



## Enter & View Visit Report

### Details of Visit

Service Name and Address	The Grange Care Home, Bishops Castle, SY9 5AU
Service Provider	The Grange Care Providers Ltd
Day, Date and Time	20 <sup>th</sup> September 2016 2 - 4.30pm
Visit Team	Two Enter & View Authorised Representatives from Healthwatch Shropshire

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### Purpose of the Visit

To be assured on the quality of care provided and the safety of the residents at The Grange.

### 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 experience of all service users and staff, only an account of what was observed and contributed at the time.

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## Context of Visit

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are provided. These visits are called Enter and View and always have a purpose.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced.

Healthwatch Shropshire's visit to The Grange was in response to comments received and discussion with local stakeholders. It was a semi-announced visit with home Manager being given written notification that a visit would be made within the following two week time period.

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## What we were looking at

### How the home provides individualised care

We asked about:

- the choices residents have e.g.
  - the food they eat
  - activities available
  - personalising their bedrooms
- how staff find out about a resident's previous life and their likes and dislikes
- support for residents to use appropriate health services
- if residents are happy living in the home

### Whether residents are treated with dignity and respect

We looked at:

- how staff interact with residents
- if residents are dressed properly
- if privacy is respected in providing personal care

## Whether the home offers a safe environment for the residents

We looked at:

- guarding against falls
- security
- complaints procedure: opportunities to complain without fear
- staffing levels, staff recruitment, qualifications, training
- designated fire escape accessibility

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### What we did

On our arrival at The Grange we were met by the owner, who showed us around the home. She explained that the new manager started 12 weeks ago, but was on a few days leave at the time of our visit. The owner is working full time at the home during this period.

As we went around the home we observed what was happening and spoke to those residents willing to talk to us, as well as with staff if they were available. Much of the information we obtained was from the owner, but things that we saw supported what we were told.

The owner told us that since the recent Care Quality Commission (CQC) inspection and report, several long-serving care staff and the two cooks had resigned. The owner is interviewing for new staff. The care staff we met during the visit were from agencies.

The owner told us that the home had been making good progress in implementing the action plan following the CQC report, although it had been set back by multiple staff resignations.

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## What we found out

### The home

The Grange is a large stone late Victorian building. It is set in its own grounds in a built up but quiet part of Bishop's Castle. We were told it was originally the police station. There are two more modern buildings across a short entrance drive, each of which has two or three bedrooms, a shared living room and a kitchen. This accommodation is for residents who can live more independently. However the owner told us that none of the current residents in these units are independent enough to look after their own personal care or to prepare hot drinks or food for themselves. We were told that one resident from these units is currently in hospital.

The home can accommodate up to 24 residents. There were 16 residents in the home at the time of our visit. A further two residents were in hospital. We were told by the home owner that almost all of the residents experience some level of dementia.

In the main building, there is a dining room, two lounges and a few bedrooms on the ground floor, with toilets and a bath/shower room. The communal rooms were simply decorated, reflecting good practice in the care of people with dementia e.g. it is recommended that strong patterns are avoided and that flooring should be in a colour that contrasts with the walls. It appeared that individual residents had their preferred places to sit.

There is a small lift to the first floor where there are the remaining bedrooms along with toilets and bathrooms. Although every bedroom has a hand basin, only a few are fully ensuite and there are commodes in the others. We saw an appropriate number of toilets (with raised toilet seats) and bath and shower rooms. However these were not clearly marked with dementia-friendly signage or colour.

New carpets had recently been fitted throughout the home. Because the building is so old, there are places where the floor slopes and there is a short flight of steps (with an electric chair lift) between various corridors on the upper floor. People using walking frames would need support to walk along these corridors.

## Individualised care - choice

- **Menus and food**

The owner told us that the cook had recently started to work at The Grange. The dish of the day was written on a white board in the dining room. We noted that there was no choice given. Every resident we spoke to about the food said it was good and they enjoyed it. One resident told us they have a stomach condition and their food has to be very soft. This resident said that the food was always tasty and hot when served. The owner told us that after tea is served at 4.30pm, there is a plate of sandwiches available for residents who want something to eat later in the evening.

- **Drinks**

We saw carers preparing residents for an afternoon drink at about 3pm, by bringing tables close to their chairs or helping them to sit more upright. The carers seemed to know how each resident preferred their tea and we observed carers assist some residents to drink their tea. One resident was asleep in one of the lounges and was not offered a mug of tea. This person, who was unable to communicate with us, awoke about 15 minutes later and was chewing on a dry biscuit but we did not see anyone go to fetch a cup of tea for them during the next ten minutes we were in the room.

- **Activities**

Few residents were able to talk with us about activities in the home. One told us there used to be hymn singing and carpet bowls in one of the lounges but said there have been no activities like this recently. This person told us they never walk around outside the house, and we observed that the garden area seemed quite small. This resident also told us it is difficult to make friends in the home, since there are few people they can speak to. They would like opportunities to do something in the afternoons.

We observed one resident “colouring in” a book and a care assistant was helping them.

We noticed a bookcase on the ground floor with several large print romantic novels, large piece jigsaws and some indoor games e.g. dominoes. One carer had brought a copy of the local evening paper to one resident who was happily looking at it and turning the pages. The owner told us of her plans to employ an activities coordinator, once care staff vacancies have been filled.

- **Personalising their bedrooms**

We looked into one vacant bedroom and one empty bedroom where the resident had left the door open. We observed that the room decoration was plain, furniture was functional and limited. We didn't see any personal belongings in the bedroom being used.

- **How staff find out about a resident's previous life and their likes and dislikes**

The staff we spoke to told us they were from agencies, although they had each worked at the home for at least two weeks and one for nearly four weeks. This was confirmed by the owner.

During our visit we did not observe any residents taking part in activities that indicated staff were familiar with standard approaches to supporting people with dementia. We did observe that all staff showed they understood individual likes and preferences and we saw staff being kind and caring in their approaches to the residents. The attitude of these residents towards individual members of staff showed that they liked and trusted them.

- **Support for residents to use appropriate health services**

The owner told us that the new manager is trying to re-build a constructive relationship with the local GP practice. She said that the relationship with the local GP practice had deteriorated under the previous management.

The home arranges taxis for residents to attend dental appointments and recently it has been agreed that a chiropodist will attend the home each month to offer foot care. All appointments are noted in the diary. It was unclear whether the new

manager has made progress with updating and developing care plans for individual residents.

- **If residents are happy living in the home**

We met two residents who live in the independent living units during our visit. One had just returned after having lunch in the main building. This resident told us they were very satisfied with the care they received at The Grange. Another resident in the second unit told us that they have medical problems which they can generally self-manage with some help from the care staff. We met a third resident from these units when talking to residents in the main building. These three residents were the only ones who were able to tell us their views about living in the home at the time of our visit. A few other residents were happy for us to chat to them. When we asked specific questions about whether the carers were kind or whether they liked the food they nodded and smiled.

We met a very smartly-dressed resident on our tour of the building who obviously enjoyed being on their own and simply walking around.

## **Dignity and respect**

We observed that staff addressed all residents by name and staff appeared to be friendly and encouraging towards them. There appeared to be a great deal of empathy and respect for the residents. There was at least one member of staff in both the main lounges at all times during our visit, and all staff moved between the two rooms. We did not have the opportunity to observe if staff respected the residents' privacy as no-one needed to enter a resident's bedroom or provide personal care while we were there.

- **If residents are dressed properly**

Most residents that we saw were well-dressed, with tidy hair. Most were wearing slippers although it is our understanding that shoes are less likely to cause trips and falls. The owner told us that hardly any residents went outside.

There has been a change in laundry staff recently and she told us there had initially been a few problems with un-named items of clothing not being distributed correctly, although these had been quickly resolved. All clothes that go in to the communal washer are either name tagged or have an identifying marker.

## **A safe environment for the residents**

- **Guarding against falls**

We saw walking aides in all of the lounges. Zimmer frames, were placed within reach, and staff helped residents to move around. Although corridors are narrow, there was no obvious clutter, and large items such as wheelchairs and hoists were stored out of the way.

New carpets have been laid in all communal areas. Low levels of artificial and natural light make it difficult to see changes in floor level, which could lead to falls.

The owner told us there had been a number of falls over the last few months when the previous manager was in charge. Most of these took place at night in residents' own rooms. The new manager has put in place a process for recording falls so that causes can be analysed and action taken to reduce future risks of falls. There is an Accident Book and we were told that lessons appear to be learned from "near miss" events.

- **Security**

The more able residents who live in the separate units use the key pads that secure external and internal doors, to move between their own homes and the main building. The kitchen and laundry areas have key pad locks for staff use only, and the main staircase has gates at the top and the bottom. We were told that all residents are accompanied in the lift at all times. We observed this during our visit.



- **Opportunities to complain without fear**

We observed that few residents would have the ability to complain.

The owner told us that at least half the residents have regular visitors. She said there had been some concerns raised by relatives regarding the recent resignation of the manager and other members of staff. In response she and the new manager had held an evening meeting for relatives to discuss the recent CQC report, to explain what was happening in respect of staff (e.g. recruitment) and to answer questions. A second relatives meeting is planned for October to share the progress being made in the home.

The owner said she was aware of the requirements of the Deprivation of Liberty Safeguards and the Mental Capacity Act and told us that assessments had been made in accordance with national requirements for all residents lacking capacity to make their own decisions.

- **Staffing levels, staff recruitment, qualifications, training**

The owner told us that the home has one senior carer and three other carers on every day shift, in addition to the manager or owner. There are two staff on duty every night. We saw four care staff on duty during our visit. The owner told us that she and the manager have interviewed and appointed several permanent members of staff in the last couple of weeks and more interviews are planned. The owner said she is very keen to raise the standards in the home that had slipped in the previous months, and so her first priority is to develop an enthusiastic, permanent group of staff.

Bishop's Castle is quite a long way from centres where staff can attend training, but the owner told us the new manager is also an accredited trainer.

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## Additional Findings

- At the time of our visit the Care Home's website had not been updated with the name of the new manager
- We were told that all accommodation is Fire Certificated. Fire doors and escape routes were free from obstruction and signed. However the signs are small and are unlikely to be recognised by people with dementia. We also noted that the fire escape route from part of the first floor accommodation passed through a resident's room (room 14).

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## Summary of Findings

- The building is old and rambling which makes it difficult to create a homely or dementia-friendly environment for residents.
- There is little choice offered for the main meal of the day, although one resident who needs a soft diet told us that care is taken to make the food tasty.
- During the visit we observed that most residents were offered drinks regularly, and staff helped those who needed it.
- The owner and residents told us there are few activities organised at present. We met three residents walking between rooms. All other residents remained in the same chairs throughout our 2½ hour visit.
- Bedroom decoration was plain, furniture was functional and limited, and we didn't see any personal belongings in the one room we saw.
- We observed that all residents were addressed by name, and staff appeared to show a friendly, encouraging attitude to them. Walking aids were always placed conveniently for the resident.

- Residents appeared to be happy living at the home. Those who could express a view said the staff were friendly and kind, and that they liked the food.
- The residents we saw were well-dressed, with tidy hair. Most were wearing slippers, which, although probably comfortable, are not, in our view, the best footwear for safe walking.
- There are keypad locks to the front door, kitchen and utility areas, and to the lift and first floor. Some residents, who are able, use the keypad codes to walk around the building or go across to their own homes in the grounds.
- Several long-serving members of staff have recently left the home. Recruitment is under way, while agency staff provide much of the care in the home at the moment. The home owner acknowledges the priority of stabilising the workforce before some other improvements can be implemented e.g. re-introducing activities for the residents, improving staffing levels at night.
- These staffing problems are recognised by the ARs, but there was little evidence of individualised care planning or attempts to create a dementia-friendly environment (e.g. strengthening and supporting someone's sense of identity, perhaps through life stories and memory boxes, and encouraging residents to become engaged in daily routine tasks.)

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## Recommendations

- The owner and manager should consider creating a more dementia friendly environment and approach to care (including offering appropriate activities), within the constraints of the building. E.g. It is our understanding that good practice in the care of people with dementia recommends toilet doors should be clearly indicated by pictures and texts, or painted in a single distinctive colour to distinguish them from other doors in the home.
- It will be important to support new staff with appropriate training in providing individualised care to people with cognitive impairment.

- Where possible food options should be available, to increase choice for residents.
- Management and staff should continue to improve communication and relationships with relatives, and develop those with the local community.
- Consider developing a range of group activities and social events for residents.
- The manager to continue efforts to build a constructive and workable day to day relationship with the local GP practice.

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## Service Provider Response

Healthwatch Shropshire has received the following response to the report's recommendations from the manager of The Grange on 3<sup>rd</sup> November 2016:

**The owner and manager should consider creating a more dementia friendly environment and approach to care (including offering appropriate activities), within the constraints of the building. E.g. It is our understanding that good practice in the care of people with dementia recommends toilet doors should be clearly indicated by pictures and texts, or painted in a single distinctive colour to distinguish them from other doors in the home**

- We are implementing Dementia Champions within the home
- We are looking at décor with themes - scenes around the circular walk around area to create an interesting and memory evoking discussion
- We are looking at being Dementia Friendly accredited

**It will be important to support new staff with appropriate training in providing individualised care to people with cognitive impairment**

- The Dementia champions will support all new staff
- All staff without dementia training will be enrolled onto required training

**Where possible food options should be available, to increase choice for residents**

- We have implemented and are increasing the amount of menus in picture format to support selection of choice
- Our menu is being changed with the new cooks that have been recruited

**Managements and staff should continue to improve communication and relationships with relatives, and develop those with the local community**

- Management work with relatives, keep them informed of the progress within the home
- Care plans have been discussed with families
- Staff are aware of the importance of positive communications with families to enable an ethos of trust and openness

**Consider developing a range of group activities and social events for residents**

- Activities are improving within the home. When there is a more static staff compliment we will be implementing a robust programme
- We have undertaken themed meals, harvest gathering, Halloween event and starting to plan cooking sessions

**The manager to continue efforts to build a constructive and workable day to day relationship with the local GP practice**

- Relationships with the GP practice are I feel improving. I have had positive comments from most of the GP's that have come into the home

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## **Acknowledgements**

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

### Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

### What is Enter & View?

Healthwatch Shropshire gather information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out 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 Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

## Get in Touch!

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