

Enter & View Visit Report

Name of Service: The Grange (Orchard Care Homes)

Service Address: Field Drive, Shirebrook, NG20 8BS

Date of Visit: Friday 16th February 2018

WHAT IS ENTER AND VIEW? Healthwatch Derbyshire (HWD) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWD represents the consumer voice of those using local health and social services.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health or social care services. Enter and View visits may be conducted if providers invite this, if HWD receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the service at first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improve the service are made.

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1. Visit Details

Service Provider: The Grange (Orchard Care Homes)

Time of Visit (From/To): 13:15hrs - 15:45hrs

Authorised Representatives (ARs):

1. Barbara Arrandale
2. Jacquie Kirk

Shadowing:

1. Daniel Pidkorczemny (Healthwatch Derbyshire Engagement Officer)

Healthwatch Responsible Officer: David Weinrabe (Enter & View Officer)
Tel: 01773 880786 or Mobile: 07399 526673

2. Description & Nature of Service

The home offers 50 en-suite single rooms spread over two floors, offering both

residential and nursing care. Six rooms have connecting doors, offering up to three double rooms which can serve as a private living room and separate bedroom. At the time of our visit one double room was occupied by a married couple. In total, 35 rooms were occupied. Respite care beds are also available.

3. Acknowledgements

Healthwatch Derbyshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

4. Disclaimer

This report relates to findings gathered on the specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to HWD ARs at the time of the visit.

5. Purpose of the Visit

- To enable Healthwatch Derbyshire ARs to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement

6. Strategic Drivers

During 2017/2018, Healthwatch Derbyshire invited local health and social care organisations to nominate services where an Enter & View was considered suitable and would benefit both the service and the provider and/or commissioner of that service. All nominations for Enter & View are scrutinised through the Healthwatch Derbyshire Intelligence and Action Group (IIA) to determine whether an Enter & View appears appropriate and justified.

Hardwick CCG nominated a range of Care/Nursing Homes for Enter & View and this visit has been arranged as a consequence.

7. Introduction/Orientation to Service

On arrival ARs met Dawn Smith, Acting Assistant Manager and Temporary Manager, Karen Radford and were invited in to undertake their visit. ARs undertook an approximate 15 minute introduction to the setting where they were advised on any circumstances that they should be aware of and/or may reasonably restrict some aspects of their visit. These were outlined and acknowledged as being:

Two female residents on the first floor who could be challenging to engage with due to their capabilities.

ARs were also advised as to which residents and staff might be available to talk to during the visit. An orientation tour was given and general introductions to residents and staff were made during the process.

8. Methodology

ARs were equipped with various tools to aid the gathering of information. The following techniques were used by the ARs:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors.

Information was recorded on the ARs checklists and questionnaires, along with making supplementary notes.

9. Summary of Key Findings

- Interviews with two staff; three relatives; one resident and many other residents 'observed'
- Décor of ground floor was in good condition and the entrance lobby and hall welcoming, however the first floor appeared less homely and requires refurbishment
- Residents and visitors praised the quality of the food
- There appeared to be a broad offer of activities provided for residents
- Good signage and visual aids across the property to support resident's needs
- Relatives raised some concerns around care plans not being followed and toileting prompts or assistance not being made frequently enough.

10. Detailed Findings

10.1 Location, external appearance, ease of access, signage, parking

The property is located within an urban area of Shirebrook, surrounded by mainly housing with the exception of a row of shops opposite and a disused public house to the front boundary.

There is easy access to the home, with on-site parking and additional on-street parking available.

10.2 Initial impressions (from a visitor's perspective on entering the home)

The entrance lobby is brightly decorated, offering a welcoming ambiance with access to the main door being controlled by a keypad door lock and buzzer system. Within the inner entrance lobby, there is comfortable seating, a reception desk and access to the main offices.

ARs observed an up-to-date CQC certificate that was clearly displayed on a wall within the entrance lobby.

Access to other areas of the home is controlled by a keypad door lock and buzzer.

10.3 Facilities for and involvement with family/friends

To the first floor, there is a small kitchenette where visitors can access refreshments. However, one visitor reported that this had not been made known to them for some time. Another visitor commented, “*Small kitchen and never very clean*”.

To the ground floor, there is a tastefully decorated ‘café’ style room which provides a quiet refuge for family and residents to use, however staff commented that it was underused.

Opposite the ‘café’ style room, there is a dedicated visitor’s bathroom which contains a toilet and hand basin.

Relatives reported that they are kept well informed but are unaware of any specific ‘relatives meetings’. They do however receive invitations to events and meals such as Christmas lunch.

Visitors are welcome at any time. However, the home operates a protective dining policy and consequently visitors are requested not to visit during meal times.

10.4 Internal physical environment

10.4.1 Décor, lighting, heating, furnishing & floor coverings

The ground floor is well decorated and welcoming, however the first floor appears less homely and requires refurbishment.

In several areas of the home, the floor covering has been changed from carpet to laminate, however the floor covering on the main staircase which provides access from the ground to first floor was observed to be stained and damaged.

Across the home, lighting is good and there are large windows within the communal lounges which offer views to the outdoor grounds.

The communal lounges and communal dining areas have suitable and adequate chairs, tables and footstools. During the visit, new previously ordered table covers were delivered.

Across the home, several window curtains and blinds were observed to be missing and according to staff are awaiting replacement.

In certain areas of the home, ceiling tiles have been removed due to previous water damage, leaving exposed ceilings that are also awaiting repair or replacement.

10.4.2 Freshness, cleanliness/hygiene & cross infection measures

Across the home, there were no unpleasant odours and several hand sanitiser dispensers were noted. Whilst the home appeared clean, one relative raised a concern regarding cleanliness, stating that they had, “... *bought my relative a chair, it was moved and not cleaned, leaving it soiled.*”

10.4.3 Suitability of design to meet needs of residents

The bedrooms are large with en-suite facilities featuring a toilet and hand basin.

Across the home, all corridors are of a good size allowing residents to move easily from room to room.

The bathrooms, shower rooms and toilets are all of a very good size offering good facilities.

There are three small dining rooms and one large dining room located on each floor, offering choice and flexibility to residents.

On the ground floor, access to the main kitchen is located next to the large dining room. However, the connecting door to the kitchen has no lock or security system so residents could easily wander in.

10.5 Staff support skills & interaction

10.5.1 Staff appearance/presentation

Within the staff room (which ARs were invited into), a notice was observed reminding care staff to wear the appropriate uniform. During the visit, ARs observed all care staff to be appropriately dressed in their uniforms, but not all had name badges.

Relatives commented that they found it difficult to identify the role of staff members as there is no staff photo board present. Relatives offered an alternative to this, suggesting coloured coded uniforms which would designate different roles.

10.5.2 Affording dignity and respect

All of the main bathrooms, shower rooms and toilets lead onto corridors. However, ARs did not observe an ‘occupied’ or ‘unoccupied’ sign on the doors which could compromise residents’ privacy. In addition, there are no privacy curtains which could also affect resident’s dignity whilst using these facilities.

During our visit, ARs were advised by staff that bedrooms contain a ‘do not disturb’ sign when personal care is being delivered, however these signs were not observed during the visit.

Residents were addressed by their chosen name as requested.

10.5.3 Calm, empathic approach to care giving

ARs observed interactions between staff and residents which was conducted in a respectful, calm and caring manner.

10.5.4 Attentiveness and pace of care giving

ARs observed that residents are given appropriate support and care, with one resident commenting, *“I get the help I need, when I need it.”*

Several relatives raised a concern that not all staff read their family member’s care plan, *“It could be hit and miss depending on the staff member and depending on whether they are from an agency or not who may not know my relative’s preferences.”*

10.5.5 Effective communications - alternative/augmentative systems and accessible information

Across the home, there is good signage such as dementia friendly toilet signs, visual imagery on the menu and activities board and hand washing guidance above hand basins.

10.6 Residents’ physical welfare

10.6.1 Appearance, dress & hygiene

During the visit, ARs observed residents to be appropriately dressed. However, ARs observed that one gentleman was without any footwear which staff explained was his preference.

ARs were advised by staff that baths/showers are offered several times a week.

There is an on-site laundry service which has individual boxes for each resident. However, relatives commented that their family members do not always receive their correct clothing. Staff also advised this was a recurrent problem due to resident’s clothing not always being labelled with their names.

To ensure a good standard of bedroom cleanliness and tidiness, the home has a ‘Resident of the Day’ schedule in place where one resident has their room ‘spring cleaned’. During this, the resident is offered out-of-room services such as a manicure. ARs were informed by staff that due to the occupancy level of the home, this monthly arrangement does not impact on the regular daily cleaning schedule.

Whilst during the visit ARs did not notice any issues with incontinence care. However, several relatives raised a concern around the regularity of staff offering to assist their family members to the toilet as on occasions. They have found their family member to be *“very wet.”*

10.6.2 Nutrition/mealtimes & hydrations

ARs were informed by staff that all meals are flexible in regards to time, however for the majority of residents, the main meal is served in the evening.

During the visit, both residents and relatives commented on the quality of the meals stating. *“The food is very good”* and *“lovely Christmas meal.”*

As identified under 10.5.5, menus with visual imagery are evident.

ARs were also advised that residents are provided with jugs of juice and water and hot drinks are offered throughout the day. One relative however commented that they had to bring in juice for their family member and that other than meal times, only one drink is offered in the afternoon. However, during the visit, ARs observed jugs of juice and water in rooms and communal lounge areas where residents were situated.

10.6.3 Support with general & specialist health needs

ARs were informed by staff that all residents are registered with the local GP and the community matron attends the home on a weekly basis.

ARs were also informed of a number of services available for residents such as a hairdresser who attends weekly to the on-site salon room, a continence nurse who conducts regular assessments, a chiropodist and an optician who attends every six weeks.

Additional support such as access to the Memory Assessment Clinic and a local audiology service is also readily available.

10.6.4 Balance of activity & rest

ARs observed TVs and comfortable chairs available in the communal lounges which during the visit, several residents were observed to be making use of.

10.6.5 Ensuring comfort

As a whole, the premises were observed to be well heated and comfortable, with adequate and suitable seating available for both residents and visitors.

10.6.6 Maximising mobility & sensory capacities

ARs were advised that during meal times, residents are moved between the ground and first floor dining areas to increase mobility and stimulation.

On the first floor, one of the communal lounge areas has recently been transformed into a sensory room which features sensory lighting and comfortable seating.

10.7 Residents’ social, emotional and cultural welfare

10.7.1 Personalisation & personal possessions

ARs were advised by staff that residents are welcome to personalise their rooms with their own furnishings, décor and electronic items such as TVs and radios.

To the first floor, there are memory boxes fitted to the wall outside of each resident’s doors for residents to personalise, several of which were utilised.

10.7.2 Choice, Control & Identity

ARs were advised by staff that residents can choose to eat their meals within their rooms if preferred. Staff also advised that although a food menu is selected, residents can choose something different if the kitchen staff have the ingredients available.

ARs were informed by staff that residents can have keys to their room. However, this is based on an individual risk assessment. All residents can choose to have their doors open or closed.

ARs were advised by staff that residents have access to their own money to spend on additional services such as the hairdressers with most having their money managed by the office where individual accounts are held.

Within the outdoor paved seating area ARs observed a wheelbarrow which contained used cigarettes and empty cigarette packets. Staff confirmed with ARs that there are a couple of residents who smoke but there did not appear to be a suitable designated smoking area available.

10.7.3 Feeling safe and able to raise concerns/complaints

Most of the relatives and residents expressed a general sense of security and safety. They felt able to raise concerns, with one relative commenting, “... *have had to do a lot of complaining.*”

One relative shared their concerns around the amount of wandering by some residents on the first floor who have previously accessed their family member’s room inappropriately.

There are magnetic door stops fitted to all doors to satisfy fire regulations.

10.7.4 Structured and unstructured activities/stimulation

ARs were advised by staff that the home offers a range of activities and that all residents are encouraged to participate but are not pressurised to do so. One resident commented. “*I join in with the bingo.*”

The activities programme is displayed as a schedule with visual imagery on a board located within the entrance lobby and in a hallway on the first floor. ARs were informed by staff that they employ two staff members who coordinate the activities. ARs observed evidence of a pottery activity that the home offers and were informed by staff of a cooking activity which was popular among residents. ARs were also advised by staff that one resident is involved with the gardening as an activity.

ARs were advised by visitors that there is a regular disco which is reported to be much enjoyed by residents. One relative commented that when they initially visited the home, the disco was in full swing and they were impressed with the level of participation and enjoyment evident among residents.

10.7.5 Cultural, religious/spiritual needs

As evident on the notice board located on the ground floor, there is a regular religious service held in the home by the local vicar.

10.7.6 Gardens - maintenance & design/suitability for use/enjoyment

The grounds are level with a designated paved seating area and grassed area which features outdoor seating and a greenhouse for use. There is also green coloured metal fencing and assorted shrubbery surrounding the property.

Access to the garden is through patio doors either in the entrance lobby or from one of the communal lounges situated on the ground floor.

Attached to the patio doors that lead onto the communal lounge was an awning which ARs observed to be damaged and in need of attention.

As identified in 10.7.2, ARs observed a wheelbarrow located in the outdoor seating area which contained used cigarettes and empty cigarette packets.

ARs were advised by staff that maintenance of the grounds is managed off-site.

As identified in 10.7.4, ARs were informed that one resident is involved with the gardening as an activity.

Relatives had praise for the garden area and said it is useful '*for a change of air*' as in good weather, they sit outside with their family members.

11. Additional Issues

11.1 Comparisons with previous Healthwatch Visit(s)

This was the first visit to The Grange (Orchard Care Homes) and as a consequence, there are no previous Enter & View visits to compare with.

11.2 Comparisons with the most recent CQC report

The CQC undertook their visit on 17th and 18th May 2017 with the report being published on 14th July 2017. The report rated the service overall as "Good" and scoring 'good' in all domains.

As is commonly the case with the CQC judgements, they are based on a number of areas which are not the jurisdiction of Healthwatch and so our reports lead to conclusions that are not always based upon the same types of evidence.

Overall, our findings mostly reflect the findings identified within the CQC report, however, we found several issues that CQC did not identify during their inspection which are listed below:

- An issue with relatives not being informed of specific 'relatives meetings'

- Relatives raising a concern around their family member's care plan not always being adhered to, depending on the staff member delivering the care
- Relatives raising a concern around the responsiveness and frequency of staff in assisting or offering toileting opportunities.

11.3 Other observations/findings of note

No other observations or findings worthy of noting.

12. Elements of Observed/Reported Good Practice

- A tastefully decorated 'café' style room available for residents and visitors
- Good signage and visual aids across the property
- A recently established sensory room situated on the first floor available to residents
- Memory boxes fitted to the wall outside of each resident's doors for residents to personalise
- Inviting relatives to events and special meals

13. Recommendations

- 13.1 To ensure that all visitors are made aware of how to access refreshment making facilities (10.3)
- 13.2 To monitor the cleanliness of the first floor kitchenette (10.3)
- 13.3 To communicate clearly to all family members as to when 'relative meetings' are held (10.3)
- 13.4 To confirm when repairs, replacements or refurbishments will be made to the following areas:
- (i) The first floor due to being observed as being less homely and requiring attention (10.4.1)
 - (ii) The damaged and stained floor covering on the main staircase (10.4.1)
 - (iii) The damaged and exposed ceiling tiles throughout the property (10.4.1)
 - (iv) The missing window curtains or blinds throughout the property (10.4.1)
 - (v) The damaged awning which is attached to the patio doors of the ground floor communal lounge (10.7.6).
- 13.5 To confirm that appropriate systems are in place to ensure that personal items/possessions of residents are maintained in good order/condition (10.4.2)
- 13.6 To confirm that a recent risk assessment has been conducted regarding the free access to the main kitchen (10.4.3)
- 13.7 To consider installing a staff photo board and/or colour coded uniforms to differentiate roles and to ensure that all staff wear name badges (10.5.1)
- 13.8 To advise of the processes in place to ensure that resident privacy is not compromised during bathing, showering or toileting (10.5.2)
- 13.9 To consider installing an 'occupied' and 'unoccupied' sign on the doors to the bathrooms, shower rooms and toilets or alternatively, privacy curtains (10.5.2)

- 13.10 To ensure that all permanent and agency staff are familiar with the recorded preferences of residents outlined within their care plans (10.5.4)
- 13.11 To put in place measures to ensure that residents always have the correct clothing returned to them from the laundry service (10.6.1)
- 13.12 To confirm that the frequency of attending to residents continence needs is appropriate to each individual (10.6.1)
- 13.13 To confirm whether there is a designated and suitably provisioned smoking area available for residents (10.7.2)
- 13.14 To advise of the systems in place to reduce incidences of ‘wandering’ residents gaining inappropriate access into other resident’s rooms (10.7.3)
- 13.15 To attend to the wheelbarrow in the garden which contains litter (10.7.6).

14. Service Provider Response

| No. | Recommendation | Response from Provider |
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| 13.1 | To ensure that all visitors are made aware of how to access refreshment making facilities (10.3) | The staff have been asked to develop a culture within the home where family members and visitors are respected and considered. Upon receiving them at the door, the staff are reminded to take care of all their needs and offer them hot or cold drinks etc. The home is considering installing a cold drink vending machine as well in the reception area. These were discussed in the staff meeting conducted on 22 nd March in which all concerns in this report were deeply discussed. |
| 13.2 | To monitor the cleanliness of the first floor kitchenette (10.3) | This is an allocated duty of the kitchen staff now. They are advised to carry out cleaning of the kitchenette and dining area and then sign on the sheet provided. |
| 13.3 | To communicate clearly to all family members as to when ‘relative meetings’ are held (10.3) | Relatives meetings shall be conducted once in every three months. The dates of all will be published early enough to ensure attendance. Notices shall be out early and dates for the whole year shall be published. The home will try to see how the communication can be made more effective. |
| 13.4 | To confirm when repairs, replacements or refurbishments will be made to the following areas: (i) The first floor due to being observed as being less | In the areas where repairs, replacements or refurbishments are required were identified, works have been already allocated to different contractors and the company’s own maintenance team. They have started working and the proposed works are |

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| | <p>homely and requiring attention (10.4.1)</p> <p>(ii) The damaged and stained floor covering on the main staircase (10.4.1)</p> <p>(iii) The damaged and exposed ceiling tiles throughout the property (10.4.1)</p> <p>(iv) The missing window curtains or blinds throughout the property (10.4.1)</p> <p>(v) The damaged awning which is attached to the patio doors of the ground floor communal lounge (10.7.6).</p> | <p>due to finish by the end of April. The works include painting, decorating etc.</p> <p>Missing window curtains are due to be fixed as part of this refurbishment plan.</p> <p>A new awning area has been approved which will provide a safe place to any service users who are smokers.</p> |
| 13.5 | To confirm that appropriate systems are in place to ensure that personal items/possessions of residents are maintained in good order/condition (10.4.2) | <p>When a service user is expected to come, a key worker shall be allocated to that person and the key worker will make a list of things an individual bringing to the home. It is the duty of the key worker to make sure that the clothes are marked with initials, unless the family prefers to do so.</p> <p>The launderer as well have been alerted on this issue.</p> |
| 13.6 | To confirm that a recent risk assessment has been conducted regarding the free access to the main kitchen (10.4.3) | This is included in the general risk assessment folder that has been created now. Any service users who are at risk of walking around aimlessly also will be risk assessed for this issue. |
| 13.7 | To consider installing a staff photo board and/or colour coded uniforms to differentiate roles and to ensure that all staff wear name badges (10.5.1) | A new staff photo board is fitted in the main reception area. The staff photos are being taken and will be done by the end of March. |
| 13.8 | To advise of the processes in place to ensure that resident privacy is not compromised during bathing, showering or toileting (10.5.2) | <p>As explained by the staff upon visit, there is a note in all rooms to say that personal care is being given, do not enter. However, we identified that this is not being used always and it was brought into the attention of the staff, in the staff meeting.</p> <p>Shower curtains are also being fitted in all shower/bath rooms.</p> |
| 13.9 | To consider installing an 'occupied' and 'unoccupied' sign on the doors to the bathrooms, shower rooms and | New sign boards have been considered and we are awaiting permission to purchase. |

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| | toilets or alternatively, privacy curtains (10.5.2) | |
| 13.10 | To ensure that all permanent and agency staff are familiar with the recorded preferences of residents outlined within their care plans (10.5.4) | The new handover sheets provide an overview of the needs of service users. Besides, every agency worker receives proper induction before they start working and it is filed in the office. Induction includes getting to know the residents and their needs. |
| 13.11 | To put in place measures to ensure that residents always have the correct clothing returned to them from the laundry service (10.6.1) | As explained earlier, this is now down to the launderer and the key worker to make sure that the service users get their clothes back. After washing, this is the launderer who supplies them in the rooms and they have individual boxes for each resident to put clothes in, when washed. |
| 13.12 | To confirm that the frequency of attending to residents continence needs is appropriate to each individual (10.6.1) | This was very seriously discussed in the staff meeting. The home regularly monitors the dependency of service users to adjust the number of care staff needed. This is to make sure that the service users receive appropriate care, as and when needed. |
| 13.13 | To confirm whether there is a designated and suitably provisioned smoking area available for residents (10.7.2) | The awning area is awaiting refurbishment. This will be done to make sure that the residents get an appropriate, safe smoking area as well. |
| 13.14 | To advise of the systems in place to reduce incidences of 'wandering' residents gaining inappropriate access into other resident's rooms (10.7.3) | This has already been identified as a problem. Unfortunately the floor provides accommodation for client's requiring general nursing and dementia nursing. In order to identify when service users get out of their rooms at night, sensor mats have been purchased and used. Besides, care staff have been advised to stay in corridors at night to ensure the safety of every service user. Dementia friendly signage is under consideration for anyone who is looking for toilets etc. (we already have many in place). |
| 13.15 | To attend to the wheelbarrow in the garden which contains litter (10.7.6) | This is part of the total refurbishment and other actions planned. |