

Wavertree Nursing Home



Enter and View Report, December 2024

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.

Details of the Enter and View Visit:

Name of the service visited: *Wavertree Nursing Home*

Address: *Pighue Lane, Wavertree, Liverpool, Merseyside, L13 1DG*

The Date of the Enter and View Visit: *11/12/2024*

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

- *Claire Stevens, Engagement and Project Officer*
- *Inez Bootsgezel, Engagement and Project Officer*

This was an announced visit.

We would like to thank Wavertree Nursing Home 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 Wavertree Nursing 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, 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 was no safeguarding concerns identified during this enter and view visit.

About the Service

Background

Wavertree Nursing and Care Home care home is owned by Greenacres Nursing Home Ltd and is registered to provide nursing and personal care. It is situated in a purpose-built building in L13 and can accommodate up to 50 residents.

The home does not charge top-up fees.

Discussion with the manager

The managers told us that there were 48 residents between the ages of 65 and 96 living at the home at the time of our visit. Residential and nursing patients are housed together; there were 22 residential and 26 nursing residents. We were told that there was one couple living at the home in a double room.

The home has two en-suite bedrooms and approximately 5 assisted bathrooms/shower rooms as well as plenty of toilet facilities available.

Staffing

We were told that the home employs 57 staff in total including eight cleaners. Staffing levels are generally 10 care staff on the rota during the day, plus a Registered Nurse and a Senior. The aim is to have 6 care staff on the rota at night as well as one Senior and 1 Nurse. When staff are off sick, on holiday or unavailable additional shifts are offered to existing staff first. Where agency staff are used the same agency staff are requested to provide continuity for residents. The home may use 1 or 2 agency staff per week, but the manager stated they try to work above and beyond as they are not prepared to compromise on safety.

Healthcare

The manager explained that all residents are registered at Dunstan Village Group Practice with Dr Jadaw. There are weekly multi-disciplinary team (MDT) meetings, often involving one of the 3 Community Matrons who attend the home regularly and know the residents. At least one of the MDTs per month is face-to-face which the manager said is really good as the health care staff can see their patient there and then.

The home uses Ritecare pharmacy, and dental services by Sheil Road dentists; the home's manager told us that both are "brilliant". The home uses CJ Optics for opticians; we were told that "two lovely ladies" come out who "know residents like the back of their hands".

The home uses Telemeds quite a lot and said it is a good service. The phone technician will fix problems by accessing staff computers and doing what is needed, and this works really well.

The home's nurses carry out weekly controlled drugs (CD) checks. Managers ensure there is monthly CD oversight as well as a stock count for boxed medications to check that all medications are correct and accounted for. Medication is normally provided in blister packs. There is a peer-to-peer checklist at the front of Medication Administration Record (MAR) charts. Staff try to make sure that all residents have enough medication for the next 48 hours. Care staff know not to interrupt medication rounds, which are conducted by trained staff wearing red tabards. There is yearly training provided.

Hospital admissions and discharge

The home uses Advanced Care Practitioners (ACPs) to prevent any unnecessary hospital visits. We were told that families tend to complain more than the residents about waiting times, corridor care, etc. The home manager said that hospital staff are generally lovely. The home accepts discharge up to 4:00 PM which allows them time to get in touch with the resident's GP if anything needs discussing. They also make sure that any new medications are available for at least seven days at the time of discharge.

We were also told that the GP practice is fantastic with end-of-life care, and that clinical staff were good at spotting when residents were deteriorating. Care staff would also tell nurses when they noticed a change.

Visiting

Managers told us that the home has an open-door policy, and that visitors can come anytime except for protected mealtimes. Sometimes family members will assist residents with their meal. Family members are also encouraged to contribute at quarterly meetings, providing feedback and making suggestions about how to improve the service for their loved ones.

Residents' likes and dislikes

We were told that staff are guided by residents:

"It's their home, their preferences, their choices".

There are quarterly residents' meetings, and 4 resident ambassadors, spokespeople who seek the views of their fellow residents, liaise with staff and come up with suggestions. The manager told us there is an open-door policy for any concerns, for example about safety.

Every resident has a care plan which includes a section on hobbies and interests. We were told the home was in the process of moving care plans from paper to an electronic system. Day to day information is shared via staff huddles, handovers and via key workers.

Residents are asked to share their food and drink likes and dislikes, and favourite activities. Residents also have a 'This is me' booklet which includes information on their past life and career. Family members are also invited to contribute information particularly where residents can't reliably communicate their likes and dislikes. Families are also encouraged to bring pictures and furniture to put in residents' rooms, which helps the residents to feel at home as well as to reminisce.

Managers told us they are not keen on 'no choice' placements; they want to make sure that potential residents and family members are able to visit the home pre-admission, to make sure that it is suitable and accessible to them.

Activities

The manager told us that the home employs a full-time activities coordinator who is good at tailoring activities to meet individual needs. For example, where residents are reluctant to get involved in group activities such as sing-alongs, the activities coordinator will provide 1-2-1 activities in their rooms, which can include massage therapy. She also provides a hairdressing service on Fridays.

There is a 4-weekly planner for activities; we saw the current planner displayed when we toured the building. We were told that activities are adapted if people would prefer something different. In one instance a resident recently said they'd like crossword questions to be more challenging.

We visited in December and there were Christmas decorations up. We also heard Christmas music playing in the lounge and were told that there would be a visit from Santa on Christmas Day to distribute presents. An outing to see Christmas lights was being planned.

Some residents were planning to go out to have a meal and see a show the following week. There were also plans to take people to a Flower Show. We were told that residents who were interested in gardening tend to do outdoor activities in the summer but can also attend plant potting sessions indoors in the winter.

The home does not have its own minibus but would like to save to get one. In the meantime, hired buses are used when required.

Although not an activity as such, we were told the home has a smoking area which residents are free to use whenever they like, although not many people do. Risk assessments are conducted, and fire blankets are available. Cessation advice is also offered if requested.

Residents' communication needs

We were told that in the past non-verbal residents had been assisted with flash cards, and staff developed familiarity with their facial expressions. Some current residents speak English and another language as their first language e.g. Portuguese or Arabic, and some current staff are bilingual which has helped. The home has also used Google Translate in the past. The manager told us she felt it would be unfair to take residents whose communication needs were outside the home's areas of expertise, for example residents who used British Sign Language.

Food

We were told that residents can choose where they want to eat, in the dining room or in their own rooms. The home employs 2 in-house chefs plus kitchen assistants. The manager told us that the standard of the food is really good, with a 4-weekly menu which is guided by input from residents' meetings. For example, residents had asked for the meals to be less repetitive, and the menus had recently been changed as a result.

We were shown a menu for that week by a member of staff. We did suggest that maybe photos of the food could be added to the menus, as that can help people to make more informed choices.

There is always a set meal offered with a range of alternatives. Several residents have special diets, e.g. some have soft, moist, pureed or bite-sized food, fortified meals, and one resident has a halal diet. Finger food can be offered, and diabetic diets are available. Diet notifications are attached to the food trolley, indicating the level of diet and whether people require assistance with eating. Information about fluids is also shared. If diets are reassessed, for example by the Speech and Language Therapy (SALT) team, then information about any changes is shared quickly. Residents are weighed weekly with fortnightly management oversight. Referrals are made directly to dietetics as required.

Resident belongings

The manager told us that residents' belongings are usually recovered when they have gone missing and felt this is managed quite well. However, missing, damaged or shrunk items will be replaced if necessary. A designated laundry person will mark items if that has not been done by relatives.

Observations

On arrival at the home, we were asked to sign the visitors' book. The entrance area had information up on the wall including the home's CQC rating, Careline contact information, as well as information about infection control and safeguarding.

We visited communal areas in the home. We found that everywhere was clean and there were no unpleasant smells. We saw cleaners at work as we toured the building.

Observations of the building and facilities

Corridors

Corridors had handrails painted in contrasting colours to the walls. Hand gel was available, and we saw staff use this. Walls had notices reminding staff about infection control and Personal Protective Equipment use (PPE, e.g. gloves and aprons). The sluice door had information displayed about keeping it locked; again, we saw staff doing this.

There were pictures displayed across the corridors, including a board with lots of photos of residents. In the corridor upstairs between the conservatory and the lounge/dining area there were activities boards displayed for 4-week periods. We liked that these had pictures as well as words to describe activities such as baking, bingo, arts, crafts, movies, chair exercise and painting. Culture days and end of month parties were also advertised.

We also saw a Comments, Compliments or Suggestions box with Suggestion Slips available, and information about/pictures of the 4 residents' ambassadors.

There was a notice giving thanks to employees who had been recognised that week for 'hard work and loveliness'. A 'You Said, We Did' Board stated that residents had asked for a nice outdoor seating area, and new patio furniture and a BBQ had been purchased in response.

We also saw notices close to the nurse's station about Policies of the Month (this month these included Meals and Mealtimes, Working with Families and Confidentiality). There was a list for staff to sign when they had read the policies. There was also information on staff training opportunities e.g. about Diabetes, and a sign that asked for suggestions for staff training.

We were pleased to see multiple Easy Read signs throughout the home.

Lounge/Dining Room/Kitchenette

This was one large room divided into lounge and dining areas. The lounge had comfortable chairs and a large TV. We observed several members of staff interacting in a kind and respectful manner with residents in the lounge area, assisting people to get in and out of chairs including with a hoist. Christmas music was playing, and some residents were relaxing watching a video screen, while others were sleeping.

The Activities Co-Ordinator was overseeing pizza making with some residents in the dining area, and people at another table were doing some painting. We also noticed a table tennis table in the area.

We had been told about a recent 1920s-themed party the home had organised where residents had dressed up as 'flappers'; we saw photos of this party displayed.

Conservatory

The conservatory was bright and had comfortable chairs as well as a dining table with 2 chairs. There was a TV on the wall, and some books on display. Christmas decorations were up around the room. The adjacent office had a window looking into the conservatory.

Toilets and sluice

There was a sluice opposite the conservatory entrance with a sign reminding staff to keep the sluice door locked at all times, which we observed staff adhering to. There were also 3 clearly signed toilets across the corridor from the conservatory. All were clean and had adaptations as well as red assistance cords.

Downstairs dining room

There was a large dining room downstairs very near to the kitchen which looked a bit neglected and did not seem to be used. There were dining tables and chairs, several low bookcases with books, a piano and table football.

We noticed a lot of equipment piled up alongside one wall. This had been fenced off, but we felt it could pose a risk for some of the residents. We asked staff about this and were told that this was equipment that needed to be collected by the Community Equipment Service. We were also told that the room was not used apart from on special occasions like parties etc.

Bedrooms

Most residents had their photo by their name on their room door. Residents' food and drink preferences were also listed outside bedrooms. We did not enter individual occupied bedrooms but saw one unoccupied room which contained a bed and a chair, a wash basin, a TV, a wardrobe and chests of drawers.

We spoke to one resident who was in the doorway of his room; he showed us a signed Everton shirt that he had been given by the home for his 70th birthday the previous week. It had been framed and hung on his wall.

Courtyard

The home has an enclosed courtyard with some planted bushes. As it was December and cold outside this was not being used.

Feedback from residents

We spoke to two residents. One was a residents' ambassador who told us that he had been living at the home for about 2 years and had experienced no problems. He knew many of the staff before moving to Wavertree nursing home as he had moved from another care home where many of the staff had previously worked. He said that knowing so many staff had helped him to settle in:

"They care, and they tried to make the transition as easy as possible."

Another resident told us that he did not eat beef but that he was given a choice of food.

Summary and recommendations

Summary

Wavertree Nursing Home was clean and had some nice homely and personalised touches. We observed staff interacting in a respectful and caring manner with residents, and residents looked well-cared for.

We liked some of the information displayed on the walls, including the 'You said, we did' poster (although that seemed to be more apt for the summer, as it mentioned garden furniture). It felt like residents and staff were being included in the running of the home and appreciated what they did.

We felt that a few areas may benefit from some changes and are making the following recommendations:

Recommendations

We make the following recommendations for Wavertree Nursing Home:

- The dining room downstairs has the potential of being a nice space for the residents, but did seem neglected at the time of our visit. We would recommend that this room gets cleared of items that don't belong there and possibly redecorated to provide an additional space for activities and/or somewhere for residents to go with visitors.
- We would also recommend that the menus on display are changed to include photos of the food choices in a similar format to the activities planner which we thought was excellent

Response from Wavertree Nursing Home

Kelly Alcock the registered manager responded to us promptly advising that they were happy with the report and are aiming towards meeting the recommendations we gave.

Positives and good practice

We found during our visit to Wavertree Nursing Home examples of positives and good practice which included but were not limited to:

- Easy read and visual communication and signage was in place throughout the nursing home and was used thoughtfully and purposefully. This will support residents in navigating the home and accessing information.
- The home seems to be working hard in consulting with both residents and their families and taking their requests on board. The suggestions box, you said we did board and resident ambassadors is a great testament to the work put in.
- The 'this is me booklet' is a great way to allow staff to get to know information that is important to residents and families. Communication difficulties can prevent a person expressing their wishes, so having this booklet available for staff means they can tailor the resident's experience accordingly – even if it's as simple as letting them know the football score.

We would like to thank Wavertree Nursing Home staff and residents for their time in talking to us and facilitating our visit.

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.

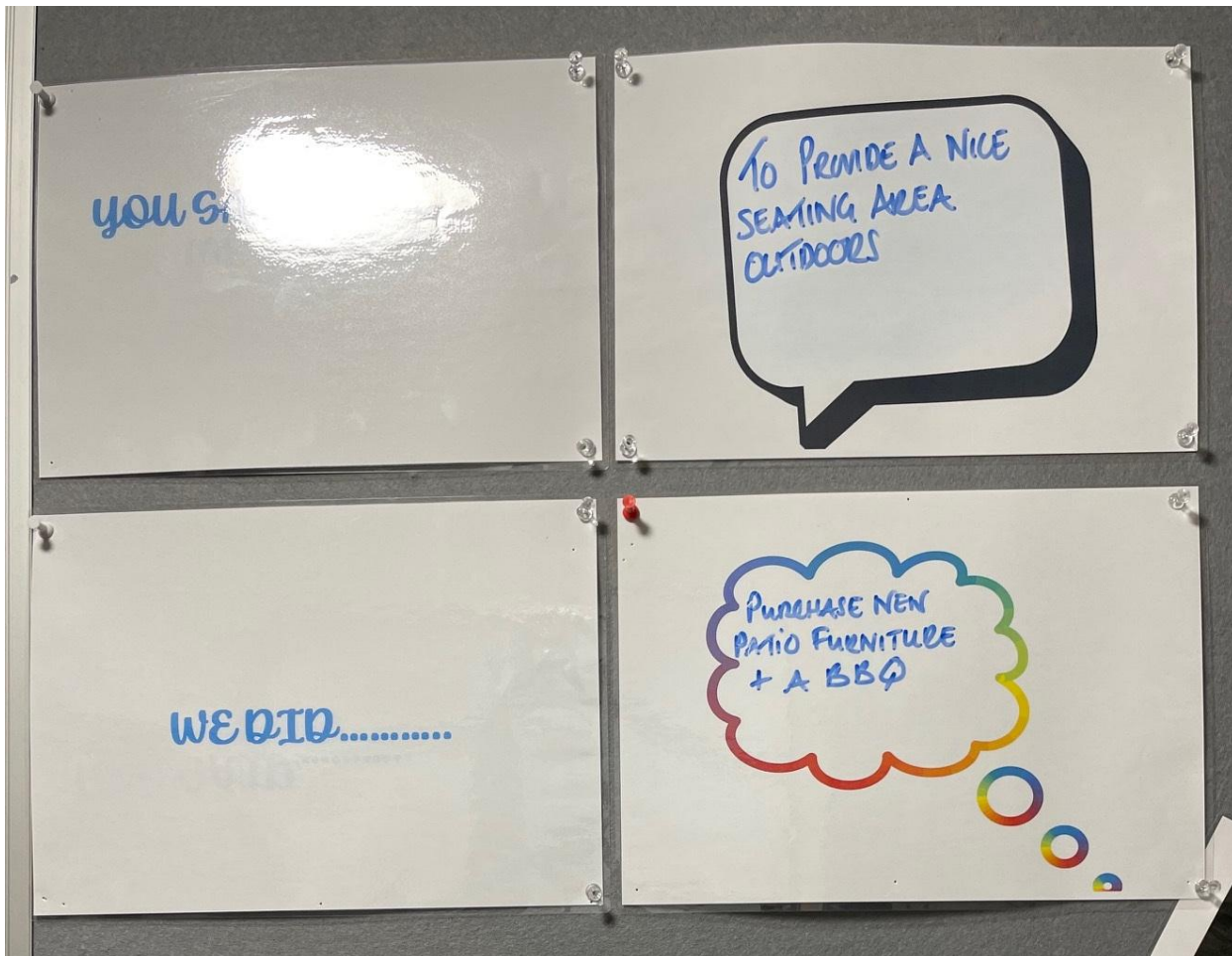
For more information about Healthwatch Liverpool, please visit our website www.healthwatchliverpool.co.uk or contact us using the details at the end of this report.

Images from visit

Image 1- Activities board



Image 2- You said we did board





healthwatch

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