



Enter & View Report

Name of service:	Mayfield Care Home 3, Central Avenue, Prescot. L34 2QL
Date & time:	Tuesday 27 th February 2.30pm
Authorised Representatives:	Joanne Heron
Support team members:	Janet Roberts, Gail Hughes
Contact details:	Healthwatch St Helens 0300 111 0007

Acknowledgements

Healthwatch St Helens would like to thank the staff and residents at Mayfield Care Home for their valuable time and hospitality during this visit.

What is Enter & View?

Part of the local Healthwatch duty is to carry out Enter & View visits. Local Healthwatch representatives carry out these visits to health & social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices and dental surgeries. Enter & View can happen if people tell us there is a problem with services or, equally, if services have a good reputation so we can learn about them and share good practice from the perspective of the people who experience the service first hand.

Healthwatch Enter & Views are not intended to specifically identify safeguarding issues; however any safeguarding concerns which arise during a visit will be reported in accordance with Healthwatch safeguarding policies. If, at any time, an authorised representative observes anything that they feel uncomfortable with they should tell their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

About the service

Mayfield Care Home is a large Victorian House split over 3 floors, with 30 bedrooms of which 28 are single rooms and 2 are for couples who want to stay together. The residence provides respite, palliative and nursing care for older people. At present, there are twenty four residents in the home, with six staying in bed all the time due to palliative / end of life care needs.

Purpose of the visit.

To engage with residents and staff

- To observe care at the point of delivery
- To identify good working practice
- To identify areas for improvement

This was an announced visit, arranged with the Manager a week beforehand.

At the time of the visit the Manager had only been in post a month.

Methods used

Observations made by the visiting team might be based on instinct and not on something that is visible or measurable.

Summary of findings

Overall the Visiting Team felt the home was a rather busy, loud environment which didn't feel conducive to a relaxing and welcoming atmosphere. This, however, could be due to the nursing needs of some of the residents.

The home is in a large Victorian Building with lots of nooks and crannies and areas which are used as storage, which the Visiting Team felt created a chaotic feel. There is a main corridor downstairs where it is particularly busy due to the location of the foyer and use of equipment so people are constantly squeezing past each other. The Visiting Team had some worries about suitability of the building as a care home due to its uneven floors.

The Visiting Team felt that the decor and art work on the walls could be improved. The team felt that this, as well as handwriting the menus on a whiteboard was not as dementia-friendly as it could be.

However, families are encouraged to visit and communication between them and the home seems to be effective. Some people we spoke to who were visiting a resident spoke highly of staff and the quality of food.

The Manager was very welcoming, and despite her recent appointment in the post she had already devised an improvement plan to improve current practices and décor, which correlates with the some of the comments we make in this report. We were invited to visit again in 12 months.

Results of visit

First impression

The nursing home is situated in pleasant grounds on a quiet avenue. Entry to the premises is secure and there is a doorbell to notify staff of visitors. The Visiting Team entered the premises and were asked to sign in the visitors' book in the entrance, and there was a hand sanitiser for guests coming in.

There was a notice board which displayed insurance documents, and safeguarding procedures. It was noted that a board with photographs identifying each staff member by name and job title looked a little jaded but was current.

There was a smell of cleaning products present but this was not unpleasant.

The Visiting Team was led through a corridor which was very busy, with various staff members rushing about and the team thought that the atmosphere did not feel calm.

The Visiting Team received a warm welcomed by the Manager who was very friendly and open.

Staff

There is a total of 40 staff with varying shift patterns. This included a 12 hour shift from 8am to 8pm, 8am till 2pm and 2pm till 8am.

There are two registered nurses on duty during the day up to 2pm and the Manager is a registered nurse also. The only male staff are the chef and one health care assistant.

The Manager informed us that the staff has been consistent in employment since November of last year and there are currently no vacancies.

Staff training

All staff are expected to do mandatory training and complete the care certificate. Staff wearing purple uniforms indicate they have achieved NVQ Level 2 in Health and Social Care. Staff who have achieved level 3 wear royal blue uniforms.

Those who are working towards level 3 do on-line training and have tutor support.

The Falls Team will provide training in falls prevention but staff have not yet accessed this. The 'react to red' training on tissue viability is currently being rolled out.

Recreation & leisure

The day room consists of a large lounge which leads into a conservatory area but these are classed as one room, with a TV in each area.

The lounge is airy and had many different types of chairs, some with cushions for relief of pressure sores. The TV was on and there were a couple of staff members assisting and talking to residents. There was a well-stocked CD cupboard with a stereo system.

The conservatory has a pleasant view into the garden area and is considered the quiet room. There were a couple of residents sitting in there - one who was engaged with a staff member. One member of the Visiting Team spoke to a lady who said that the food was good and it was nice there but it was nothing like her own home.

Residents can choose to stay in their rooms, however socialising is encouraged.

There is no specific Activities Coordinator but the Manager informed the Visiting Team that there is an allocated member of staff who provides an

activity for the residents each day, and they also have planned entertainment each month in addition to individual activities with residents. One resident told the Visiting Team that they sometimes play skittles or bingo.

In the dining area there is a large activity board with large print which is attractive to look at but had very little information but as mentioned above there are individual activities planned.

Residents are able to have alcohol if requested as long as it doesn't put themselves or other residents at risk.

Smoking Policy

There is a designated smoking area for residents, however this is not particularly user-friendly. This is currently being improved into becoming a shelter. Staff members are required to smoke in a shelter at the back of the building, 'out of sight'.

Food & refreshments

There is a pleasant dining area with tables and chairs and a comfortable seating area contained within one airy room. One wall is covered in a mural depicting a dining room from the 1950s. There are vintage style coffee signs and café-related posters in the dining area. There are also vintage items of interest such as a telephone, sewing machine and vintage style radio. There are shelves of CDs, books and magazines to peruse at residents' leisure.

The menu board consisted of a small whiteboard and on the day of the visit the menu was not clearly written. When the Visiting Team raised this with the Manager she said the menu board is one of the things on the list to change.

Residents are encouraged to eat in the dining room, however, should they wish, they can eat their meal in the day room or their bedroom.

Food and drink is available all day and different dietary needs are catered for.

There was an opportunity to speak to visiting friends of a resident and they spoke highly of the menu choice and quality of food. This was echoed by some of the residents themselves. They also spoke of how their

friend was happier since being moved from another care home located outside the borough into Mayfield. They felt he was being well-looked after and the staff were very good to him.

Privacy & dignity

There is a 'dignity and respect' certificate displayed in the foyer and there is a paper 'dignity tree' that the residents have written messages on, saying how they feel about living in the home.

A couple of the Visiting Team looked at some bedrooms which did not have en-suite but we were informed that in the ground floor extension there are four en-suite bedrooms. The bedroom doors have the resident's name on, however the writing is small and not easy to read. When walking round the upstairs area the Visiting Team noticed that some residents who were in bed and looked quite poorly, had the doors wide open. Staff, residents and visitors had full view of these elderly people in their beds, and it was felt that there was lack of privacy for the resident. When asked, the Manager informed us it was at the residents' request.

Staff are able to assist residents needing help with false teeth and hearing aids, when and if necessary, and each person has their own clothes labelled. When the laundry is washed and ironed, it is returned to residents in small named baskets.

Hygiene & cleanliness

There was a hand-gel sanitiser in the entrance, but the team did not notice them anywhere else. This could mean that staff had their own individual ones.

There are always 2 domestics on duty every day and 1 person in the laundry and this is done every day too.

The bathrooms were being cleaned whilst we visited. Bathrooms and toilets have pictures on the doors to identify them. The bathrooms have hoists to assist residents getting in and out of the bath.

There was an overall feeling of blandness due to lack of colour or visuals on the walls. The woodwork was chipped and messy.

The bedrooms inspected were found to be clean and tidy and had no unpleasant smell, but the furniture is quite dated and tired looking.

Safety & security

The home consists of three floors and it was noted with some concern that the only means of a stair gate was on the ground floor. The 'gate' consisted of a piece of rope that could be pulled across and hooked on to prevent residents from going on the stairs. There was nothing at all on the other staircases. Could stairgates be an option? There was a lot of very steep stairs throughout the building.

There are two lifts and one stair lift. The toilets are clearly marked with an image (for residents with dementia) and were very clean. Each of the exits has an alarm attached to it. Special pressure pads are present on lounge chairs to meet individual requirements.

On the third floor it was noted that the floor was quite uneven, so the visiting team was concerned that this could contribute to falls.

Access to care and medical care

There are regular visits from chiropodists, opticians and dentists and social workers for residents with special needs. Speech and language therapists are also available to residents who have had strokes. The hospital avoidance car is called if a resident has a fall.

The residents and families are involved in reviewing the care plans based on the re-assessment of needs, as the resident's health is monitored.

As mentioned earlier there are registered nurses on site as the home caters for people needing palliative care. Those residents who are in bed all day have pressure mattresses as a preventative measure for pressure sores and there is a repositioning chart to monitor the frequency of turning the patient.

There is a welfare chart for each resident which monitors food and water intake. One member of staff is assigned 'drinks duty' on a daily basis to monitor the hydration levels of residents. The GP is alerted if this becomes an issue that a resident doesn't want to drink or eat.

A member of the Visiting team noticed there were bottles of water on each table in the lounge area, but no glasses.

Additional Comments

The staff we encountered were polite when asking to pass by with equipment but seemed too busy to spend any time with the residents. When we spoke to some of the residents, one was reluctant to say anything while a staff member was nearby.

The décor was very basic, and although there was artwork on the walls, the home did not feel 'warm and homey'. The Visiting Team felt there was a clinical atmosphere at Mayfield, rather than a cosy feeling of someone's home. This will hopefully be addressed in the next twelve months and the Manager said we were welcome to visit again when the improvements are complete.

One member of the visiting team spoke to a visiting couple who were friends or family of a resident who were sitting in the dining area. They commented on how good the food was and there was a good choice. The home tries to cater for all individuals' preferences in food and encourage loved ones to bring a favourite dish in if that was what the resident wanted. For example one man loves a curry which they tend not to make in the home. The visiting couple also commented that staff have a good attitude. They felt that the home needs some sprucing up.

The Manager later told the Visiting Team that there is a refurbishment plan in place to update the décor and replace the carpets and curtains. We were also told that there is good communication between staff and families. There are residents meetings and surveys are sent out to families and loved ones on a three monthly basis. The care provider is also on the 'Care Homes' website and asks for feedback.

Recommendations:

- **To consider dementia friendly approaches within the building.**

The Visiting Team would like to see the lettering on the residents' rooms made bigger, as well as the addition of a photograph. A memory box on the wall that could include items/photos that are meaningful to the resident could also be a nice touch. The team

also felt that changing wall colours, particularly upstairs to a more colourful decor and adding wall art could help stimulation.

- **To consider the adequacy of the rope across the stairway to create a barrier to residents going upstairs.**
- **To update the menus with large legible writing accompanied by pictures of the dishes.**
- **To find alternative ways of storage to free up areas in corridors.**

We appreciate that some of the recommendations are already included in the manager's plans for improvement.

The visiting team welcome the opportunity to visit Mayfield again after the updates and alterations have been made.



Response from Provider

I am pleased that you felt welcomed by the staff and myself and that the residents and families were happy with the staff attitude and the quality of the food.

- The report does reflect the need to brighten the home and as I explained I have a plan which is being actioned, the decorator has been in and the main lounge is about to be redecorated with new curtains and blinds. The lounge dining room will also be redecorated, and we will then move into the corridors adding colour as we go.
- The report recognises that there are lots of nooks and crannies within the building, but we are currently working on restructuring the available space to ensure equipment is where it needs to be to help reduce the level of traffic along the main corridor.
- The home was busy on the day you visited but there are quiet times during the day that ensures a relaxing and welcoming atmosphere. We are however looking at how we are delivering care in conjunction with resident choice to reduce the level of activity along the main corridor during specific times of the day.
- We are about to change to one GP from 15 GP surgeries which will reduce the number of professionals in the building, we are also changing our pharmacy which will improve the service and reduce the number of visits. We are about to change our daily routine to reduce the hive of activity through the main reception each morning and around meal times to give staff more time with residents.
- Safety and security - the staircases are the main fire escapes routes within the building so we cannot put stairgates on the stairs as this will hamper resident escape from the building but there is an option to put key pad code access on the door that are connected to the fire alarm and will release if the fire alarm activates. I think this is the safest option rather than creating an obstacle on a fire escape route.
- The resident / dining room experience will improve with the new décor and opening up the main lounge dining area giving more space for the residents, the menu board display menu choices in picture form to help residents make an informed choice. I am hoping to provide individual flip chart option for residents to choose their meals, but this is a work in progress at present.
- We plan to redecorate the whole building including corridors. We will discuss the changes to the lettering of resident's names and photographs on doors with the residents and their families to see if this is something they would like to do. We will also explore photograph and mood boards to add meaning and sensor stimulation for residents with dementia.

You are welcome to come back and visit Mayfield next year to see what we have achieved.

HwSH will share Enter and View reports, as appropriate, with:

- The provider
- Healthwatch England
- The Care Quality Commission
- Commissioners
- St Helens Council Quality Monitoring Team
- St Helens Clinical Commissioning Group
- The public
- St Helens Council Safeguarding team

Disclaimer

Please note that this report relates to findings observed on the specific date stated. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

It is important to note that Healthwatch St Helens approaches Enter & View from the community perspective and its remit is very different from organisations such as the Care Quality Commission and local authority Quality Monitoring Team.

