

Enter & View Visit Report

Name of Service: Autumn Grange Care Home

Service Address: Linden Road, Creswell, Worksop, S80 4JT

Date of Visit: 20th February 2019

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: Monarch Healthcare

Time of Visit (from/to): 10.30am - 3.00pm

Authorised Representatives (ARs): Shirley Cutts (Lead AR), Brian Cavanagh, Wendy Percy

Healthwatch Responsible Officer: Ruth Beedel Tel: 01773 880786 or Mobile: 07714 258041

2. Description & nature of service

Autumn Grange provides residential and nursing care for the elderly, including those with dementia. The home has 54 beds which are situated on two floors. The ground floor hosts residents who have some level of independence while those living on the first floor are in more advanced stages of dementia. Staff can work on either floor.

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

Healthwatch Derbyshire maintains a statutory responsibility to undertake Enter & View visits to a variety of NHS and social care adult services which receive any income from public funding.

An Enter & View visit is not an inspection but is complementary to the regulatory and quality monitoring work undertaken by the Care Quality Commission. However, whilst Healthwatch has a power of entry to services to undertake Enter & View, only areas that are considered public/communal within a service visited may be legally accessed unless invited to do so otherwise. Further information regarding Enter & View may be obtained from the Healthwatch Derbyshire web-site:

<http://www.healthwatchderbyshire.co.uk/about/about-enter-and-view/>

Healthwatch Derbyshire is responsible for receiving information and feedback from the public about local health and social care organisations and the services they provide. All nominations for Enter & View are scrutinised through the Healthwatch Derbyshire Intelligence and Insight Action Group (IIA) to determine whether an Enter & View is appropriate and would benefit both the service and the provider and/or commissioner of that service.

7. Introduction/orientation to service

On arrival ARs met Jayne Heaton, Regional Manager for Monarch Healthcare 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:

Room 27, which is allocated for end of life care and is currently occupied.

ARs were also advised as to which residents were most suitable to engage with and which staff might be available to talk with 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 were with four residents, two visitors and five staff
- The ARs observed that staff appeared supportive and friendly with the residents, showing a high level of concern and care. The staffing levels seemed to support participation in activities with the residents
- Signage was good, especially in the dementia unit. The corridors were appropriately decorated with good use of colour in the dementia unit
- Information boards were in place on many corridors throughout the home. The displays were clear and informative for both residents and their visitors
- A wide range of activities were advertised on dedicated information boards on each floor. Pictures and words were used as appropriate for the residents
- The outside grounds were attractive and appeared well kept, with plenty of seating available for residents and their visitors.

10. Detailed findings

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

The care home is situated on a housing estate and although there did not appear to be any signage from the main road, the entrance does have a large board with its details displayed.

The building itself, which is of traditional brick and tile, is well maintained and the home has a full-time handyman on site. The entrance has a ramp that allows access for wheelchairs and the entrance doors are wide enough.

The care home is located in a quiet area with no apparent noise or security issues. There did not seem to be any shops near the home and Creswell is some distance away.

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

The home has a large welcome sign on its entrance board and also a smaller one adjacent to the external doors. The foyer/reception area is smartly decorated with an area for seating and a display area for various awards and certificates including the CQC rating for July 2018 ('Good' in all areas).

The team accessed the building without delay and via an internally operated keypad.

One positive feature were texts on the wall in the reception area, and in other parts of the building, that expressed positive messages, for example, "Residents do not live in our workplace, we work in their home."

In addition, there was a video tape playing that sought to inform visitors about the residents, their care and some of the activities that take place in the home. All residents featured had consented to being filmed.

The regional manager, who was working temporarily at the home because the manager was on holiday, and her deputy was out on an assessment, welcomed us.

10.3 Facilities for and involvement with family/friends

Families and friends are welcome to visit at any time. Mealtimes are protected but visitors can eat with their loved one if they wish to. There is a bistro café on the ground floor where residents and their visitors can make drinks and access snacks during the day.

Care plans are reviewed regularly. The ARs were told that relatives are invited to be involved in these reviews, but the visitors that the ARs met had not been involved in such reviews.

The residents' rooms provide privacy, but some are rather small if three or more visitors call at the same time. On the ground floor there is a lounge, but the ARs noted that it was occupied by the majority of residents and was rather crowded (10.4.1). The bistro also offers some space and privacy. There is also a 'library' available. The ARs noted that the seating in this room was not suitable for many of the residents.

On the first floor there are two lounges available. The ARs observed that one was occupied by many of the residents, while the other provides space for some privacy and solitude if required.

Some residents have their own mobile phones and tablets. One resident has family in Australia who phone regularly.

Dedicated facilities for visitors to stay are not available, but the ARs were assured that provision is made as and when necessary.

10.4 Internal physical environment

10.4.1 Décor, lighting, heating, furnishing & floor coverings

The areas observed by the ARs were well decorated and clean, with one exception (10.4.2). The room dimensions in communal areas were, in the main, of adequate size although the communal lounge was small with little space between armchairs and the possible threat to individuals' personal space.

There are other areas that residents could access, such as the conservatory, but it was accepted that encouraging residents to move from familiar surroundings needs to be tactfully approached.

Both the lighting and the floor coverings were of a good standard with the latter comprising of either carpet or linoleum. No trip hazards were observed.

The furnishings were also of a high standard with no stains observed and designed, with suitable colour schemes, to provide a warm and homely appearance.

10.4.2 Freshness, cleanliness/hygiene & cross infection measures

On the day of the visit the home was clean, tidy and well presented. Cleaning was taking place whilst we were visiting. However, in the communal bathroom there were some issues.

One of the shower rooms on the ground floor had a dirty floor, marks on the tiles and evidence of wheelchair marks. In addition, it was being used as a storage area for a cleaning machine. The same designated room upstairs had wheelchairs being stored. This is not a conducive environment for residents to take an assisted shower. The area manager agreed with our observations and undertook to rectify the situation.

Communal toilets in the building were clean and well stocked and waste/ sanitary bins emptied.

Ventilation was adequate although the conservatory appeared rather cold, but heaters are available and no residents were in the area at the time of the observation.

One hand gel dispenser was observed at the entrance to the home.

10.4.3 Suitability of design to meet needs of residents

The building has wide corridors with handrails and it is possible for two wheelchairs to pass each other with the swing doors open. Individual bedrooms have wide enough doors to facilitate wheelchairs.

ARs believe that directional signs could be placed in strategic areas to indicate the nearest toilet, communal lounge and so on. This would help residents to more easily navigate around the building, particularly those with orientation issues.

Toilets are well placed near to areas such as the communal lounge and light fittings are strategically placed so that residents, with dexterity issues, such as those in wheelchairs, can access them.

As noted above, the main lounge is quite small but residents seemed content in their surroundings and there are other areas that can be accessed.

10.5 Staff support skills & interaction

10.5.1 Staff appearance/presentation

Care staff do not wear uniform but all looked professional. Housekeeping staff do wear a uniform. All staff wear identifying badges which the ARs noted were small and quite difficult to read. The regional manager explained that these comply with Monarch's requirements, but acknowledged the ARs' comments.

The ARs observed that all staff greeted residents by name in a friendly manner.

10.5.2 Affording dignity and respect

The ARs observed that interactions between staff and residents were friendly and caring. Staff appeared to know their residents well and approached them according to their individual needs. Both male and female staff were on duty during the visit.

The ARs spoke to a number of staff who were new to the role of carer. All approached the residents with the dignity and respect shown by the more experienced staff. These staff commented positively about the training provided to prepare and support them in their role.

The staff used appropriate language and were patient in their interactions, allowing time for the residents to understand and respond. They asked residents if they wished to go to specific areas, e.g. the dining room for lunch. They showed respect for the residents' choices, including where they wished to sit for their meals.

The ARs observed that staff were sensitive in their approach to more dependent residents, particularly those who needed help with mobility. They guided them and walked with them at their own pace. Some residents left the dining room during lunch service. The staff gently persuaded them to return, using knowledge of the resident's food preferences.

10.5.3 Calm, empathic approach to care giving

The ARs observed that the staff were patient and gentle. They took their time and did not rush the residents. They were knowledgeable about the residents' needs. When walking with them, they reassured them verbally and with a gentle hand on their shoulder. ARs were given examples of strategies that were used to facilitate calm for specific residents, e.g. one resident responds well to a soothing bubble bath before going to bed.

10.5.4 Attentiveness and pace of care giving

The ARs observed a number of incidents which demonstrated the staff's responsiveness to their residents' needs. These are described below:

- A member of staff asked a resident if they needed the toilet, when the resident said 'no', the carer didn't insist
- One carer encouraged a resident to slow down so that they could avoid bumping into another resident
- When escorting residents to the dining room, they did it at residents' pace, encouraging and guiding them into their preferred place
- They checked what residents had ordered for lunch.

The ARs concluded that staff encourage the residents without rushing them.

10.5.5 Effective communications - alternative/augmentative systems and accessible information

All the doors observed by the ARs had both written and pictorial detail in a suitable size to denote their use. Each bedroom had a picture of the occupant as well as their key staff contact.

On the dementia floor, the doors and surrounds were painted in bright colours to assist the residents and there was also a bus stop sign to offer additional support. Braille signage was not present.

Wi-Fi is available in the building and is used by some of the residents and there is also a hearing loop.

10.6 Residents' physical welfare

10.6.1 Appearance, dress & hygiene

The ARs noted that all residents were appropriately dressed in clothes of their own choosing. One resident was dressed in jeans and a denim jacket, confusing one AR who mistook her for a visitor!

None of the bedrooms have en-suite facilities. The carers told the ARs that residents are able to have a bath or a shower when they wish, any time of the day (10.5.3).

However, the ARs did notice that two of the bathrooms seemed to be used for storage as well for their primary purpose. The floor in one of the bathrooms also appeared dirty. This was raised with the regional manager who agreed with the ARs' comments (see recommendations and 10.4.2).

10.6.2 Nutrition/mealtimes & hydration

There is a dining room available on each floor. They are light and airy and nicely decorated. Both have tables which seat up to four residents. The tables on the ground floor were laid with table cloths, cutlery and condiments. On the first floor the tables were left bare between meal times as residents tended to enter the dining room and remove the objects. Tablecloths and cutlery were provided as mealtime commenced. Lunchtime was 12.30pm to 1.30pm which is seen as protected time. This was observed during the ARs visit.

Most of the residents have their own routine places at the table and were observed interacting with each other, especially on the ground floor. Many of the residents wore clothes protectors which were removed before they left the dining room. If residents prefer to take their meal elsewhere this is respected and facilitated by the staff.

The ARs were told that there is a range of menu options, with a four week menu. The majority of meals are quite traditional, as this is the residents' preference. Theme nights also take place which are enjoyed by the residents.

The ARs observed meals being served from a heated trolley, residents' individual needs and preferences were known and respected by the server. The roast pork dinner being served during the visit looked well cooked and appetising and was nicely presented to the residents. Staff provided assistance to those who required it, showing patience and sensitivity. Drinks were offered prior to eating.

Relatives can join their loved one for meals, plus there is the bistro café, with snacks and drinks available throughout the day.

Staff also provide drinks regularly throughout the day.

10.6.3 Support with general & specialist health needs

The home has a good relationship with their local GP practice. The community matron visits every Monday afternoon and a GP clinic is held every Thursday afternoon. Residents are able to keep their own GP but the majority are now registered with the local practice.

The ARs observed a pharmacist visiting to discuss medications with the support nurse.

A chiropodist visits every six to eight weeks.

10.6.4 Balance of activity & rest

There are three activity co-ordinators who provide a range of organised and individual activities, having a planned weekly programme. Group bingo was just beginning on the ground floor towards the end of the visit.

The ARs observed some individual activities being supported during their visit. Staff and residents on the first floor told the ARs that they particularly enjoyed singing and dancing, finding it both soothing and stimulating.

10.6.5 Ensuring comfort

The home has sufficient seating areas available to enable the residents to choose whether to participate in organised activities or to enjoy some quiet time.

On the first floor there is one lounge which provides familiar equipment for residents to remember work and leisure activities from their past, e.g. imitation building materials, prams and dolls.

The ARs observed that there was a range of seating available to ensure that residents could be comfortable and maintain their independence.

10.6.6 Maximising mobility & sensory capacities

The corridors on both floors are wide enough to facilitate the independent use of wheelchairs around the home. All the corridors have rails.

Many of the residents use walking frames and sticks and many were observed mobilising independently.

On the first floor particular attention has been paid to the use of colour and signage to promote the independent movement of residents in the advanced stage of dementia. This also includes activity boards on the walls which ARs observed being used by residents.

10.7 Residents' physical welfare

10.7.1 Personalisation & personal possessions

Residents are encouraged to personalise their rooms, but this is dependent on the size of the room.

They are also encouraged to pursue their preferred hobbies, e.g. some ladies like knitting and one gentleman likes a bet on the horses.

The home has a dog that has adopted one of the residents and spends all its time with her.

Personal relationships are nurtured. They had one couple who met there and they shared a room.

10.7.2 Choice, control & identity

Residents are encouraged to maintain their independence. There is the option for them to have a key to their own room, but none of the current residents have taken advantage of this choice.

Residents do go out, but not independently. The home is situated in a residential area with facilities a bus or car ride away. Friends and family are supported to provide outings and staff members regularly take out residents. Monarch support this activity by paying for additional vehicle insurance. The ARs observed a staff member going out with a resident. Some residents participate in community activities in surrounding areas.

Smoking is not permitted in the home but there is a designated outside area to support those who do smoke. Alcohol is available for those who enjoy a drink.

All bedrooms are single only. The one larger room has been dedicated specifically for end of life care. The ARs were informed by staff and one visitor that it is quite common for married couples to request separate rooms.

10.7.3 Feeling safe and able to raise concerns/complaints

They have a residents' meeting which is advertised on the board and the minutes are also posted there. The majority of those who attend are the downstairs residents. Families are also invited, but one of the visitors who the ARs spoke to was not aware of the meetings. The meeting is facilitated by one of the activity co-ordinators.

Residents are confident that they can also tell a member of staff or the manager of any concerns.

The ARs observed that there appears to be a relaxed and friendly atmosphere with staff and residents interacting freely.

10.7.4 Structured and unstructured activities/stimulation

Activities are provided on a daily basis within the home. There are notice boards on each floor which provide information about each day's activities during that week. There is a different programme of events for ground floor and first floor residents which reflects their very different needs and abilities.

Most of the residents on the ground floor look forward to attending the activities, with bingo being a particular favourite. ARs observed some residents on the first floor enjoying the attention of a manicurist, while others were using the activity boards which are attached to the walls and one was moving the foam bricks from one lounge onto the corridor.

The three activity co-ordinators also include specialist therapeutic activities in the programme, such as light exercises, reminiscing, skittles and board games.

Internet access is available throughout the home. ARs observed at least one resident accessing the internet via a tablet. Access is password protected for staff.

10.7.5 Cultural, religious/spiritual needs

There are no organised church services within the care home but the Salvation Army frequently visit and conduct readings, prayers and music.

Residents have the choice to attend services outside of the home and relatives/carers will assist in this.

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

The gardens are well laid out around the home and are partly adjacent to some open space. At the back there are fences surrounding the garden and exit points are secure with keypads. There is a mixture of grass and paved areas with ample seating and well laid out beds with plants and shrubs. There is a gazebo and raised fish pond which is adequately protected.

Overall, the grounds, despite it being the low season, were attractive.

One former resident was active in the garden but there is little interest by the current residents and the area is maintained by the handyman.

11. Additional issues

11.1 Comparisons with previous Healthwatch visit(s) where applicable

No previous visits recorded.

11.2 Comparisons with the most recent CQC report

The ARs' findings were generally in line with those of the CQC at the inspection carried out in April 2018. Where there appeared to have been recent concerns before and during the Healthwatch Derbyshire visit, these have been or are being addressed.

12. Elements of observed/reported good practice

- Staff appear supportive and friendly showing a high level of concern for the residents
- Staffing levels support participation in activities with residents
- Signage is generally good, especially in the dementia unit
- Corridors are appropriately decorated, with good use of colour in the dementia unit
- Information boards are clear and informative for residents and visitors
- A wide range of activities are provided
- The outside grounds are attractive and well kept, with plenty of seating areas.

13. Recommendations

- The unsuitable use of the bathrooms for storage needs to be addressed
- Staff need to ensure that bathrooms are cleaned between each use, taking particular care when wheelchairs have been used
- Consider the use of more directional signs on the corridors
- Consider the design of staff name badges
- Continue to encourage residents on the ground floor to make more use of the alternative seating areas.

14. Service provider response

(This is to be returned to Healthwatch Derbyshire **no more than 20 working days** from receipt of this draft report. The response may correct any factual inaccuracies that may have occurred and/or bring to light any significant factors relating to the report content that the provider would wish to add. **The response must also include a brief but clear “action plan” in relation to each recommendation made.**

No.	Recommendation	Response from provider
14.1	To address the use of bathrooms as storage space	This was recognised at the time of the visit, and all staff have been made aware that this is not a store room but a place for the resident to enjoy their time when bathing.
14.2	To ensure that bathrooms are cleaned between each use, taking particular care when wheelchairs have been used	Discussed with house-keeper and now resolved
14.3	To consider the use of more directional signs on the corridors	There is signage in all areas and all visitors and MDT are able to comfortably move around the home and are aware of all areas.
14.4	To consider the design of staff name badges to make them easier to read	As a group we feel our badges are safe and able to be read. Staff are also encouraged to wear bright coloured flowers with their

		names on especially in the use of dementia.
14.5	To continue to encourage residents on the ground floor to make more use of the alternative seating areas	We are looking at making the far dining area into a lounge diner, also encouraging residents to use the conservatory.