

**Enter and View Report:
Alice Grange Care Home**

Friday 5th August 2016 &
Sunday 4th September 2016



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Name and Address of Service visited:

Alice Grange Care Home
St Isidores Way,
Ropes Drive,
Kesgrave,
Ipswich, IP5 2GA

Healthwatch Suffolk visited this service on:

Friday 5th August 2016 &
Sunday 4th September 2016.

Name of Provider:

Barchester Healthcare Homes Ltd

ACKNOWLEDGEMENTS, DISCLAIMER AND... WHAT IS ENTER AND VIEW?

Acknowledgements:

Healthwatch Suffolk (HWS) would like to thank the service provider, residents, visitors and staff for their contribution to the Enter and View programme.

Disclaimer:

Please note that this report relates to findings observed on the specific date set out above. This report is not a representative portrayal of the experiences of all residents and staff, it is an account of what was observed and contributed at the time.

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. These may be announced or unannounced.

Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act 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 they can also occur when services have a good reputation - Healthwatch Suffolk wants to learn about and share examples of good practice from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead

who will inform the service manager, ending 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.

EXECUTIVE SUMMARY

“..Care staff are committed to deliver quality care provision and are enthusiastic about their work...”

The Enter & View team considered that there was little of a homely atmosphere at Alice Grange, that it can best be described as impersonal in character. However, the building is bright, calm and peaceful. Relatives and visitors come and go as they wish with no set visiting times. Care staff are committed to deliver quality care provision and are enthusiastic about their work.

The Enter & View team made the following recommendations and observed some good practice during their two visits to Alice Grange.

Recommendations: -

Recommendation 1: The E&V team consider that it may be useful for the management team of Alice Grange to access some of the numerous web sites and voluntary organisations that have experience promoting and developing innovative ways of engaging with residents who live with dementia. Whilst the team understanding that the impact of involvement in the dementia pilot is still work in progress, they were disappointed not to see staff supporting residents with complex needs in a more meaningful way. Action that is still to be taken to meet the CQC recommendation that “advice and guidance is to be sought from a reputable source to support individual needs and help people to spend their time in a meaningful and fulfilled way” remains outstanding.

Additional suggestions regarding activities:

- Activities within the home should be better planned, staff should be proactive as well as reactive to residents to request for an activity. Residents should be involved in planning the programme of activities
- Source more activities from the community, make more contact with community groups. Alice Grange has a bird of prey expert who visits the home, but more visitors would help ensure that there is a greater diversity of activities on offer to residents
- The residents contract clearly states that the fees cover ‘activity programs’. The program on offer needs to be demonstrable both to fee payers and to prospective residents and their families. A scheme folder with a record of group activities and photographs is a useful tool for this, and is also helpful for families to see what their relative has been doing, perhaps a source of conversation?
- Photographs of staff with names should be displayed in corridors on each floor. Noticeboards on every corridor should have a ‘What’s On’ section so residents know what is going on in the home and in the community
- All notices should be at height for residents to see, particularly those in wheelchairs
- Activities coordinators to draw together some form of regular community newsletter with photographs for the benefit of residents and relatives for example announcing tickets for the pantomime, welcoming new staff and residents and informing everyone about bereavements. Residents should know when their friends have passed away
- Consider simple regular Alice Grange led clubs for example photography, bird watching, gardening
- Adapt garden to plant ornamental trees for shade and interest and alternative seating areas Create paths to make a circuit and offer purposeful walking with no dead ends. Destination areas of interest with displays; for example, pictures of birds for bird spotting. Planting should be adapted to provide winter interest and to attract birds. Consider colourful large covered themed summerhouse seating area. Plan regular accompanied visits to the garden for Memory Lane residents with simple memory themed activities such as helping with pegging out washing, growing vegetables and flowers in raised planters (flowers that are not only bright, scented and safe perhaps edible too)
- Consider inviting not only care students from local colleges but also other visitors; for example, beauty & massage therapists, aromatherapy practitioners, musicians all of whom might be

prepared to volunteer long term

Recommendation 2: Communication with residents, their families and other agencies needs to be accessible and in line with the NHS Accessible Information Standard. The team recommends that the Manager contact the Barchester Healthcare Homes Regional Manager to point out the requirements of the NHS Accessible Information Standard. Accessible information training for all staff should be planned.

Recommendation 3: The management team should address the complaints procedure. At the time of the visits, investigation following a complaint did not appear to be timely or outcomes / actions recorded. How were complainants made aware of the outcomes? Were they satisfied with the outcome?

Recommendation 4: There is an internal audit file containing audit results but no action appears to be taken to address any shortfalls. It is suggested that this omission is addressed.

Recommendation 5: To ensure that residents with restricted diets due to diabetes for example are offered a range of choices at mealtimes and if a resident is not eating any of their meal, staff time is given to find out why and offer alternatives.

Recommendation 6: The contract refers to a 'welcome pack' which residents should receive on admission to the home. The E&V team did not see this. If there is in fact no welcome pack giving specific advice about facilities on offer at Alice Grange such as meal times, visiting times, availability of other services such as a hairdresser with times and charges, church or visiting priest, end of life wishes, complaints procedure this should be introduced as soon as possible.

Recommendation 7: The website is generic for Barchester Healthcare Homes nationwide. For local people wishing to look up information about the home and what is on offer there is limited information and few photographs. The photographs which are available are rather misleading with pictures of lunches with wine and gardens and activities at other homes. Applicants and relatives want to know what life will be like in Alice Grange.

ENTER AND VIEW

1. Visit Conducted by:

Visit 1 Bob Hawkes Lead AR
Sue Spencer AR
Joanne King AR

Visit 2 Bob Hawkes lead AR
Joanne King AR
Wendy Shepherd AR

(AR = Authorised Representative)

This resource has been visited twice because insufficient information had been gathered to form a considered opinion about what life was like for the residents of Alice Grange during the first visit. The second visit was arranged specifically to view the lived experience of the residents and to comment on how this may be improved, to share any good practice that the E&V team observed.

2. Purpose of the visit:

- To gather feedback from residents, their relatives and staff and to observe life at Alice Grange.
- To establish what choices residents, have in relation to their daily activities and involvement in care planning, food / menu choices.
- How staff communicate with the residents to ensure that they participate fully in decision making.
- Gather information about staffing levels.
- Determine what actions had been taken by the resource to fulfil the CQC recommendation that the service seeks advice about supporting people, with specialist needs, to engage in meaningful activity.
- Determine the extent of the implementation of the NHS Accessible Information Standard

3. Methodology:

- Engagement with the Manager, staff, residents and relatives
- Examination of relevant documentation
- Observation

4. Introduction:

4.1 The home is located on the Grange Farm Estate in Kesgrave adjacent to the Farmhouse Pub and on the 66-bus route to/from Ipswich.

4.2 On arrival it was noted that the premises are well signposted and easy to find. At the time of arrival there was adequate parking available and there is a covered portico over the front entrance which allows the on and off loading of patients from transport in a dry environment.

4.3 There was a staffed reception desk and pleasant waiting area with tea and coffee facilities inside the front door. Healthwatch posters were evident all around the entrance area. It was noted that the whole of the home was well furnished and odour free.

Second visit:

The Enter & View team were greeted by the Deputy Manager who explained that the General Manager is leaving the home. The deputy manager had applied for and been appointed to the General Manager post.

4.4 Due to a number of recent bereavements the home at the moment has only 57 permanent residents.

4.5 The ground floor accommodates residents with more complex nursing needs in an age range between 30 and 100 years. It has 26 residents with three vacancies, there is also provision for respite care.

4.6 This floor has a dining room, lounge and quiet room and also has direct access to the garden area with seating but no one made use of this during the visit. The Deputy Manager

informed the team that Barchester Healthcare Homes are hoping to build a summer house and a raised fish pond to encourage more people to use the facility.

- 4.7 The first floor 'Memory Lane' is for residents with dementia and has 24 residents, currently there are 14 vacancies.
- 4.8 On the first floor, there is a large balcony with high glass screens where residents have free access. A shed has been placed out on the balcony with seats and tables and three residents and one visitor were making use of the space during the visit.
- 4.9 Second floor: There are seven residents on the top floor which is fully residential with no nursing, there are 11 vacancies. The team visited this floor and were shown empty rooms which are spacious and could be used as bed/sitting rooms. The rooms the team were shown were dark with little natural light due to the design.
- 4.10 Access to all floors is by staircase or lift with keypad security. All the rooms are en-suite and there are assisted bathrooms and toilets on each floor.
- 4.11 The Deputy Manager carries out most of the pre-admission assessments and starts a care plan identifying any individual needs at that point. The care plan is then updated with a full review every month.

5. Impressions

- 5.1 From the start of the first visit, the Deputy Manager who is also the clinical lead, did not appear to know what to expect from the E&V team, it appeared that she had not been fully briefed on the purpose of the visit.

Second visit: During this visit, the preparation for the E&V visit was more ordered and the Deputy Manager had information to hand that she thought the E&V team would need.

- 5.2 During a tour of the ground floor a quiz organized by staff was taking place, but it seemed that only one person was actively involved in answering the questions. The E&V team were advised that flowers donated by a local supermarket would form the basis of an

activity later on. An activity sheet is produced for the residents but it is not in an accessible format. Over lunch a resident asked several times what is happening this afternoon but no one could tell him.

Second visit: The team were shown around by one of three activities organisers.

The team were told that activities at the weekend are offered on the same basis as during the week and that there are three organisers with two being on duty during each day.

The activity for the Sunday morning of the visit was due to start at 11.00. The E&V team were told they did not have a plan of activities for that day and would wait to see who arrived and what they would like to do, probably play some games.

The team were shown the latest craft activity completed which was a small piece of colourful collage. The activities organiser was hoping to put it on the wall but had not done so. She told the team that residents moods were different on each day so she liked to be responsive and ask them rather than offering something fixed.

The team's impression of the resident's lounge where activities took place was that it did not invite residents to come in to investigate activities which might be on offer.

The activity programme was displayed on a small A4 sheet by the reception area but it was not seen elsewhere.

Provider response: Activities are being reviewed currently and the lounge is being transformed with new storage facilities etc. We have sought advice from other homes.

The activity planned for the afternoon of the second visit was a quiz which was the same as the teams last visit. There was no display of previous activities or photos of residents taking part in group activities or wall displays to stimulate discussion for example bird spotting, wish lists, visits from outside groups, plans or adverts for future activities such as a trip to the pub, future shopping outings, perhaps themed meals such as a curry night.

IMPRESSIONS...

“...resident was supported but no conversation/interaction was observed between the carer and the resident...”

5.3 The lounge has a door to the outside but it led to a side path which was a long circuit around the main garden.

Second visit: The doors from the dining area to the garden were open and two visitors sat with resident having coffee. Sufficient shade was provided by a canvas canopy but guy ropes were unmarked and represented a trip hazard on all four corners.

There are no trees to provide shade or visual interest and no paths leading to other areas of interest or alternative seating.

There were no “themed” areas except an old plough set in gravel.

Planting has been chosen for instant colour and summer show for example geraniums and large pots of cannas but these are high maintenance and on the day of the visit looked in need of replacing. Parts of the garden looked neglected and the greenhouse looked unused. Raised beds to enable people in wheelchairs or those with physical disabilities to engage in gardening would be encouraged.

5.4 The E&V team were invited to view the room of a wheelchair user, one of the more active residents on this ground floor. She had chosen the wall colour herself and had personalised the room. The furniture in the room was arranged across the room so the resident had insufficient space to access her dressing table, to go to the window or pass through the glass patio door to the outside in her wheelchair.

5.5 This resident was waiting for activities to commence with the activities coordinator but the activities coordinator was given the task of showing the E&V team around and remained with the E&V team.

5.6 Lunch was observed in the dining area on this unit and comments were heard from one resident about lack of gravy with the cottage pie, lack of flavour with this meal. Another resident commented that the soup was

strange and lacking something.

5.7 A staff member brought a bowl of soup for a resident and then said it was too hot for him to eat and to wait. The soup was left in front of him and he then began eating it independently. When the main meal was brought to this resident a member of staff sat down and began feeding him. She did not rush him but he sometimes struggled with the amount of food she put on his fork. One resident didn't eat any of their fish and chips and another resident commented that she never ate meat or fish but only liked cheese, but this resident was not offered an alternative when her full plate was collected. She did eat all of her dessert.

5.8 It is not clear what choice vegetarians or those on restricted diets have or how these choices and preferences are made and recorded.

5.9 On one of the tables the main courses and the desserts were placed at the same time which caused some confusion.

5.10 Ketchup was given to residents on request but this was in plastic sachets which were difficult to open.

5.11 At the end of lunch, when plates had been cleared away, staff seemed to disappear and left the residents sitting at their tables. Neither staff or residents in the dining area knew what if any activity was planned for the afternoon.

Second visit: The dining room was full to capacity with diners, including some staff members.

The food looked and smelt appetising. The meal was well received by the residents, most did not require support with their meal, some a little help and others had the attention of staff members to encourage and help them, drinks were being served throughout. The E&V team were told by staff members that this level of staffing is not the norm and they often struggle to cope, especially at weekends.

IMPRESSIONS...

“...The E&V team considered that was little evidence of a community feel at Alice Grange...”

Consensus of all those staff spoken to was that staffing levels are a major issue, especially at weekends, but they are all happy with their work with the residents.

The Deputy Manager informed the E&V team that she has recruited more staff who will start after all security checks are completed. This will help ease the situation, although she did say that they are staffed in line with the Barchester Healthcare staffing guidelines, this would appear to be adequate during the times when there was little demand for staff attention but inadequate when staff members have to devote time to one to one caring, removing them from other duties.

The team spoke with five members of staff on this floor, all of whom had completed their Barchester Healthcare mandatory training which includes Level 1 dementia care training. All training is in house training, delivered by Barchester staff.

- 5.12 When the team visited Memory Lane (The Dementia Unit) mid-morning there were three residents sitting in the lounge area, one person was sitting at the table looking at newspapers and the other two were sitting, no staff were present.
- 5.13 While observing lunch on this unit three residents appeared to have already eaten and were sitting in chairs away from the tables. Other residents were still eating but there was very little interaction between staff and residents over lunch.
- 5.14 A relative in the dining room said he always tried to visit at lunchtimes to ensure his wife had enough to eat as he was worried staff were too busy, and also commented that he sometimes had to wait longer than he thought was right for staff to be available to change his wife's incontinence pads.
- 5.15 The team were informed that hostesses offer the residents the menu after breakfast and they are offered the choice of two three course

meals for lunch. This process is repeated for dinner after afternoon tea is served, the E&V team did not witness this. The team were also told that the staff are encouraged to eat meals with the residents but there was no evidence of this happening.

Second visit: This visit centered around the lunchtime experience for residents living on this unit.

There are two dining rooms on this floor, one at each end of the long corridor.

Hot food is brought up from the ground floor kitchen and is kept hot in serving areas.

At lunch time the doors between the two ends of the corridors are closed with digital locks. The E&V team were told that this is to keep the residents in one area so that staff know who had received their food.

Residents were asked if they wished to come to the table or stay in their chair. Those residents who wanted to stay in their chair were given portable tables but these were not always adjusted to correct height for ease of use.

It seemed that residents could wander freely between the two zones at other times.

The team did not see any hydration or food records being made, although this may have taken place at the end of the meal.

Nine residents had lunch in the dining room and the staff were also taking trays to residents who ate in their rooms along the corridor.

The team saw several trays returned with uneaten food which was disposed of.

At the close of lunch time as the team left the dining area, the team observed family visitors helping a resident to eat in their room and one resident lying on their back, possibly asleep with a full tray of food on a table across their bed. No staff member was present.

	At the other end of the Memory Lane corridor were two care assistants and the other activities coordinator plus a hostess. The team were told by staff that there were more staff than usual on duty, especially for a Sunday.		still had the same A4 sheet on her room door saying 'Welcome (her name)' but no further aids to help her identify her room or a photograph.
	The team did not see any residents being asked if they wished to wash their hands before lunch or the offer of cleansing gel.		
	Most residents in the dining room were given a choice of drink but not all.		
	Most residents were given a choice of starter and main and dessert but not all. One resident was offered a bread roll with her lunch but this was not offered to others. The bread offered to the one resident was a large piece of French stick, the resident made no attempt to eat it and it was then taken away. The team were told that this resident likes to eat her food cold so she was given soup, roll, and main course on her table all at the same time.	5.18	The themes of the corridors were not obvious. One corridor was 'glamour' or Hollywood and had black and white posters of early film stars and a costumed shop dummy at one end but no 'destination' or seating area. There was a children's toy pram with two dolls in this corridor.
	The roast chicken or roast salmon lunch looked appetising but the chicken was served as large breast slices, a large ball of stuffing and a large roast potato, which some residents found difficult to manage.		Toy musical instruments and a drum on another shelf nearby plus numerous teddy bears.
	One resident was observed being assisted, staff cut up her food but only after she had waited for some time. Another resident had a plate on her lap and could not cut her food and gravy flowed onto her lap. Another resident was supported but no conversation/interaction was observed between the carer and the resident.	5.19	The 'farm' corridor had pictures of tractors and farm animals but no sensory / tactile items.
	Residents on Memory Lane were shown each meal choice on a plate at the time of serving to help them choose. Explanations were given for example explaining what a prawn cocktail was in response to a question from a resident.	5.20	One corridors theme was motorbikes with pictures but again no sensory / tactile items. A small typewriter was placed in a corner on a tiny desk and a set of old fashioned metal scales on another, these items did not appear to be linked to any other items.
5.16	The E&V team did observe positive interaction between housekeeping and domestic staff with the residents in the corridors and bedrooms.	5.21	There were biscuits on a plate in two corridors, the E&V team were told that the residents like to graze. There were also fruit and snacks on a small mobile trolley for residents. There is no stimulation in rest areas and few places to stop and rest in a very long corridor. The handrail is not continuous which led one resident to become confused whilst the E&V team were present.
5.17	On Memory Lane there were many unnamed doors and those which were named, had photographs too small and too high. A respite resident was observed unable to find her room. During the second visit the E&V team observed that there was no change to her door which	5.22	The balcony door was open but no activities set up outside to tempt residents out. The common room had boxes of new outdoor games arranged on a table but no newspapers, magazines, sensory items or drinks.
		5.23	Objects were placed randomly with little or no connection between them, it did not appear to the E&V team to have been thought through.
		5.24	The E&V team reached the conclusion that the residents should be more involved in the activities offered. Although Alice Grange has been awarded the 10-60-06 award (an internal Barchester Healthcare award). However, there appears to be little dementia awareness in terms of activities and quality of opportunity

for people living with a dementia.

One Activities Coordinator thought she had a good idea of individuals likes and dislikes but was not able to explain how this knowledge would be shared with another staff member if she was not present.

The E&V team did not observe nor were they referred to any activities plans.

Another Activities Coordinator suggested that residents were so changeable she adapted to each one and did not have a set plan. She had a small shoulder bag which she carried from room to room which was her "box of tricks" this contained a few sensory items including a poetry book. When asked about the activity for the afternoon she said she was not sure but thought she might try 'a bit of singing'. She engaged with residents as they passed by, but the team saw no evidence of these sessions having been recorded.

5.25 Although numerous finishing touches had been added since the previous visit the impression was still that the themes were decoration only and did not add materially to the quality of the lived experience of residents.

5.26 The E&V team were pleased to note that some pictorial prompts for bathroom and shower rooms had been added since the last visit but not to all rooms. No memory boxes or visual clues for individual residents had been added.

5.27 Residential unit (top floor) the residents lounge on the top floor was empty and unused during the first visit.

Second visit: On this occasion the E&V team observed that it was well lit, a TV was on with sub titles, two semi completed jigsaws were arranged on a table. There was a display of magazines including a programme for the local theatre. There was also a display of four 'Thank you' letters.

No residents were using the room but one resident was invited to come to speak to the team there. She had not seen the theatre brochure before and on being asked if she ever went to the theatre or was offered the chance

to go the activities coordinator intervened to explain that some pantomime tickets had been booked. This was clearly new to this resident and she was not sure she would be able to make the journey. The resident told the E&V team that she was very happy at the unit, she felt safe and she had been there almost since it opened and although she did visit other floors she preferred to stay in her room. She told the E&V team that she did have a friend on one of the lower floors but thought she had died as she knew someone had died the previous week. The E&V team thought that this was unfortunate that no staff had communicated with this lady to confirm whether or not her friend had died.

5.28 The E&V team considered that was little evidence of a community feel at Alice Grange. Perhaps an Alice Grange community newsletter of some kind may help with this?

5.29 The E&V team were informed that some residents did not always know when to expect their daily personal care. The E&V team considered that individuals should have input into their care plans. If residents do have input, they should be prompted on a regular basis when to expect that care and to check that it still meets their needs.

5.30 The E&V team were aware that training and care planning is based on the Barchester Healthcare approach to these elements. In discussion with some staff, it was evident that many tried hard to personalise care planning.

5.31 There is an awareness that Alice Grange must reach out to and be part of the local community. For example, staff had arranged an Alice Grange stand at a local community fayre to raise the homes profile. Various community groups have been invited to use the rooms at Alice Grange for activities on the understanding that Alice Grange residents can join in. A new craft group is planned on this basis and also a form of community cafe. A local school has forged links with Alice Grange and some of the pupils came to the home regularly to visit.

5.32 All nursing tasks on the top floor are delivered by visiting District Nurses and there is a Nurse Practitioner on call Monday and Friday from

the local GP surgery. One doctor attends Alice Grange on Wednesday and when emergencies arise. The GP practice supporting the home has recently changed from Burlington Rd to Martlesham Heath which is enabling medication reviews and other tasks to be carried out, but none of the local surgeries have space for any more patients. Alice Grange management are talking to the CCG about future residents GP cover.

- 5.33 The E&V team were advised that staff levels at Alice Grange are adequate due to the shortfall of residents but this may not be the case if full occupancy is achieved.
- 5.34 Alice Grange are not using agency staff generally but occasionally the need does arise as on the day of the visit when two carers and one nurse reported in sick. The Deputy Manager is attempting to build up a bank of staff but she is finding it hard to recruit.
- 5.35 There is a key worker system loosely in place but this is still work in progress, the Deputy Manager hopes to have a resident to care staff ratio including nurses of 2:1 eventually.
- 5.36 Deprivation of Liberty Safeguarding (DoLS) assessments and referrals and Lasting Power of Attorney statements are in place for some residents. Some staff were not aware that a new application had to be made when a resident was returned from hospital.
- 5.37 During the E&V visit, one elderly gentleman had a fall in the corridor and couldn't get himself up. The Deputy Manager and two other members of staff went to his assistance and dealt with him quietly and in a dignified manner. Whether the fall was recorded anywhere the team did not observe.

FINDINGS...

“..There is an internal audit file containing audit results but no action appears to be taken to address any shortfalls...”

6. Findings (including NHS Accessible Information Standard)

6.1 Regrettably the management team at Alice Grange, were unaware of the NHS Accessible Information Standard and as a result there was no evidence of practice or procedures to meet the standard, such as communication aids; discussion with residents how they wish to be communicated with, posters and information being supplied to residents or relatives in an accessible format. All notices for residents need to be printed in larger font to comply with the new standard, this was pointed out for particular attention to the menus.

6.2 The building is quite well fitted out with handrails in all corridors, clear exit signs and good signage on communal areas.

6.3 Memory Lane has still to be completed but is a neutral welcoming area with clear signs on resident's doors with name and a photograph of the resident, but this is a modern photograph and may cause confusion to some dementia sufferers who do not recognise themselves now. There are mirrors in each resident's room but it was not noted if they are removable or coverable. All communal area doors on Memory Lane are in a colour different to that of resident's room doors. All fitments in communal bathrooms are of a different colour to the surrounding porcelain ware which is good practice in terms of dementia care. There are nurse call cords in all communal bathrooms and toilets, one was found to be tied up and this was pointed out to staff.

Second visit: Very little has yet changed, but at least the Deputy Manager is now aware of the Accessible Information Standard and is trying to make change happen but she may have a struggle as a lot of the standard does not comply with the Barchester corporate approach to signage for instance.

6.4 The E&V team were concerned over the length of time it took staff to respond to calls during both visits. It is recognised that responses are dependent on what staff were doing at the time, it would put residents mind at rest if there was some way or reassuring them that they had been heard and that a check was made that the resident was not in danger or hurt. It was noted that there were complaints around this issue in the complaints folder.

6.5 The Deputy Manager was asked if the residents are given a handbook and contract. Residents only receive a copy of their contract, they do not have, for reference, a handbook giving information about the home or important operating policies such as the Complaints process.

6.6 Some policies for example the Complaints Policy were deemed to be verbose and inaccessible, that is the font was smaller than point 14. It was noted that complaints are not being dealt with within the given time frame.

Second visit: Changing the Complaints Process had not been addressed.

6.7 There is a senior staff meeting each day at 10:30 to discuss issues. The E&V team saw no record of these meetings. It is not clear whether these meetings take place at weekends when managers are not on duty.

6.8 There is a resident and relative meeting every quarter. These were reported as being poorly attended. Relatives are notified in writing of any changes agreed at these meetings.

6.9 Staff have regular meetings with no management present. From the minutes, there does not appear to be much achieved by these meetings, there did not appear to be many outcomes? The E&V team noted that the minutes from one meeting 22nd June 2016, staff were reminded that the '10-60-06' dementia pilot run in Alice Grange was being

monitored and advised to ensure that fluids and sensory items are in place and the residents memory folders, up to date. The E&V team considered that it should not be necessary to remind staff of what they should be doing if the standards and good quality of care provision was integrated. The audit was carried out but at the time of writing this report the E&V team had not seen audit report.

6.10 There is an internal audit file containing audit results but no action appears to be taken to address any shortfalls.

6.11 The home operates to the guidelines of the College of Occupational Therapists in relation to care of resident's mobility issues. An audit was completed on 3 February 2015 in which all areas are marked as being 'adequate' which means that minimum standards were met. There is no evidence of any improvement from that audit or indeed any further audit having taken place despite the actions being delegated to the Activities team.

6.12 There was a Memory Lane action plan audit on 20 June 2016 with remarks regarding 10 residents such as: no pain care plan; no named key worker; no specific plan for diabetes; no risk assessment on moving and handling. At the time of the second E&V visit there was no evidence that any of these issues had been addressed.

6.13 Alice Grange is taking part in the Barchester Healthcare Dementia pilot 10-60-06, an internal standard within Barchester Homes which focuses on improving quality of provision in the ten key areas of practice listed below. Alice Grange were awarded Good in nine areas and Excellent in the area of 'reducing distress'.

1. Staff training & knowledge
2. Meaningful activities
3. Involving residents and their families in planning
4. Creating an orientating and interesting environment
5. Reducing distress
6. Improving wellbeing (and preventing admission to hospital)
7. Providing help after diagnosis
8. Medication

9. End of life

10. Legislation

6.14 One member of staff told the E&V team that they felt the training was having a positive impact on and changing staff attitudes, making them less task focused. Staff were all enthusiastic about their work and the training offered.

6.15 The E&V team did not have the opportunity to observe any of the residents on Memory Lane engaged in meaningful activity, there was very little one to one interaction with staff.

The home is to begin a monthly dementia café and hopes to develop more community links by inviting people in to use the café.

Second visit: The Deputy Manager assured the E&V team that training now encourages more interaction with the residents and is less task focused. The Dementia Café is open internally only now, but will be opened up to visitors use shortly.

6.17 The E&V team spoke with seven visitors and all of whom were impressed with the treatment that their relatives were receiving. Two of the visitors had family who were close to end of life, they both told the team how caring the staff are and how the staff look after them as well as their relative. The team were also told how well doctors and staff work together on care regimes. One visitor was visiting a friend, which she does weekly, and is due to move in herself within a couple of weeks.

6.18 Those residents that the team spoke with, predominantly those with mental capacity, said they were happy with their lives at Alice Grange. One resident told the team she was very happy; the meals were good but sometimes there were not enough staff about for the people that needed a lot of help.

RECOMMENDATIONS & AREAS OF GOOD PRACTICE...

“..We have regular visits from volunteers that sing and play the piano..”

7. Recommendations and good practice:

Recommendation 1: The E&V team consider that it may be useful for the management team of Alice Grange to access some of the numerous web sites and voluntary organisations that have experience promoting and developing innovative ways of engaging with residents who live with dementia. Whilst the team understanding that the impact of involvement in the dementia pilot is still work in progress, they were disappointed not to see staff supporting residents with complex needs in a more meaningful way. Action that is still to be taken to meet the CQC recommendation that “advice and guidance is to be sought from a reputable source to support individual needs and help people to spend their time in a meaningful and fulfilled way” remains outstanding.

Provider response:

CQC recommendation that “advice and guidance is to be sought from a reputable source to support individual needs and help people to spend their time in a meaningful and fulfilled way”

Our senior team and activity team have spent many days attending, with residents, the local memory cafes supported within our local community. With this information gathering in place we have set up our own memory café with the support of the residents and their families in mind. We have meetings set up with a trainer and representative from ‘Dementia Friends’ and the local Mayor of Ipswich whose wife is living with dementia coming to formally open the café at a date not yet set.

Many of the senior team have taken it upon themselves to personally research aspects of dementia and can evidence learning taken by their own measure to facilitate the care they provide.

Barchesters dementia training is very much focused on the shared care experience and ensuring our residents live in wellbeing. It takes our support teams through the types of dementia, how they usually present and what we can do to recognise and therefore prevent distress. It is an award-winning scheme that we are very proud to have passed and share with our residents on a daily basis.

Additional suggestions regarding activities:

- Activities within the home should be better planned, staff should be proactive as well as reactive to residents to request for an activity. Residents should be involved in planning the programme of activities
- Source more activities from the community, make more contact with community groups. Alice Grange has a bird of prey expert who visits the home, but more visitors would help ensure that there is a greater diversity of activities on offer to residents

Provider response:

Alice Grange is making headway with a great deal of local communities. We currently support, fundraise and offer free office space to a Krissy and Friends; We offer our large activity space Free of charge to a local craft group to enable them to come together and share their joy of crafting with our residents; we are working with Ipswich Hospital NHS trust to provide Christmas presents to those in hospital over the festive season. We also work with St Elizabeths hospice on a regular basis and will be dealing in the future with the rainbow charity supporting children with life limiting conditions. We host regular professionals lunch meetings and the last one brought many people from the local community glad of our offers to help support their business (lists can be evidenced). This summer we attended the Kesgrave local community fayre and offered advice to the local community and are working closely with Kesgrave Council.

We have also grown strong links with the local Tesco that provide our residents with free activity materials and flowers.

- The Residents Contract clearly states that the fees cover ‘Activity Programs’. The program on offer needs to be demonstrable both to fee payers and prospective residents and their families. A scheme folder with a record of group activities and photographs is a useful tool for this, and is also helpful for families to see what their relative has been doing, perhaps a source of conversation?

Provider response:

All residents are now issued with a communication book in their room. We have to be mindful that not all residents are receptive to their relatives knowing the finer details of the activities they undertake or the care they receive. On memory lane or with residents with families responsible for their care we agree that a scheme folder is a good idea. A folder is to be set up detailing what is behind the meaning of the titles we put on the posters. If it says "movement and music" we will detail what is the aim and objective and how we ensure accessibility to all. This will be the case for all activities listed.

Photographs are currently placed on the website and we are placing other photos around the home as detailed above.

- Photographs of staff with names should be displayed in corridors on each floor. Noticeboards on every corridor should have a 'What's On' section so residents know what is going on in the home and in the community
- All notices should be at a height for residents to see, particularly those in wheelchairs.

Provider response:

Completed and all notices are at height for residents to see, particularly those in wheelchairs

Activities coordinators to draw together some form of regular community newsletter with photographs for benefits of residents and relatives for example announcing tickets for the pantomime, welcoming new staff and residents and informing everyone about bereavements. Residents should know when their friends have passed away.

Provider response:

A quarterly newsletter is already raised and sent out to all relatives and residents and left in reception and communal areas for visitors. We must remain mindful of confidentiality with regards to posting deaths but will seek guidance and can see the value of this. New staff are already highlighted on this publication.

- Consider simple regular Alice Grange led clubs for example photography, bird watching, gardening etc.
- Adapt garden to plant ornamental trees for shade and interest and alternative seating areas. Create paths to make a circuit and

offer purposeful walking with no dead ends. Destination areas of interest with displays; for example, pictures of birds for bird spotting. Planting should be adapted to provide winter interest and to attract birds. Consider colourful large covered themed summerhouse seating area. Plan regular accompanied visits to the garden for Memory Lane residents with simple memory themed activities such as helping with pegging out the washing, growing vegetables and flowers in raised planters (flowers that are not only bright, scented and safe perhaps edible too)

- Consider inviting not only care students from local colleges but also other visitors; for example, beauty & massage therapists, aromatherapy practitioners, musicians all of whom might be prepared to volunteer long term.

Provider response:

We are awaiting a visit from a local team of beauty therapists to enable all those living and working and visiting the home to trial treatments and massages. We have regular visits from volunteers that sing and play the piano, PAT dogs and have twice weekly visits from a lady who offers free healing and, for a small charge, reflexology and massage. We have an action plan in place regarding recruiting more volunteers and will be able to update you on this should you visit again.

Recommendation 2: Communication with residents, their families and other agencies needs to be accessible and in line with the accessible information standards. The team would recommend most strongly for the Manager to contact the Barchester Healthcare Homes regional manager to point out the requirements of the NHS Accessible Information Standard. Accessible information training for all staff.

Recommendation 3: The management team should address the complaints procedure. At the time of the visits, investigation following a complaint did not appear to be timely or outcomes / actions recorded. How were complainants made aware of the outcomes? Were they satisfied with the outcome?

Recommendation 4: There is an internal audit file containing audit results but no action appears to be taken to address any shortfalls. It is suggested that this omission is addressed.

Recommendation 5: To ensure that residents with restricted diets due to diabetes for example are offered a range of choices at mealtimes and if a resident is not eating any of their meal, staff time is given to find out why and offer alternatives.

Provider response:

All residents are visited by the Duty Chef on a monthly basis to ensure their dietary needs are being met. This is documented in our Resident of the day file.

Should a diet be or become restricted the kitchen works closely with the care communities to ensure we are following SALT and nutritional guidelines (consent allowing). The heads of the care communities and the chef meet regularly to discuss nutrition within the home and any special requirements are picked up then.

Our care staff and hostessing teams all understand that the menu is guide only and that the resident can choose from an extensive list should there be nothing that day that they would like to eat. Residents are always offered this alternative choice.

Chef is tasked with ensuring a quarterly meeting is held with the residents to discuss food for the season coming up. Records of this meeting will be held in the meeting file.

Recommendation 6: The contract refers to a 'welcome pack' which residents should receive on admission to the home. The E&V team did not see this. If there is in fact no welcome pack giving specific advice about facilities on offer at Alice Grange such as meal times, visiting times, availability of other services such as a hairdresser with times and charges, church or visiting priest, end of life wishes, complaints procedure this should be introduced as soon as possible.

Provider response:

We are currently compiling the appropriate information to put in a welcome pack, and it will be in all new resident's rooms by the end of November

Recommendation 7: The website is generic for Barchester Healthcare Homes nationwide. For local people wishing to look up information about the home and what is on offer there is limited information and few photographs. The photographs which are available are rather misleading with pictures of lunches with wine and gardens and activities at other homes. Applicants and relatives want to know what

life will be like in Alice Grange.

Provider response:

The residents are always offered wine or beer at mealtimes. I have emailed our marketing team to see if we can look at the website.

Good Practice:

- The E&V Team were impressed by the level of end of life care being offered, relatives confirmed this observation.
- It is understood staggered lunchtimes are to be introduced, when implemented this will make a significant difference to staff, enabling them to provide better cover at mealtimes.
- Good career progression. During both visits the E&V team spoke to staff who had joined as care assistants and who had progressed to become activities coordinator, training supervisor, scheme manager, administrator etc. This can bring some advantages in that new staff recruitment from outside can bring fresh ideas and suggestions of good practice.
- Employee of the month scheme with photograph displayed in reception, the team were told both residents & staff can vote. This also promotes good staff morale.
- All staff wear coloured themed polo shirts with name badges.
- Staff called residents by their name and frequently touched them on the shoulder and had eye contact at a residents level.
- All areas clean and well cared for with no apparent outstanding maintenance issues.
- Residents appeared to have their personal care needs well met. They were mostly wearing shoes rather than slippers.
- Food looked nutritious, colourful and appetising with fresh vegetables and two choices at each course.

In summary...

Two separate visits were made to this service by Healthwatch Suffolk (Friday 5th August 2016 and Sunday 4th September 2016).

Key observations of note

- There was little of a homely atmosphere at the home and it had an impersonal character.
- Staff appeared driven by task, with little room for personal interaction that could benefit people's wellbeing.
- Feedback from residents/relatives is mixed with some noting issues of concern and others speaking with praise about their care.
- The team spoke with seven visitors, all of whom were impressed with the treatment their relatives were receiving.
- Residents with mental capacity said they were happy with their lives at Alice Grange.
- It was noted that complaints are not being addressed within the given deadlines outlined in the policy.
- There was a Memory Lane action plan audit in June 2016 with important notes regarding the welfare of ten residents. At the time of the second visit in September, there was no evidence that any of the notes had been addressed.

Activities

- Activity provision was limited and staff/residents appeared unaware of activities planned. The team did not observe, nor were they referred to, any activities plans.
- There appeared to be little dementia awareness in terms of activities and quality of opportunity for people living with a dementia.

Nutrition

- Our team observed that it is not made clear how people can make choices with regard to their nutrition.
- There was little interaction between staff and residents over lunch.
- Some residents appeared to find their meal difficult to manage because of its size, however our team considered the food to appear appetising.

Staffing

- The consensus of all staff spoken to was that staffing levels are a major issue, but they were happy with their work with the residents.
- Staff reported that the level of staffing observed on the visit was not the norm and that they often struggle to cope, especially at weekends.
- The team observed that, on a visit to Memory Lane (the Dementia Unit), no staff were present in the lounge area, where residents were present and able to freely wander.
- The team were concerned about the length of time it took staff to respond to calls during both visits.
- One resident told the team she was very happy but that sometimes there were not enough staff for people who need a lot of help.

Environment

- Our team observed a resident finding it difficult to locate her room. On the second visit no steps had been taken to assist this person to find her door in future.
- The handrail is not continuous which led one resident to become confused whilst our team were visiting.

Accessibility and Communication

- The management team at Alice Grange were unaware of the NHS Accessible Information Standard and as such there was no evidence of practice or procedures to meet it.

PROVIDER FEEDBACK (ON RECEIPT OF DRAFT)

Verbatim, provider comments are included within the text of the report.

HERE TO HELP...

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