



## **Ferndale Mews, Widnes**

19<sup>th</sup> November 2013

**Enter & View report**



---

# ACKNOWLEDGEMENTS

---

Healthwatch Halton would like to thank everyone at Ferndale Mews for their time and consideration during our visit.

---

## 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 the Healthwatch Halton to carry out its 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 may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. In carrying out visits, Healthwatch Halton may be able to validate the evidence that has already been collected from local service users, patients, their carers and families, which can subsequently inform recommendations that will go back to the relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between Healthwatch Halton and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. Healthwatch Halton's role is not to seek out faults with local services, but to consider the standard and provision of care services and how they may be improved.

---

## VISIT DETAILS

---

Centre Details	
Name of care centre:	Ferndale Mews
Address:	St Michaels Road Widnes Cheshire WA8 8TF
Telephone number:	(0151) 495 1367
Email address:	
Name of registered provider(s):	HC-One Limited
Name of registered manager (if applicable)	Angela Champness-Smith
Type of registration:	Nursing Home
Number of places registered:	34

The Enter and View visit was conducted on 21<sup>st</sup> November 2013 from 10.00am to 12.00pm

The Healthwatch Halton Enter and View Team were:

- Mike Hodgkinson
- Sue Parkinson
- Dave Wilson

### Disclaimer

Our report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed.

This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Halton.

---

## OBSERVATIONS

---



Ferndale Mews is a purpose-built care home in Widnes run by HC-One and primarily caters for older people with dementia. The home is situated off St Michael's Road near its junction with Hale Road and is next to Ferndale Court, which is managed by the same company.

Ferndale Mews is registered for 34 residents and currently has 32 residents in place. There are 17 single en-suite bedrooms for dementia patients on the ground

floor and 17 nursing en-suite bedrooms upstairs.

On the day of our visit the car park was full due to building work being undertaken, some vehicles were parked on the grass verge. There were a couple of car parking spaces in the Ferndale Court car park but spaces are usually limited during the working day. There may be designated disabled spaces but they were not clearly visible.

The home is accessible by wheelchair and wheelchair users can use a lift to reach the level above the main entrance and reception area. The reception area is at ground floor level.

One member of the visiting team and another visitor had to wait outside for 10 minutes before someone was available to let them in as no members of staff had heard the doorbell. There is usually an Administration Officer who would normally be around to let visitors in but she was off work on this particular day.

On arrival at the home, the visiting team spoke to the Manager, Angela Champness-Smith, and signed the visitors' book. The reception area displayed various certificates including the CQC registration certificate.

Angela informed us that she had been in place as Manager since June 2013. During our visit members of staff we spoke with told us that there have been positive improvements since the arrival of the new manager.

We were told that there is on-going training for all staff e.g. safeguarding training etc. and staff have been trained in the end of life care.

The manager informed us that family/residents meetings are held approximately twice a year, the last meeting was in November 2013. Residents and their families are made aware of the homes complaints procedure.

The home has an Activity Co-ordinator who is on duty on weekdays and can provide one to one services. She also helps with the care of the residents which can take away time for doing activities with residents.

The home has use of a small minibus which two care staff and the maintenance worker are authorised to drive it. They are also trying to build relationships with local schools and faith groups to provide entertainment for the residents e.g. Christmas Carols at Christmas etc.

Residents can personalise their rooms with family photos etc. We were also informed that the home is planning to install wi-fi access across the home which will help residents to keep more in touch with their families.

We asked whether the home made use of had any volunteers. We were informed that one volunteer came in to Ferndale Mews and spent time speaking with the residents. We were told that the home would like more volunteers to help when residents go on outings. We suggested that they speak to Volunteer Centre Halton.

At present, a hairdresser regularly visits the home, but there are also plans to refurbish one room for hairdressing in the future.

A chiropodist, a dentist and a physiotherapist also visit residents.

The general appearance of the home was clean with just a few 'tired bits' and the general atmosphere was very positive. The room temperature was comfortable. The interaction between all the staff was very welcoming and all the staff communicated very well with the residents.

We visited the ground floor lounge and spoke with residents. Some were watching the TV, one lady resident was knitting as said she preferred to do this rather than watch the TV. Another lady resident entertained us with a couple of songs. We were told by residents that the carers do a good job. We asked residents about meals and refreshments and they told us that they had a choice of meals and were able to have refreshments when they wanted.

One male resident we spoke with, who had only recently moved to the home, told us that he'd like to be able to walk out in the garden but hadn't had chance yet. We asked him if he'd mentioned this to the staff, he said he hadn't yet. We raised this with the manager who then arranged for a member of staff to accompany the resident on a walk in the garden.

We visited both the ground floor and first floor dining rooms. The dining rooms were clean and tidy. Photographs of the meals provided were mounted on the walls to aid residents. The menus on display on the tables in the dining rooms were out of date. The manager told us this was due to the member of staff responsible for updating the menus being off ill that day.

Meals for the residents are prepared at Ferndale Court and brought across to Ferndale Mews on a trolley, as Ferndale Mews doesn't have its own full kitchen facilities. There are plans to develop a satellite kitchen at Ferndale Mews as currently there is only a microwave and facilities to make hot drinks in the kitchen. The home has recently purchased a bread maker and a soup maker and some residents have helped out with making bread and soups under

supervision e.g. preparing vegetables to make soup. The residents enjoy this activity and the smell of the soups and bread helps encourage their appetite.

Meals are available at any reasonable time and residents can have drinks and snacks whenever they want. Most residents eat in the dining rooms, which were clean, but can have meals in their own rooms if they wish.

We were informed that some residents like to help around the home and carry out light cleaning, as they would in their own homes, e.g. a bit of dusting, but staff have to ensure that this is suitable work for them.

The corridors leading to the bedrooms were clean and tidy with no obstructions except for cleaning trolleys when they were being used. Outside every room is a sign giving the name of the resident with a photograph frame in which most residents had placed a portrait photograph. The separate bathrooms were clean and tidy. There are 2 large bathrooms on the ground floor but one was out of use due to being re-furnished and was due to be finished within 48 hours of the visit.

There was no rail in the upstairs bathroom and the upstairs staff room is being used as a storeroom. There is a quiet lounge on the first floor only.

The residents are allowed to keep small pets depending on circumstances.

The garden is enclosed but not used much in the winter except for residents who smoke. The garden was covered in autumn leaves which needed removing. One resident helps the gardener in tidying and the home has plans to start a vegetable plot.

We were informed that there are written care plans for the residents and most have their own GP, some of whom visit their patients. Medical reviews are carried out but the care plans do not indicate when medication was last reviewed.

The manager mentioned that the home has had some issues with residents being discharged from local hospitals without the correct discharge paperwork and Ferndale Mews has raised a safeguarding concern with Halton Borough Council regarding this.

At the end of our visit, we thanked the staff for answering our questions and showing us around the home.



---

## SUMMARY

---

Ferndale Mews is a comfortable and clean home which has en-suite bedrooms. It has a warm and welcoming atmosphere. Parking spaces for visitors were limited.

The new Manager appears to have settled in well to the home and, from the comments made by the staff we spoke to, had been well received by staff and residents.

Residents appear to be happy and well looked after.

There is one volunteer at Ferndale Mews but more volunteers are needed to help when residents go on outings. They need more storage space rather than use staff room for storage. As the mobile library does not visit another ways of obtaining library books would be helpful.

All meals are prepared at Ferndale Court and brought to Ferndale Mews but there are plans to develop a satellite kitchen at Ferndale Mews.

There is no rail in the upstairs bathroom and the upstairs staff room is being used as a storeroom.

---

## RECOMMENDATIONS

---

- The satellite kitchen at Ferndale Mews should be developed as soon as possible
- Consider the allocation of parking spaces and try to make sure that there is at least one space kept free for picking-up and dropping-off residents who have left the home for a while.
- Improve signage at the entrance with clear directions to the reception.
- Care plans for residents should be reviewed regularly. Residents and families should be involved in the reviews where possible.
- We recommend that the home keep records of the number of residents discharged from local hospitals with inadequate discharge paperwork, and pass this information over to Healthwatch Halton to allow us to take the matter up with the hospitals directly.
- The need for a handrail in the upstairs bathroom should be investigated.
- Activity Co-ordinator - To be able to concentrate solely on organising activities etc rather than having the role split between activities and general duties supporting staff to help residents.



- We would recommend that the home contact Volunteer Centre Halton if they are looking to increase the number of volunteers at the home.
- Look to build closer links within the local community such as the local schools etc.

---

# APPENDIX

---

## The Dignity Factors

Research indicates that there are eight main factors that promote dignity in care. Each of these Dignity Factors contributes to a person's sense of self respect, and they should all be present in care.

### 1. Control and choice in practice

- Take time to understand and know the person, their previous lives and past achievements, and support people to develop 'life story books'
- Treat people as equals, ensuring they remain in control of what happens to them.
- Empower people by making sure they have access to jargon-free information about services when they want or need it.
- Ensure that people are fully involved in any decision that affects their care, including personal decisions (such as what to eat, what to wear and what time to go to bed), and wider decisions about the service or establishment (such as menu planning or recruiting new staff).
- Don't assume that people are not able to make decisions.
- Value the time spent supporting people with decision-making as much as the time spent doing other tasks.
- Provide opportunities for people to participate as fully as they can at all levels of the service, including the day-to-day running of the service.
- Ensure that staff have the necessary skills to include people with cognitive or communication difficulties in decision-making. For example, 'full documentation of a person's previous history, preferences and habits' can be used by staff to support 'choices consistent with the person's character'. (Randers and Mattiasson, 2004).
- Identify areas where people's independence is being undermined in the service and look for ways to redress the balance.
- Work to develop local advocacy services and raise awareness of them.
- Support people who wish to use direct payments or personal budgets.
- Encourage and support people to participate in the wider community.
- Involve people who use services in staff training.

### 2. Communication in practice

- Ask people how they prefer to be addressed and respect their wishes.
- Give people information about the service in advance and in a suitable format
- Don't assume you know what people want because of their culture, ability or any other factor - always ask.

- Ensure people are offered 'time to talk', and a chance to voice any concerns or simply have a chat.
- If a person using the service does not speak English, translation services should be provided in the short term and culturally appropriate services provided in the long term.
- Staff should have acceptable levels of both spoken and written English.
- Overseas staff should understand the cultural needs and communication requirements of the people they are caring for.
- Staff should be properly trained to communicate with people who have cognitive or communication difficulties.
- Schedules should include enough time for staff to properly hand over information between shifts.
- Involve people in the production of information resources to ensure the information is clear and answers the right questions
- Provide information material in an accessible format (in large print or on DVD, for example) and wherever possible, provide it in advance.
- Find ways to get the views of people using the service (for example, through residents meetings) and respect individuals' contributions by acting on their ideas and suggestions.

### **3. Eating and nutritional care in practice**

- Carry out routine nutritional screening when admitting people to hospital or residential care. Record the dietary needs and preferences of individuals and any assistance they need at mealtimes and ensure staff act on this
- Refer the person for professional assessment if screening raises particular concerns (e.g. speech and language therapy for people with swallowing difficulties, occupational therapy for equipment such as special plates and cutlery, dietician for special dietary needs relating to illness or condition, physiotherapist to assess physical needs and posture).
- Make food look appetising. If the texture of food needs to be modified seek advice from the speech and language therapist. Not all food for people with swallowing difficulties needs to be puréed. Keep different foods separate to enhance the quality of the eating experience.
- If necessary, record food and fluid intake daily and act on the findings.
- Make sure food is available and accessible between mealtimes.
- Give people time to eat; they should not be rushed.
- Provide assistance discreetly to people who have difficulty eating. Use serviettes, not bibs, to protect clothing. Offer finger food to those who have difficulty using cutlery, and provide adapted crockery and cutlery to enable people to feed themselves where appropriate.
- While socialising during mealtimes should be encouraged, offer privacy to those who have difficulties with eating, if they wish, to avoid embarrassment or loss of dignity.
- Ensure that mealtimes are sufficiently staffed to provide assistance to those who need it.
- If there are insufficient staff members to support those who need it, introduce a system of staggered mealtimes.

- Develop or make use of existing volunteer schemes to help give support to people at mealtimes.
- Encourage carers, family and friends to visit and offer support at mealtimes.
- Don't make assumptions about people's preferences on the basis of their cultural background - people should be asked what their preferences are.
- Ensure all care staff members, including caterers, have access to training.
- Raise awareness of the risk of malnutrition and the importance of providing good nutritional care.
- Ensure staff have the skills to communicate with people who have dementia and communication difficulties. Visual aids, such as pictorial menus, and non-verbal communication skills may help people to make choices.
- Gather information on the older person's needs and preferences from people who know them well.
- Ensure that centre care staff have sufficient allocated time and the skills to prepare a meal of choice for the person, including freshly cooked meals.
- For residential and day care, implement best practice in food procurement ensuring food is of good quality and is, where possible, local, seasonal and sustainable.
- Carry out regular consultation on menus with people using the service.
- Wherever possible, involve people using the service in meal preparation.
- In residential settings, where access to industrial kitchens is denied, provide facilities for people to make drinks and snacks.
- Ensure that fresh water is on offer at all mealtimes and freely available throughout the day.

## Hydration

- Encourage people to drink regularly throughout the day. The Food Standards Agency recommends a daily intake of six to eight glasses of water or other fluids.
- Provide education, training and information about the benefits of good hydration to staff, carers and people who use services, and encourage peer-to-peer learning.
- Provide promotional materials to remind people who use services, staff and carers of the importance of hydration.
- Ensure there is access to clean drinking water 24 hours a day.
- If people are reluctant to drink water, think of other ways of increasing their fluid intake, for example with alternative drinks and foods that have a higher fluid content, (e.g. breakfast cereals with milk, soup, and fruit and vegetables).
- If people show reluctance to drink because they are worried about incontinence, reassure them that help will be provided with going to the toilet. It may help some people to avoid drinking before bedtime.
- Be aware of urine colour as an indication of hydration level (Water UK, 2005); odourless, pale urine indicates good hydration. Dark, strong-smelling urine could be an indicator of poor hydration - but there may be other causes that should be investigated.

## 4. Pain management in practice

- Raise staff awareness that people may not report pain, that it can have a significant impact on dignity and well-being and that it can be identified and treated.
- Enquire about pain during assessment
- Ensure that night staff receive equivalent training on pain identification and treatment to those working during the day
- Use assessment guidance to support professionals to assess for pain in people with communication problems.

## 5. Personal hygiene in practice

- Support people to maintain their personal hygiene and appearance, and their living environment, to the standards that they want.
- When providing support with personal care, take the individual's lifestyle choices into consideration - respect their choice of dress and hairstyle, for example.
- Don't make assumptions about appropriate standards of hygiene for individuals
- Take cultural factors into consideration during needs assessment.

## 6. Practical assistance in practice

- Make use of personal budgets to provide people with the help they want and need.
- Help people to maintain their living environment to the standards that they want.
- Tap into or develop local services to provide help for people in the community e.g. gardening, maintenance.
- Make use of volunteers.
- To reduce risk of abuse through people being identified as not coping and subsequently targeted, encourage centre owners and landlords to carry out external repairs.

## 7. Privacy in practice

- Ensure a confidentiality policy is in place and followed by all staff (including domestic and support staff).
- Make issues of privacy and dignity a fundamental part of staff induction and training.
- Ensure only those who need information to carry out their work have access to people's personal records or financial information.
- Respect privacy when people have personal and sexual relationships, with careful assessment of risk.
- Choose interpreters with the consent of the person using the service.
- Get permission before entering someone's personal space.
- Get permission before accessing people's possessions and documents
- Provide space for private conversations and telephone calls.
- Make sure that people receive their mail unopened.

- Ensure single-sex bathroom and toilet facilities are available.
- Provide en suite facilities where possible.
- In residential care, respect people's space by enabling them to individualise their own room.
- Consider issues of privacy if a person requires close monitoring or observation.

## **8. Social inclusion in practice**

- Promote and support access to social networks.
- Resolve transport issues so that they do not prevent people from participating in the wider community.
- Build links with community projects, community centres and schools to increase levels of social contact between people from different generations.
- Identify, respect and use people's skills, including the skills of older people gained in previous employment.
- Give people ordinary opportunities to participate in the wider community through person-centred care planning.
- Involve people in service planning and ensure ideas and suggestions are acted upon.







your  
**voice**  
**counts**

Have your say on health  
and social care in Halton

0300 777 6543  
[healthwatchhalton.co.uk](http://healthwatchhalton.co.uk)