

Enter & View Report

The Grange Care Home

70-72 Alderly Road, Hoylake, Wirral, Merseyside
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Authorised Representatives

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What is Enter & View?

Part of the Healthwatch Wirral work programme is to carry out Enter and View visits. Local Healthwatch Representatives carry out these visits to health and 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 2012 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, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who use the service first hand.

We are also working in partnership with Local Elected Members. In order for Elected Members to see a Care Home “in action” we will be conducting

a series of short visits. These visits will comprise of a Healthwatch Wirral Staff Member or volunteers and an Elected Member and will be called ‘Green’ visits. The Elected Member will not be from the Constituency that they represent at Local Government. If there are any issues/concerns which arise during this visit then this could result in a follow up visit by Healthwatch Wirral Authorised Representatives.

Acknowledgements

Healthwatch Wirral would like to thank the management, residents, carers and staff at Grange Nursing Home who spent time talking to us about the home. Please note that this report relates to findings observed on the specific date and time of the visit.

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

The visit also takes into consideration the fact that many of the residents spoken to will have an illness and/or disability, including dementia, which will have an impact on the information that is provided.

Type of Visit Undertaken

General Profile

The Grange is a large Victorian House situated in a quiet location close to the centre of Heswall. It provides accommodation and nursing care for up to 32 people. At the time of the visit there were 21 people residing at the home.

The home has 22 bedrooms over 2 floors of which 20 are single bedrooms and 2 are double. 2 further single rooms are situated on a mezzanine floor. 6 of the rooms have en-site facilities. A passenger lift is provided for people to move between floors, and the mezzanine floor is accessible by a stair lift. The home has its own gardens and a car park.

Purpose of Visit

Revisit

Type of Enter & View Visit Undertaken

Announced Visit

Methodology

The visit is not designed to be an inspection, audit or an investigation, rather it is an opportunity for Healthwatch Wirral to get a better understanding

of the service by seeing it in action and talking to staff, service users and carers/relatives. Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. However, if during a visit Healthwatch Wirral identifies any aspects of a service that it has serious concerns about, then these concerns are to be 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 or Commissioner for investigation.

The rectification of less serious issues may be directly with the service provider.

The Enter & View visits are a snapshot view of the service and findings are reported based at the time of the visit.

Enter and View visits are conducted in a way that works in accordance with Wirral Safeguarding

Adults Combined Board's principles and procedures. Information will be shared accordingly in order to safeguard adults at risk on Wirral and promote quality of local services.

Discussions, Findings and Observations

Healthwatch Wirral Authorised Representatives were greeted by a member of staff who instructed us to sign in, use the hand cleanser and wait in reception.

We were then asked to wait in the residents lounge on the ground floor.

When the Manager arrived to have a discussion about the home she apologised for the delay due to having to deal with several issues including staff shortage that had occurred just before we arrived.

This home provides 7 residential beds, 21 nursing and 5 respite care beds but on the day of our visit there were only 21 people in residence. The Manager expressed concern at the poor occupancy level at present and would be attending a meeting to discuss issues with Managers from other Care Homes.

We were informed that the home has been working through the action plan requested by CQC after their last visit.

The Manager had applied to be the 'Registered

Manager' with CQC but was waiting confirmation from them. At the time of our last visit she was looking after several Care Homes owned by the Rico Group.

We were told that the Manager has had quotes for work required to continue with refurbishing the home and were waiting for a visit from a structural engineer as part of this programme.

An additional wet room had been added to mirror the existing bathroom facilities on the first floor. The home may consider creating a dementia friendly environment as part of the refurbishment programme.

The Manager reported that resident care plans aim to accurately reflect people's needs and wishes and that they are person centered. Residents can get up and go to bed when they want to and may take their meals in their own rooms if they wish. Visitors are made welcome and may assist their relatives if they wish to do so.

Several residents/relatives committee meetings are held where issues, food and activities are discussed.

We asked how the home monitors quality and were informed that they use audits, meetings and feedback questionnaires.

We talked about Health and Safety and were informed that the home practices its evacuation and fire drills every 6 months and equipment, internal and external fixtures and fitting are dealt with by a maintenance member of staff.

Staff and Training

The Manager informed Healthwatch Authorised Representatives that staffing levels to care for 28 residents are as follows:

Home Manager - 40 hours

Deputy - 6 hours per week supernumerary

- 5 carers - 8am - 2pm
- 4 carers 2pm - 8pm
- 2 carers 8pm - 8am

A registered nurse is on duty 24 hours

The Manager informed us that these staffing levels are adequate to provide safe care to residents.

When staffing levels are lower due to sickness absence or unplanned leave, levels are adjusted by using their own staff or agency staff.

We were informed that the Management are currently interviewing volunteers to assist in the home.

Training, Induction and Appraisal

We were informed that all staff have induction when they start working at the home. All staff are encouraged to better themselves and at the time of our visit we were told that one member of staff is due to commence level 5 NVQ in Social Care.

The appraisal and supervision procedure has been modified and improved and the home uses a SWOT analysis to monitor performance.

Staff have annual appraisals plus 4 to 6 supervisions per year.

All nurses have 1st level nursing qualifications.

All staff are educated to NVQ levels 2, 3 or 4 and are required to complete mandatory training in core subjects which include H&S, DOLS, MCA, Dementia Awareness, Moving and Handling and Basic Food

Hygiene.

Staff are offered training in End of Life, Continence, Palliative Care and Wound Management.

Other training is accessible through the ACC Training Online Library, distance learning and external courses. The Manager monitors training through a computerised training matrix.

Daily handover meetings are held and information is cascaded to staff at the handover meetings and by the use of staff notice boards

Medication

Medication is managed and administered by qualified nurses. Residents who are able are assessed before they are allowed to self-medicate.

There is a Controlled Drug Policy and stock is checked monthly. Drugs are stored in a locked treatment room.

Complaints

We asked about the complaints procedure and whether residents or their relatives would know how to voice any concerns. We were told that the complaints procedure and policy is made available to residents and their families in the Statement of

Purpose. It is also displayed in reception. The Manager has an open door policy to enable staff, residents and relatives to discuss any issues and lessons learned are discussed.

Nutrition and Hydration

Dietary intake is monitored using the MUST tool (Malnutrition Universal Scoring Tool) and residents are weighed monthly or more often if required. When applicable, dietary supplements are provided. All staff are aware of the need for adequate hydration and nutrition for residents.

We were informed that the Chef caters to residents needs and residents are given a good choice of food. Menus are changed after obtaining feedback from a residents and relatives meeting. Drinks are offered on a regular basis and staff are on hand to assist residents as the home has a person centred approach to caring.

Pressure Ulcers

Pressure ulcers are managed by the homes own trained RGN's.

District nurses attend and residents may be referred to the Tissue Viability Service.

Falls

The home manages falls by conducting falls risk assessments. All incidents are logged and relatives are informed. The home uses key performance indicators to monitor trends.

DOLs and DNAR's

All residents are assessed before admission and the home follows legal requirements and best practice guidelines. Residents are reviewed at least yearly and best interest meetings are held.

The Management welcomed the recent change in the procedure for when a resident, who has a DoLs in place, dies. In the past it has been distressful for families whose loved ones have to be referred to the Coroner after dying despite there being funeral plans in place.

Activities

The home employs a dedicated activities co-ordinator for 24 hours per week and a wide range of activities are on offer as well as 1 to 1 engagement. Staff are also on hand to read newspapers and chat to relatives. This home does not have its own transport to take residents out but has access to a minibus.

Residents are also encouraged to pursue their own

hobbies if they wish to do so.

Laundry Arrangements

Residents' clothes are required to be labelled and the home updates residents belongings lists every 6 months. The home recently had to send out laundry to be cleaned at one of their other homes due to their washing machine breaking down. However, at the time of our visit the home had 2 new washing machines delivered and were waiting for them to be plumbed in. We therefore did not view the laundry facility on this occasion.

After the discussion with the Manager Healthwatch representatives were invited to look around the facilities.

Environment

On approaching the home Healthwatch Authorised Representatives found that the car parking area road surface was uneven and in a poor condition with several potholes. To access the main entrance involved walking up several stone steps which may not be suitable for anyone with mobility problems. The Fire Evacuation Assembly Point situated in the car parking area appeared to be unsafe as the road surface was uneven and had potholes. Several cars

were parked in this area and there was a large vehicle parked to the side entrance of the building.

On entering the premises we were asked to sign in at reception. Hand cleansing gel was available for staff and visitors to use to comply with infection control procedures. The ledge to the right of the entrance door had a 'dried tea cup ring' showing.

The reception area was full of boxes piled up to a height of almost 5 feet. We were told the boxes contained goods that had just been delivered and due to staff shortages on the day they had not been moved yet. There was a photograph album for people to look at. This contained pictures of residents enjoying activities. The Statutory notices were displayed in the reception area along with the Service User Guide, Fire Procedure, Insurance Certificate, Dignity Board and Activities Board. The Activities Board was not completed for the week. There were a variety of notice boards displayed on the walls. These included general information about the home. Some of the information was out of date. The hand sanitizer was positioned on the wall for staff and visitors to use before entering the home. One resident was observed walking through this area enjoying a chat with passing

staff. The home felt cool and a resident complained that they were feeling cold. Healthwatch Authorised Representatives pointed this out to the Manager who immediately turned the heating up.

Corridors

The corridors were generally free from obstruction. Health and Safety equipment checks appeared to have been completed on fire extinguishers and electrical equipment viewed. The lift to service the upper floor was well lit and spacious.

A new nurse call system had been installed to make it easier for staff to identify where the alarm had been activated.

We observed a drugs trolley which was locked.

Lounges

The lounge viewed on the ground floor was a good size, with a dining area at one end which had views over the garden. There was a menu board but no menus were displayed. We were told that the menus were in the entrance hallway. The dining tables did not have place settings and the tablecloths were clean but very creased.

The dining room area was also used for activities. The

TV was on and residents were seated in comfortable chairs around the perimeter of the room. Most of the residents were asleep in their chairs but looked comfortable. However, when we returned to the area later, staff were serving lunch and assisting resident to eat. Staff were observed treating residents with dignity and respect.

No activities were seen at the time of our visit and it was disappointing to see that the collage of names of residents and their 'childhood memories', that we observed on our last visit, had been taken down. Some of the furniture and décor looked a little tired.

Bathrooms

We were shown the newly refurbished wet room on the ground floor which was clean and well equipped but there was a pool of water around the drain hole in the floor. The Manager had reported this to the builder who was due to return and repair the problem.

Bedrooms

We were able to view a small number of bedrooms which had their doors open as we were proceeding down the corridor. Photographs of the resident occupying the room were displayed on each door. The rooms viewed appeared to be clean and tidy and it was evident that residents were allowed to

personalize their own rooms.

Kitchen

The kitchen was large and well equipped but the corridor and staff area leading to it appeared dirty and untidy. The home had a food hygiene rating of 3 but is due for a review soon. 2 Chefs and a kitchen assistant are employed over 7 days.

Laundry

We did not view the laundry as they were waiting for the 2 new washing machines to be fitted and the old one to be disposed of.

External Areas and Gardens

The external areas did not appear to be well maintained at the time of our visit. The outside décor was in a poor state with paint peeling and a large dark mark to the left hand side of the front entrance. The window frames needed painting and pathways to the gardens were covered in moss. This could be hazardous and unsafe for residents who may want to access these areas. Several trees and shrubs were overgrown and the ramps were very steep and slippery. The smoking area at the rear of the building was untidy with the ashtray overflowing with cigarette stubs.

Observations

Staff

Staff appeared to treat residents well and with dignity and respect. Two members of staff were Dignity Champions. Care staff clearly had good rapport with residents. Several members of staff were observed helping residents to eat their meal.

Healthwatch Authorised Representatives spoke to members of staff who informed us that they enjoyed working at the home and felt supported by management. Staff confirmed that they receive regular supervisions and are offered plenty of training opportunities.

Residents

Healthwatch Authorised Representatives spoke to a resident who reported that they liked being at the home for respite care and that they were well cared for. They said that the home provides good food and plenty to drink and the staff were very nice.

A relative who was visiting at the time said that they were happy with the care that the home was providing for their relative but reported that although the building was clean it could do with an update or

refurbishment.

We were disappointed to see very few residents in the communal areas and deduced that they must be in their own rooms. This of course may have been down to personal choice or mobility/health reasons.

Safeguarding observations on day of visit

No Safeguarding issues were identified at the time of our visit.

Healthwatch 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.

If any safeguarding issues are identified during a Healthwatch Enter and View the Local Authority will be notified on the same day as the Enter and View visit.

Safeguarding Alerts reported in the last 12 months

Any alerts were reported to Wirral Safeguarding Team and were documented and investigated. We were informed that any alerts reported had a positive outcome and were not escalated.

It is seen as good practice for all Health and Social Care Services to report potential Safeguarding alerts to Wirral Council's Central Advice and Duty Team.

Conclusions

- It was disappointing that not a lot had visibly been improved since our last visit 12 months ago. The building needs to be refurbished both internally & externally
- Staff demonstrated a genuinely kind and caring attitude to the people that they support.
- Residents appeared to be well cared for, happy and contented.
- The staff were working hard to provide good care and seemed honest and sincere in their intentions.
- The new call bell system appears to be an improvement and calls were answered very promptly

Recommendations & Considerations

- Address the car park surface as this could be hazardous to people with mobility problems especially as the Evacuation Assembly Point is sited in this area.
- Continue with the programme of refurbishment

particularly the gardens as there is potential to make this a pleasant area for residents to sit in.

- A more attractive environment may improve prospective clients to become residents in the home.
- Ensure that cars parked in the side entrance area would not prevent the safe evacuation of residents, staff and visitors.
- Continue with plans to ensure a programme of regular maintenance and decoration as a well maintained and welcoming environment could be a key factor influencing the initial and more lasting impression of the home.
- Keep information boards up to date.
- Use less formal seating arrangements, with chairs grouped together rather than placing seats around the perimeter of the lounge. This would enable residents to engage with each
- Other and also enable staff to move residents easily and safely.
- Display Healthwatch 'Your Voice' leaflets to allow feedback to be gathered independently.

Supplementary feedback from the provider post-visit

The service manager was provided with a draft copy of this report to check over and respond to our findings and check for factual inaccuracies. To date, no response has been received

Healthwatch Wirral Follow-up Action

Revisit February 2019

Distribution of Report

Healthwatch Wirral will submit the report to the Provider, Commissioner and CQC.

Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest.

Glossary

- » **CADT** - Central Advice and Duty Team
- » **CQC** - Care Quality Commission
- » **DOLS** - Deprivation of Liberty
- » **DNAR** - Do not attempt resuscitation
- » **Falls Team** - Advice from Community Trust
- » **Datix** - Recording data system
- » **RGN** - Registered General Nurse
- » **RMN** - Registered Mental Nurse
- » **NVQ** - National Vocational Qualification
- » **MUST** - Malnutrition Universal Screening Tool
- » **SWOT** - Strength, Weakness, Opportunities, Threats
- » **MCA** - Mental Capacity Act
- » **H&S** - Health and Safety