healthwatch Liverpool

Marmaduke Street

Have your say

Enter and View Report, February 2025

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.

Our visits give us a 'snapshot' of a service. We are always grateful for feedback from residents, relatives and other visitors to be able to get a fuller picture. You can leave feedback via telephone on 0300 77 77 007, or email engagement@healthwatchliverpool.co.uk. Alternatively, you can contact us via: www.healthwatchliverpool.co.uk/have-your-say

Details of the Enter and View Visit:

Name of the service visited: Marmaduke Street

Address: 13 Marmaduke Street, Liverpool, Merseyside, L7 1PA

The Date of the Enter and View Visit: 11/02/25

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

- Inez Bootsgezel, Engagement and Project Officer
- Sarah Thwaites, Chief Executive Officer

This was announced visit.

We would like to thank Marmaduke Street 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 Marmaduke Street 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

Marmaduke Street Care home is owned by Lotus Care. It is housed in a purpose built 2-storey building with 24 general nursing and 24 EMI nursing beds. EMI stands for Elderly Mentally Infirm and covers people living with advanced dementia. At the time of our visit there were 46 residents living at the home with one bed unoccupied on each floor.

Discussion with the manager

We met with the manager who told us she had been in post at Marmaduke Street since September 2024, although she had only just returned to Marmaduke Street after having provided cover at another Liverpool care home for a month. Before this she had managed other Lotus Care homes in the region.

Staffing

The owners, Lotus Care, use a dependency tool to determine how many staff are required per shift. The manager told us that daytime shifts upstairs in the EMI part of the home are covered by 1 nurse and 5 carers. The general nursing floor downstairs is covered by 1 nurse and 3 carers. At night the home has 1 nurse and 2 carers on each floor. At the time of our visit 2 residents received 1-2-1 care for 12 hours per day which was provided by additional staff.

We were told that until recently another resident had been given 1-2-1 care because they were at risk of falling. We were told that other methods (e.g. falls alarms, physiotherapy) had been tried but did not work for this resident. During the period of 1-2-1 care the resident had had no falls. The 1-2-1 care had been withdrawn, and the resident was experiencing falls again. We understand that the home has asked for a review of this decision.

The manager told us that the empty room on the Nursing with EMI floor could be filled many times over, but because of the high needs including 1-2-1 care required by current residents the manager said she could not accept anyone with a similar high level of needs there.

We were told that the home is fully staffed. Agency staff is only used to cover for nurses' holiday time, and they always use the same agency. The nurses are self-employed and receive a higher wage to cover the tax and NI contributions they have to make, which the manager felt helps with recruitment. The home used to have a full-time deputy manager, but the deputy only works weekends now. Some of the staff have worked at the home for more than 20 years.

We asked the manager what she thought would help care homes in general; she said that 28-day placements can be problematic if the person needs to return to hospital within 72 hours and they lose their place. Relatives may have started to personalise the room and have moved some belongings in, yet even if the hospital admission is clearly short-term the resident will lose their room in the home. They then have to start the whole process again to find a space

somewhere else which is disruptive for everyone involved and *"seems ridiculous, it must cause longer waits"*.

She also highlighted the increasing demand for EMI nursing.

Health care

The home's residents are registered with Beacon Health GP practice which the manager said was good; the practice attends MDT meetings every Thursday and will carry out extra visits if needed.

The manager also said that the community matrons are good and responsive, and that the home uses Telemeds which they can phone when needed.

They use Kay's pharmacy which the manager said was a bit 'hit and miss' at times, especially with delays in collecting boxes, but overall was ok.

If residents don't have their own dentist, the manager told us that staff found it very difficult to find an NHS dentist:

"It is practically impossible to get a dentist for a resident who hasn't got one. You need a letter from God."

She added that it was even harder to get a dental home visit, so that they had to find a way to get residents to a dentist regardless of the condition the resident is in, but that

"Thankfully most of the residents don't have their own teeth and we can look after their dentures"

The home has opticians coming in to do eye tests; they use Eyecare who the manager said were quite good. She said it would be good if they'd do hearing aids as well, as at the moment residents have to go to audiology for that.

Hospital admissions/ discharge

We asked about the home's experience with hospital admissions and discharge. We were told that there had been some problems and were given an example of a recent discharge where a resident had been admitted to hospital with very low oxygen levels in their blood (SATS). This resident was discharged with a pneumonia diagnosis and continued low oxygen levels. As the home has no provision of oxygen the resident had to be readmitted to hospital.

We were also given an example of a recent new admission where the manager of the home felt that inadequate information had been provided by the hospital about the person's care needs. Their needs were established to be higher than what the hospital had told the home and the resident's family. The resident was moved to the home's EMI unit which the family did not agree with. The family had decided to move the resident to another care home nearer to themselves. This meant an additional move for a resident that could have been avoided.

Visiting

The manager explained that the home has an 'open door'; people can visit at any time, and we observed various visitors arriving whilst we were there. The home had considered having a protected mealtime policy but instead decided

to approach this on a more individual basis, e.g. talk to relatives of those residents who may get more distracted. Also, where relatives may want to support residents to eat staff will suggest the best ways to do this; some residents will eat better when family members assist them.

New residents

We asked how the home finds out about the likes and dislikes of prospective residents. The manager told us that they will talk to the resident and/ or their family to get to know more about them and will record some of the person's life history before admission.

She added that amongst current residents there are a few who like an occasional drink, and one resident plays in a band and goes out most days for practice despite being quite unwell.

The manager also said that she would like to start a 'wishing well', to try and get wishes of residents fulfilled. To support this and other initiatives she was thinking about ways to raise money, for example they had raised £300 from hampers to do up the garden, to buy plants and replace some seating.

Communication needs

All current residents spoke English; the only resident whose first language wasn't English spoke it fluently. We asked about residents who can't verbally communicate; we were told that all staff have done dementia training, and they will use tools like the Abbey pain scale (using observation to monitor changes in behaviour etc. which could indicate pain/ discomfort). The home also uses dementia initiative and dignity audits.

Activities

The home employs a full-time activities coordinator who splits their time between the 2 floors. The coordinator will provide holistic therapies like hand massages, do residents' nails, and arrange arts and crafts activities. There are printed puzzles in folders on the wall downstairs for residents who like those. We were told that the home has a visiting hairdresser, but some residents prefer to go to their own and the activities coordinator will take them there. She will also take residents shopping.

During our visit there was a singer downstairs, and several residents from upstairs joined to see the performance. We observed some of the residents being encouraged to get up and dance. We were told that with pancake Tuesday coming up soon that would be celebrated.

There is currently one downstairs resident who smokes; they know to go outside and can do this unaccompanied, which we observed. Two people upstairs smoke; they both are supported to have a cigarette outside when required.

The activities coordinator will also arrange residents' meetings which relatives are welcome to attend if they are visiting at the time; we were told that due to the residents' needs there are no resident representatives.

Food

The home employs 2 chefs who can do 'all foods'; there is a board in the kitchen with each resident's diet on. At the time of our visit there were no residents requiring halal, kosher or vegetarian diets, but soft foods and a low potassium diet were being provided.

They have a pictorial menu on the board by the dining tables to assist with choosing from the 2 options provided. Food is discussed in residents' meetings, and the menus are prepared by kitchen staff taking account of what the residents like.

Residents' belongings

The home employs regular laundry staff, and all residents' clothes are marked. When families bring in new clothing that will go to the laundry first to get labelled.

We also asked about dentures and were told that a resident had recently lost a bottom set, but that the home will pay the cost of a replacement. As we know from other health and social care settings dentures can easily get caught up in bedding or accidentally be put in the bin.

What the home is proud of

We asked the manager if there was anything she was particularly proud of. She mentioned how one younger resident was being supported to live more independently by moving to sheltered housing in the community. We briefly saw this resident later; it was clear that he was impatient to move out, but the manager explained that the social worker had to ensure that money was in place so he could pay bills etc. once he had moved.

Any changes?

We also asked the manager if there were any things that she would like to change. The manager explained that she had requested and received some money from the owners to make the downstairs lounge more homely by adding net curtains, lamps, pictures etc. She would like to do the same in the upstairs lounge. We visited both lounges and found that the downstairs lounge had a more 'homely' feel compared to the upstairs lounge.

On both floors work had started to move the nursing stations next to the lounges with windows providing a direct view. At the time of our visit the nursing stations were more 'tucked away' at the end of the corridor, so moving these should make it easier to monitor residents in the communal areas whilst doing paperwork, and to be on hand when needed.

Observations

Observations of the building and facilities

Entrance

On entering Marmaduke Street care home there is a small foyer with some information up on the walls, including a board with photos of the staff who are working that day, although we weren't sure if that was up to date for the day of our visit.

The manager's office is right next to the entrance and the door was open throughout, making it easy for visitors and health workers to check in with the manager. During our conversation with the manager we observed her getting up several times to answer the door to NHS staff, families and some people who had called unexpectedly to ask if there may be a space for a family member who they had been told needed a care home space on hospital discharge. Whilst being accessible is very important we could see how in the absence of a deputy manager this could make focused work and planning difficult.

Corridors, toilets and bathrooms

Corridors were clean and free from obstructions. The residents' rooms upstairs had dementia-friendly front door style doors in different colours, and little boxes were being placed outside each room for adding photos and other personalised items. Toilets and bathrooms were clearly signed, looked clean and were well-maintained.

Lounges

The lounge areas were smaller than we usually see in other homes of a similar number of rooms, with dining tables and chairs in one area and armchairs alongside walls in the rest of the room. There was a large TV in each lounge.

As referred to above, the downstairs lounge had a more 'homely' feel after some money and effort had been invested. The upstairs lounge appeared to be more functional and less homely in comparison.

There was an activities schedule on the lounge door, as well as an infection control 'bin the bling' poster aimed at staff.

Kitchen and laundry

Both these areas appeared clean and organised.

Garden

The garden has a lawn and paths. We felt that when the seating is replaced and summer planting added as is planned this could be a nice place for residents to spend time.

Feedback from residents, relatives, and staff.

Healthwatch spoke with several residents during our visit to Marmaduke Street.

"The staff are very good, very friendly and kind".

Resident A

"The nurses have been fantastic, and I have kicked off a lot of the time, and I always say sorry after. They're such good girls; they give me a bit of space.". *(The resident added that she wouldn't be OK with people speaking to her the way she speaks to staff on her bad days).*

They said the food is lovely, the pie and mash "I enjoy it but I wouldn't let them know I do".

They added that the home is nice, "My second home, my first home is always wherever my mum is".

Resident B

"The home is very nice. The food is mixed. The staff are very good, very friendly and kind".

Resident C

"The home is ok". Staff are good "well some of them are". *When asked what activities the resident liked they said* "I go in the garden. I'm easily pleased".

Resident D

"It's very good. I love any music" *(the singer had just finished her performance)*. "Everything is brilliant".

Resident E

"It's alright, it's warm". *When asked about the food*: "It's alright". *When asked about the staff*: "Alright".

Summary and recommendations

Summary

We found Marmaduke Street care home to be clean but possibly in need of some updating of the communal environments. We were pleased to hear about the plans to move the nursing stations, as they are quite far removed from many of the residents at the current time.

It is difficult for us to judge staffing levels during a relatively short visit. Where 1-2-1 care is being provided staff may have to 'sit around' which can be negatively perceived by other residents and families who may feel their relative is being left at that time.

Recommendations

We make the following recommendations for Marmaduke Street.

- That some monies are provided to improve the communal lounge upstairs.
- That the works to move the nursing offices are completed as soon as practically possible.
- That communication about staffing levels is clear, e.g. clarify the number of staff who are employed on a 1-2-1 basis on any particular shift.

Positives and good practice

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

- Marmaduke Street seems to be working hard to maintain comfort and dignity for residents. The use of the Abbey pain scale and dignity audits will help support residents who are struggling to communicate their wants and needs.

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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