback

Date: 29 April 2024

- 1.** There is now a member of staff employed as the activities co-ordinator. They spend time with each resident either on a 1-1 basis or group sessions. We also have entertainers and singers that are regularly coming into the home. We also have adapted sports sessions and musical moments which the residents, relatives and staff all enjoy. We have had some positive feedback from residents and relatives regarding the activities and entertainment within the home.
- 2.** As the home is being redecorated, works will be ongoing to ensure some the home is more dementia friendly. We are completing dementia friendly audits which identify areas of improvement that we can also action.
- 3.** We do have a 'you said we did' notice up on the relatives board. This is updated following any feedback we receive from relatives. We also have a suggestion box near where relatives/visitors sign in to enable them to leave any feedback either identifying who they are, or they can leave feedback anonymously. There is also an open-door policy in Millbrow where relatives and other visitors are able to come and speak to the manager when they are visiting. The managers email is also on display to enable relatives to email any concerns or suggestions also. In relation to informing relatives of their loved ones care we must ensure confidentiality is maintained. Whilst I appreciate this may cause some upset and frustration to some relatives, we can only give information out to people identified as next of kin or first point of contact or those with power of attorney over health and welfare. If

the resident agrees we can give information to other relative's but the resident's would need to agree to this.

4. In relation to residents, their feedback is sought regularly. This is usually done during the managers walk around and resident of the day. We have updated our feedback forms specifically for the residents and the activities coordinator now completes these as part of her role as well. Since covid we have tried various times / days / methods to try and encourage relatives to attend meetings however, despite these efforts attendance to the meetings have been low. Details of the meetings are put up on the relatives notice board and small notice board near the main entrance. However, due to Millbrow having an open-door policy a lot of relatives and residents raise concerns or suggestions when they arise either when the manager walks around the home or when the relative is visiting. When asked, they say they find it is better and easier to raise it that way rather than waiting to attend a meeting. We will continue to review the process.

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