

Enter and View Report



**The Angela Grace Care Centre,
Northampton**

June 2015



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THE UNIVERSITY OF
NORTHAMPTON



Details of the Visit

Name and address of premises visited	Angela Grace Care Centre 4-5 Cheyne Walk, Northampton, NN1 5PT
Name of service provider	A.G.E. Nursing Homes Ltd.
Type of service	Care home with nursing, privately owned, 72 residents
Specialisms	Caring for adults over 65 yrs Caring for adults under 65 yrs Residents with Dementia Residents with Mental Health needs
Date and time of visit	29 June 2015, 11am
HWN authorised representatives undertaking the visit	Val Dumbleton & Claire Lodge
Support Staff	Jo Spenceley, Healthwatch Officer
Contact details of Healthwatch Northamptonshire	Sunley Conference Centre, Boughton Green Road, Northampton, NN2 7AL 01604 893636 enquiries@healthwatchnorthamptonshire.co.uk

Acknowledgements

Healthwatch Northamptonshire would like to thank the manager, residents, visitors and staff of The Angela Grace Care Centre for their assistance in planning the visit and the preparation of this report as well as providing us with information and feedback.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. 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.



About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to “Enter and View” health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or OFSTED. CQC is the regulator and inspector of health and adult social care and OFSTED is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.
- We prepare reports on the Enter and View activity we conduct. We have an Enter and View policy (www.healthwatchnorthamptonshire.co.uk) which sets out our process of delivering Enter and View and the process for developing our reports. Our values include openness and transparency and so all our reports are published. They will only be published on our website once the service providers have had an opportunity to comment on the factual accuracy. We will send final copies of our reports to providers and commissioners asking for their comments on our findings and a response to recommendations, which we will also publish a summary version of on our website. We will send copies of our report to our national body, Healthwatch England and to CQC. As part of our Enter and View, we explained to the people we spoke to that their comments would be non-attributable but that if we heard about possible harm to individuals then we are obliged to refer those issues to the safeguarding team at Northamptonshire County Council.
- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will



research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.

- We will provide information and advice about health and social care services.
- Where we don't feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.

Enter and View

Part of the Healthwatch Northamptonshire programme is to carry out Enter and View visits. Healthwatch Northamptonshire 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 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 experience the service first hand.

Healthwatch Enter and View visits are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Northamptonshire to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. The representative's role is to observe the service, talk to service users, families, other visitors and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report. All Healthwatch Northamptonshire authorised representatives have been through a recruitment process (either as staff or volunteers), had an enhanced Disclosure and Barring Check, and received Enter and View and safeguarding training.

This Enter and View Report is aimed at outlining what we see and hear during our visits and making relevant recommendation for improvement to the service concerned. The reports may also make recommendations for providers, commissioners, regulators or for Healthwatch to explore particular issues in more



detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies.

Healthwatch Enter and View visits 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 at any time an authorised representative observes anything that they feel uncomfortable about they need to inform Healthwatch Northamptonshire of their concerns, who will inform the service manager and may terminate the visit.

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

Purpose of visit

Healthwatch Northamptonshire is carrying out a series of visits to NHS and Social Care funded accommodation in Northamptonshire to ascertain the quality of life and experience and opinions of residents. The Angela Grace Care Centre was selected as one of the homes to visit as they provide care to residents with a range of different needs, including end of life care.

How the visit was conducted

The visit was an announced visit with the Manager being given two week's notice of the intended visit and advised of the names of the HWN volunteers that would be carrying out the visit. We sent letters, posters and leaflets to the home to inform residents, relatives (or other carers and visitors) and staff about our visit and Healthwatch Northamptonshire. We observed the condition of the premises, and interaction between the staff and residents and talked with two residents. We also spoke with the manager at the start of the visit and at the end to clarify any questions that had been raised.



Observations and findings

About the home

- The home is run by A.G.E., a family-run business with two other homes. The business manager rings daily and visits weekly.
- The home houses 72 beds over three floors. These include:
 - 12 residential
 - 21 nursing with Dementia
 - 20 solely Dementia
 - 19 for end of life residents
- Nene Clinical Commissioning Group fund 20 beds.
- Northampton County Council used to fund some transitional residents, although this funding has now stopped.
- End of life beds are taken by patients discharged from Northampton General Hospital or who come in directly from home.
- Care of residents with Dementia includes re-enablement for them to go home with a care package, involving Community Psychiatric Nurses (CPN), Occupational Therapy, Physiotherapy and a care manager.
- There are 66 members of staff in total, 12 of which are registered full-time nurses. There are also part-time registered nurses, 40 care assistance staff, a manager, and an administrator/receptionist. Bank and agency staff are also used occasionally.
- Half of the staff are Registered Mental Health Nurses.
- Each floor has a registered nurse and other staff move between the floors.
- Nights are staffed by two-three staff nurses and seven-eight care assistants.
- Managements have just appointed one of the Nurse Sisters as Clinical Lead.
- All staff have a two-day induction and training on other issues.
- Staff receive frequent training updates on safeguarding, Dementia, moving and handling, syringe driving, end of life, food safety, nutrition, and mental capacity. The manager carries out in-house training and further training is outsourced.
- Staff have supervision meetings six times a year.
- Trained staff have meetings together every month and all staff meet every three months.
- Heads of departments meet once a month, with additional ad hoc meetings as and when required.



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- There is a multidisciplinary meeting every week.

General impressions of the home

- The care home is a new building and therefore conforms to safety regulations. There is a fire test once a week and the home has both lifts and stairs. There are emergency bells in each en-suite room as well as one for each resident near at hand
- The reception area was spacious and friendly and the Receptionist was friendly and welcoming.
- The care home environment was very peaceful and tranquil.
- All areas were light and airy, clean and fresh and well furnished..
- The patio area looked very attractive and well furnished, and the introduction of a coffee lounge on the ground floor is being considered.
- Rooms appeared to be fairly spacious and looked comfortable, airy and well furnished (all had televisions).
- All rooms were very clean and had en-suite wet rooms. En-suite and communal bathrooms were also clean and fresh and had special hoists and modified baths for the residents, should they require them.
- There is very limited car parking space.

Personal care and dignity of resident

- The residents we saw were appropriately dressed and looked comfortable and well cared for.
- Two residents we spoke to said they rarely see a male member of staff but are happy with female staff.
- The two residents felt they were looked after well and said they will use the hoist and/or bedpan if needed. They thought the washing and bathing facilities were good and that staff gave them as much privacy as they wanted.
- If a resident needs them, a chiropodist and dietician can come in on a regular basis. A hairdresser also visits, as well as someone who does hand massages, pampering and nail care.
- No NHS dentists routinely visit the home, although residents' own dentists can visit on request.
- A GP visits the home three times per week.
- Each resident has their observations carried out on a weekly basis and has a health review every six months. Care plans are reviewed on a monthly basis. Residents have key workers who are the senior care workers in the home and a life history is on file for each resident.
- Medicines are locked in a trolley and are all given out by a registered nurse.



Staff behaviour, attitudes and relationship with residents

- We observed good interaction between residents and staff. Residents were spoken to very respectfully.
- The two residents we spoke to said staff were very friendly, polite and respectful. They gave the example of how staff would knock on the door and discuss their treatment with them.
- The resident said they they are never embarrassed.
- Staff are not allowed to restrain residents.
- We were told staff usually walk around to see the residents at the start of their shift (at the hand over).

Independence of residents and control over daily life

- Families of residents see and sign all the paperwork relating to a resident and some residents' families have the power of attorney.
- The management keep petty cash for all the residents and their relatives usually have control over this. Spreadsheets and receipts for this are kept.
- Unfortunately, there is no shop available on the premises.
- A resident told us they choose their own clothes and how they want to dress. If they need or require new clothing usually this is purchased by their families or a resident will be accompanied to go out and buy the item required.
- One resident said they were sometimes put to bed a little earlier than they would like.
- The two residents that were spoken to preferred to spend their time in their own room, either reading or watching television. Residents felt that staff were always polite and friendly as they always knocked before entering the room and asked before doing things like opening the curtains.
- The residents also felt they maintained their independence.

Activities for residents

- The care home employs a trained dedicated activities worker, plus another worker and a volunteer who does motivational work with dementia residents.
- Activities are person-centred where assessments (including living assessments) are undertaken and rehabilitation takes place.
- Residents can take part in regular activities such as:
 - armchair yoga
 - bowls
 - sing-a-longs
 - listening to music
 - pool activities



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- The home is also visited by a therapy dog.
 - The home has access to a minibus and takes residents on trips such as to the seaside.
 - Residents can also go out to the Derrigate theatre and on shopping trips.
 - Residents can attend church services, which are carried in the home by the Chaplain of NGH.
 - There are also occasional open days, coffee mornings and raffles.

Food and drink and meal times

- The residents are given three meals a day and a good choice is on offer.
- Water and other drinks are available throughout the day.
- There is also mid-morning coffee and afternoon tea with cakes.
- Relatives can also have a drink at any time during their visits.
- The home has its own chef and assistant, and specific dietary requirements of residents are catered for.
- The residents we spoke to feel the food “is like a five-star hotel” and they can ask for specific food items if they wish.
- Pureed food and smoothies are made to order for those who need it.
- The manager has recently employed someone who comes in at breakfast time to help feed residents. Otherwise staff or relatives can help the residents eat.
- Staff told us that “the food is fantastic” and that anything can be got for the residents at any time.
- Staff also said that all residents seem to put on weight once they have come to the home (a good thing).
- All residents have water or a drink they can access and staff make sure every resident has a drink every hour. Staff do not usually keep records of fluid or bowel charts, only when it is very necessary.

Relationship between the home and residents/relatives

- The two residents we spoke to believed that the care and attention they received made the home feel “like a first class hotel”.
- They said there was warmth and friendliness from the staff, which was “fantastic”.
- There is an open-door policy for complaints and a resolution is usually found. Written complaints are sorted within the given time scale.
- There is a residents meeting every month and a relatives meeting every three months, with minutes and an agenda.
- There is also a survey that goes to all residents and relatives twice a year.



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- There is no restriction on visitors, they can visit at any time.

Staff satisfaction

- All the staff teams seem happy. There is good team work and good relationships between members of staff.
- Communication is good and the staff are consulted about any changes.
- The staff think the food provided is excellent and the management is good.
- They did mention the limited car parking space.
- They would definitely recommend anyone to come to The Angela Grace care home.

Other observations and comments from resident, staff and relatives

- There are plans to turn the ground floor into residential accommodation, however some staff feel it should be for the end of life residents. The staff have put this suggestion to management and they are giving it some thought.

Recommendations

1. Increasing the number of car parking spaces would help visitors and staff. The possibility of renting some space near by, such as at the Cheyne Walk Club, could be investigated.
2. The home may want to look into appointing more male staff to maintain a good balance.
3. The home could encourage staff members to sign up as ‘Dignity Champions’¹ and ‘Dementia Friends’² and ‘Dementia Champions’ to ensure continuation of the compassionate and person-centred care we heard about.

¹ www.dignityincare.org.uk/Dignity-Champions/Becoming_a_Dignity_Champion/

² www.dementiafriends.org.uk



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