

Ashington Grange Care Home

Findings from our Enter and View visit, 21 August 2024

Acknowledgements, disclaimer and context

Healthwatch Northumberland would like to thank the residents, relatives and staff of Ashington Grange Care Home for their contribution to this Enter and View visit.

Healthwatch Northumberland is the health and social care champion for people who use care services. We gather feedback about the experience of care and share this with providers and commissioners with the aim to improve care for everyone.

When Healthwatch was established in 2012 we were given the power to 'Enter and View' health and social care premises as a way of engaging with people and gathering feedback. Our [website](#) will tell you more about this, including constraints and decision making.

This report relates only to the Healthwatch Northumberland teams' observations during the time of the visit and is not a representative or comprehensive portrayal of the experiences of all service users and staff. It is an account of what was observed and contributed at the time.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues but in the event such concerns should arise, they would be reported in accordance with Healthwatch safeguarding policies. Any concerns would be reported to the team lead and the service manager informed, concluding the visit.

Ashington Grange Care Home

Ashington Grange Care Home has 55 rooms; some are en suite and some have shared bathrooms.

Residential and nursing care is provided for residents with physical conditions and with memory loss and dementia.

Accommodation is over two floors. Space is divided into residential which is open access, and dementia care which is secure, and nursing care.

Purpose of the visit

In 2022 as part of our work to increase public understanding of care homes, we produced a guide of simple things to be done to help people settle into **care home life**.

We want to build on this to explain the day-to-day experiences of care home residents and their families. Our aim is to identify and showcase good practice as well as suggested areas which might enhance how the service is delivered, exploring what is working well and areas that may be improved, so key themes may be shared and to give useful insights to potential residents and their relatives.

Ashington Grange Care Home is one of four homes owned and run by HC-One in Northumberland. We visited two other homes in summer 2024.

This was a planned and announced visit to observe and obtain information.

Planning and preparation

Derry Nugent, the Project Lead for Healthwatch Northumberland, produced and discussed a brief for the visit with Andrea Pringle, the Home Manager, and Graeme McConnell, HC-One's Area Director.

To prepare for the visit, all Healthwatch Authorised Representatives attended Enter and View training and briefings to ensure they understood Healthwatch Northumberland's remit, the purpose and context of the visit, guidelines for how to proceed in a care setting, and had the skills to effectively engage with residents and family members.

Letters to residents and relatives were sent to the home in advance to explain the purpose of the visit, the date and time of the visit and links to the online survey. Posters were also provided to be displayed in the home. Residents and relatives had access to an online survey or paper version if they were unable to be present on the day or preferred to give feedback this way.

The observations for the visit were to consider the environment of the home, staff interactions with the residents and relatives, interactions between residents, activities for residents, refreshments and dietary provision.

Information gathering

Seven Healthwatch Authorised Representatives visited on the day. These were:

- Mike Allport
- Anne Armstrong
- Helen Brown
- Lorna Farr
- John Gordon
- Derry Nugent
- Denise Organ

We spoke to 16 individual residents and two relatives/friends using a set of questions to prompt people to describe good practice they had experienced or seen.

Healthwatch Representatives completed an observation sheet during the visit.

We received six survey responses from residents but did not receive any from relatives or friends of people living in the home.

What people told us

People shared their experience and opinions of the care home.

Care

People that we heard from were generally very positive about care received at the home and complimentary about care home staff - *"Very nice carer"* - using words like 'friendly' 'caring' 'lovely' and 'helpful'. It was acknowledged by some residents that the staff were busy but that if something was needed there would be help available, for example, extra items for the bedroom - *"whatever you ask for they try to help"*. One person was reassured by care received during the night following a medical problem and the ability to call for assistance via a buzzer should it be needed.

People also said they were able to get help with nail and hair care and with using their glasses and/or hearing aids if needed. Those we spoke to were pleased about being able to get a haircut and told us whilst there was no longer a specific hairdresser on site, one of the carers can cut hair, without charge, and appointments can be made easily for this.

No one reported any concerns with being able to get medical appointments, such as dentists, sight tests or GP services including on-site visits, but a wider concern around waiting times for audiology (hearing aid batteries) was raised which was affecting wellbeing. One resident mentioned that patient transport to a hospital appointment had been arranged by staff, whilst another raised having to pay privately for taxis to a one-off visit to hospital. However, this seemed to be due to it being too short notice to arrange patient transport services. We acknowledge these wider concerns about services are not within the control of the home.

People we heard from seemed happy with the way staff understood any special needs and the way clothes and personal possessions were handled by staff, having a choice of when to get up/go to bed and where they could go within the home - *"Staff very good", "(They) let me out into garden as I am a smoker"*. One person did raise a minor concern on being unable to go out in the garden for cigarettes as much as they would like.



Food

Whilst some people seemed satisfied with the food on offer at the care home – *“I have no problems with food”, “I like mine”*, with a couple of people mentioning the pasta Bolognese being particularly good, others expressed minor dissatisfaction with the choices and range of food on offer. This ranged from wishing there was more variety, especially in terms of wanting different meat options (not mince or chicken), having a choice of simple meals of eggs, chips and beans or wanting the food to be ‘tastier’ although it was acknowledged for the latter statement this may not be the food but due to deterioration in personal ‘taste buds’. Another said whilst they felt variety was limited this was due to the menu coming from the head office rather than the fault of the home directly. We were told there was an alternative menu available if people did not like the daily choice.

Others who had dietary requirements such as diabetes mentioned feeling that options were more limited, especially for puddings. From observations there did not appear to be alternatives to cakes at morning coffee/tea time such as fruit or other choices.

Other comments received included not being told exactly what food choice was available, for example, being asked if you would like soup but not knowing what type of soup it was – *“can’t choose if you don’t know”* – and another who mentioned that dishes would sometimes have too much sauce over the top rather than it being offered separately. One person seemed pleased there was now going to be a menu displayed on the wall which could help people choose.

All the people we heard from said there was help available at mealtimes if needed including for people with sight loss or dexterity issues, for example, with cutting up food. Positive feedback was received around people having the choice of where to eat, provided there was not a medical need to be supervised – *“some want privacy so can eat in room”*.

Activities

Most people we heard from were happy with the activities on offer at the care home. One person said there were things on each day, and another was pleased that residents could come together from across the home to enjoy activities.

Arts, crafts, quizzes, gardening and bingo were mentioned as were visits to the nearby park, outings to the beach or shopping. One person was particularly happy to be involved in painting and decorating the garden area – *“Enjoy gardening and painting”*.

People told us about church services taking place within the home and an organisation called ‘Smile through Sport’ coming in to deliver activities such as boccia and basketball amongst others. They were delivering a singing and dancing activity on the day we visited which was well attended from residents throughout the home.

We heard praise for the activity coordinator Erica – *“Does a great job helping dementia people”* – but one person implied she was extremely busy – *“Erica does the job of three people”*.

Other people seemed satisfied that there was time to take part in individual activities or pursue their own interests such as it being easy to keep in touch with family or friends, and family being able to facilitate trips out.

We heard only a couple of comments expressing dissatisfaction with activity choices which were around them being focussed on ‘older’ people and someone with sight loss who struggled to participate in many activities, for example, bingo. However, when prompted there were no suggestions of alternative activities that would be of interest. A few people mentioned that it would be nice to have pets such as dogs visit the home.

Interactions with other residents and staff

Many residents were sitting together on the day of our visit and some were happy to give feedback as a group. Observing interactions between residents, and residents and staff, these seemed easy and friendly.

Those we heard from were happy about communication from staff to any relatives/friends about their health and wellbeing including during times of restricted visiting due to illness and involvement in care plans.

Some residents, but not all, were aware of residents and relatives meetings taking place where they could raise any 'grumbles and gripes'. This was advertised in the newsletter but did not appear to be promoted elsewhere in the home. Those who attended meetings seemed happy to raise anything they were concerned about in that forum and those who didn't seemed happy to engage more generally with staff if they had issues.

However, it was less clear whether people understood any improvements that had taken place from raising concerns individually or in meetings, or if changes were unable to take place the reasons for this. For example, someone mentioned having a concern about the variety of food choices but nothing changing after this has been raised.

When asked about complaints most mentioned that they knew to raise issues with the manager, but it was unclear whether any 'formal' complaints had been raised previously or if these were more generally 'informal' concerns. Those we heard from seemed open and secure in discussing any problems, showing no concern about remaining anonymous.

A wider concern was raised about help navigating the complex social care system including care home fees by someone keen, but unable to speak to a social worker about financial assessment issues. It was suggested that a regular drop-in clinic with adult social care would be welcomed.

Overall safety and happiness with living at this home

Almost everyone we spoke to was happy living at the home although for one person who was not as happy this was not particularly a reflection on the home but more that they wanted to live in their 'own home'. All but one person was happy with their own bedroom and the space and whilst most we heard from had shared bathrooms, they were fine with this and felt they had regular access to a bathroom if needed - *"Good staff good home"*.

One person we spoke to said they had lived in different places and felt safe in the home *"this is the only place I have felt safe"* and that it had improved their mental health. Another said it was *"like a family here"* and another who was staying in the home for respite said they preferred it to the other places they had stayed.

What we observed

The residents we observed at Ashington Grange Care Home appeared happy and responded well to staff and other residents.

The manager and all other staff were very friendly and welcoming to us on the day of the visit, giving us an overview of the home, layout and activities planned for that day. Any questions were answered openly and with appropriate detail, where necessary.

Interactions between staff and residents appeared to be easy and friendly and they greeted residents by name. Staff also seemed responsive to individual needs, for example, being aware of residents who may need more encouragement/confidence to take part in the group activity taking place that day, helping a resident find spectacles, and understanding that someone with limited communication did not want spectacles on as they were hurting their nose. Residents seemed clean and well dressed.

Observations considered the physical space and how it was managed, as well as communication with staff and residents.

Key areas of observation were:

Effectiveness of the physical space and layout (environment)

Approach and external environs

Observations noted there were no signs for the care home further afield within the housing estate, so some visitors found it difficult to find. If possible, more signage from within the estate would be welcome and existing signage outside the home would benefit from being cleaned up or revamped due to signs of wear and tear.

There were some things negatively affecting the external presentation of the home including the adjacent derelict building, overgrown shrubs and brambles, building materials around the courtyard and rubbish piled on top of industrial wheelie bins. Parking was limited although there was some off-site parking. Where these issues are within the control of the care home to make improvements, it could create a more welcoming and attractive external environment.

Entrance – décor and security

The entrance area has security systems in place including an intercom, sign-in book for visitors and fire procedure notice. The reception area was large and open and residents appeared to use this as a space to congregate and socialise. It was observed to be clean and tidy, however, some found the pale décor to have a more clinical rather than 'homely' feel.

Trinkets did make the space more welcoming, and the residents champion board was a nice addition to the area. Artificial flowers were on display, and it was suggested the space could be improved if there were more seasonal plants or flowers available.

Corridors and communal spaces including lounges and dining areas

The communal spaces including lounges and dining areas were observed to be generally clean and tidy with a range of seating options. Framed pictures of local landmarks were placed throughout the home. One of the smaller lounges that we were invited into for initial introduction did not appear to be used by residents. There was a lingering odour in the nursing care area which permeated the corridor and reception. Again, some observations were around the communal areas feeling more clinical and unappealing due to limited grey and beige décor. Wooden handrails for accessibility on both sides of the corridor were not highly visible due to being painted white.

Suggestions were that more colour in the home would be welcomed. Jigsaws, magazines with colourful pictures, pens and paper to doodle were also suggested.

The outdoor space was in the process of being refurbished when we visited, including a 'potting shed' which was currently being used for storage. It was mainly paved and could benefit from some updating, a greater range of seating options and more greenery.

Residents' rooms

In the rooms residents invited us to view we observed some had personalised their space with photographs, chairs and soft furnishings. Bedrooms did have names outside and most were personalised with an interest or hobby such as music or family. Photographs of residents outside doors could be a useful addition.

Adaptations for sensory or memory loss in communal and residents' spaces

It was observed that due to the uniformity of the colour scheme it seemed difficult to differentiate between spaces in the home and easier to get lost. There was no signage that we could see, or pictures to indicate the bathrooms or dining room which may be useful for residents with sensory or memory loss. There was also no audible confirmation in the lifts when the required floor was reached, no signage to indicate what floor you had reached or the room numbers for that floor outside of the lift.

No signage about using hearing loops was observed. Written information throughout the home was generally in small print font which could pose problems for those with sight loss.

Information

We observed a lot of useful information throughout the home such as meal plans, activity timetables, complaints information and 'you said, we did' posters. We noted that the information about the independent advocacy service was out of date. This was amended immediately by the Home Manager.

Whilst the information was valuable, some of it, including the meal plans, were at a level and size not easily accessed by all, for example, wheelchair users or those with sight loss. Information in easy read, larger print and perhaps other languages, if applicable to current residents, would be suggested. Examples of activities and food choices in graphic or illustrative formats could be considered.

Suggestions for Ashington Grange Care Home

We have listed suggestions based on what we heard and observed during the visit, and from the survey.

Suggestion

1. Consider additional signage within the housing estate to the home and update existing signage due to 'wear and tear'.
2. If within the control of the home, consider tidying the external environment including the adjacent boarded up property, overgrown brambles at front and refurbishment of back patio/garden space.
3. Useful information included in the newsletter like complaint procedures and residents meeting dates more prominently displayed in other areas of the home.
4. Have a rolling agenda item in residents and relatives' meetings about what has happened due to feedback from previous meetings. Promote 'you said, we did' more extensively.
5. Consider providing more clarification around food choices such as ingredients, descriptions of food, pictures.
6. Consider ways to promote better access to advice, for example, around financial assessments or navigation of the social care system.
7. Consider more suitable or varied activities for those with sight loss and younger residents.
8. Review food choices for those with dietary restrictions such as diabetics including puddings and snacks.
9. Consider ways of introducing a volunteer visiting scheme to encourage more one to one interaction for residents.
10. Jigsaws, magazines with colourful pictures, pens and paper to doodle. More seasonal flowers/artificial flowers.

Suggestion

11. More colour in the home and possibly different colour schemes to differentiate areas and/or signage on bathroom/dining areas and names on bedrooms.

12. Information such as meal plans, activities etc. being available in other formats such as easy read, large print, illustrative.

13. Audio in lift would be helpful to those with sight loss if travelling alone.

14. Consider additional signage/directions to room numbers and outside lifts to indicate which floor you have reached and room numbers on that floor.

What Ashington Grange Care Home said in response

The Manager of Ashington Grange Care Home, Angela Pringle, said: "We are pleased to read that residents are happy and feel that they are treated with dignity and respect. This is what we aim for at Ashington Grange.

The boarded up property opposite the home does not belong to HC-One. Work is in progress there but we're unsure of how long this will take. The patio area at the back of the home has had all the ivy removed to make it a better space, and new furniture is planned for the summer.

Within the resident/relatives meeting we always go through the actions from the previous meeting - what has been actioned and what is in progress. Then we go on to gripes and grumbles. We have the meeting documents printed in large format for residents who need it.

In each community there is a storage box with drawers that contain pens, colouring books, puzzles and board games, so residents can help themselves or ask for supplies if they wish to do these activities.

Since the visit we have managed to source Wag & Co North East Friendship Dogs who will start visiting shortly. Also a resident's friend is going to sign up for pet therapy which will start once all checks are completed."



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