



Enter and View Report Holcroft Grange Care Home

Visit: 23rd March 2016

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Background

What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services.

What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, 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 (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Warrington has safeguarding policies in place which identify the correct procedure to be taken.

Disclaimer

Please note that this report relates to the findings observed on the specific dates set out below. This report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Acknowledgements

Healthwatch Warrington would like to thank the staff, in particular Jenny Smith, for taking the time to show the team round and answering questions.

Background and Purpose of the visits

Healthwatch Warrington was requested by Warrington Council Adult Social Services to conduct the visit as a refresh of intelligence. The setting had not received a visit from any agency for some time.

Details of the Visit

Location

Holcroft Grange, Jackson Avenue, Culcheth, Warrington

Date/Time

23rd March 2016 at 11:00am

Panel Members

Catherine Bamber- Healthwatch Warrington, Enter and View Panel Member

Hilary Mercer- Healthwatch Warrington, Enter and View Panel Member

Pat Taylor- Healthwatch Warrington, Enter and View Panel Member

Provider Service Staff

Jenny Smith, Team Leader

Details of the Service

Holcroft Grange is a 40 bedded residential care home owned by CLS Care Service. It is a residential Care Home and is run on a Not for Profit basis - it is an Industrial & Provident Society (No. IP27346R), a company limited by guarantee with charitable status.

Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington E&V Consultant and some text has been formatted to allow for easy reading; however the essential facts of the team's reports have not been altered.

Observations from the Visit

First impressions

Holcroft Grange is situated almost in the centre of Culcheth, near to the Doctor's Surgery, Post Office, park, shops etc. Approach is via a side road. There is very limited parking onsite but there are two free car parks a short walk away in the village centre. There are no disabled spaces in Holcroft Grange's car park nor a drop off area for those with limited mobility or needing ambulance etc. The cars are screened from the home by clever landscaping making the residents' outlook much more pleasant. There is a two storey house to the side of the building which is currently used for storage and has several cars parked in front of it in a rather haphazard way.

The home is clearly signed and there is a welcome sign at the ramped front entrance, which has rails for those that might need them. Access is via a key pad for staff and those with the code and a push bell for visitors. The front entrance which is rather uninspiring, is brightened up by several plant pots. The initial reception area is small but welcoming, the team were taken through to a larger reception area which was warm and nicely decorated.

Those who used their satellite navigation to find the home didn't fare well, and on ringing the home, the staff in the office at the time were unable to give directions "as they were not local".

When the team arrived, the door was answered quickly and were warmly welcomed to enter where there was a visitor's book to fill in.

Access

On entering the team were met with a pleasant hum of noise coming from one of the lounges, there is a counter with the visitors book behind which members of staff are visible, acting as a first point of contact for visitors and keeping a watchful eye on comings and goings. There was a clearly signed post-box for feedback forms and an eye catching display of Easter Bonnets as well as information on C L S Care Services Group who own the home. There are two easy chairs for visitors to use and just through the door into the next area a notice board with information on the home and how to make a complaint etc. The décor was pretty and restful with plenty of natural light and felt very welcoming.

Staffing & Leadership

There are 40 rooms at ground floor level, single occupancy, each with a sink. 4 rooms are en-suite, currently 38 are occupied, age range 69- 100 years. The two vacancies were going to be filled straight away.

Staffing consists of two care assistants on duty 8am-3pm and 3pm-10pm and a senior carer 8am-8pm. There is also a team leader as required and a senior team leader who works Monday -Friday. During the night there is a team leader and a carer on duty from 10pm -8am. There are four people in the management team.

Agency staff are used when necessary but it is mostly the same staff. There is a “hand over note” for agency staff and permanent staff members work alongside agency staff.

The registered manager is Shirley Paton but within CLS she is also the Assistant Head of Services for 4 or 5 other homes, so there is an extra team lead at Holcroft Grange, Jenny Smith, working Monday to Friday (she is often contacted by staff outside these hours by phone as well). Jenny showed the team round and answered all the questions as Shirley was not available on the day of the visit.

Each CLS home also has a Home Services Manager, at Holcroft Grange she inspects the resident’s bedrooms and pulls back any bedding to be changed if it is not up to

the required standards. The domestic team take the chance to spruce up residents rooms while the resident is having their meal whenever possible.

Holcroft Grange's Activity Coordinator has a dual role, working as a carer between 7.30-9.30 then as a very enthusiastic activities coordinator till 3pm each weekday which means she can build up a rapport with the residents and is aware of their physical and mental capabilities from a practical view point.

One staff member the team spoke to had been there 17 years.

Jenny thought they had managed to build a good team over the last two years and as a visitor to the home, the visiting team agree from the interactions seen both between staff and between staff and residents.

The laundry assistant post and the dual care/activity coordinator post indicate the management team are alert to possible issues and concerns and are willing to take a proactive approach before issues developed.

Activities & Leisure

The home has 2 lounge areas, chairs and small two seater sofas set out in small groups. This encourages conversations between residents and visitors and completely removes any institutional feel. There is access to TV and radio but at the time of the visit the TV was switched off with background music playing.

There are two dining rooms with tables for four and a hairdressing room as well as a conservatory which is used as a quiet area. There is a secluded courtyard garden where people can sit outside, access is by 2 small ramps to get over the threshold.

There is a varied activities programme which many residents said they joined in with. Others enjoyed the exercise sessions to music, one group was playing bingo as the team left. There were books available, also radio and TV and CD player in various places throughout the communal areas. One room was converted into a little cinema on occasions by the activities co-ordinator.

The sun room was particularly liked by one resident as her room didn't get the sun and she liked the open aspect and the fact it was quiet. The patio had a table and parasol for use in the summer, plants pots and a bird feeder.

One lady who used a wheelchair had her jigsaw puzzle set up in the conservatory. The courtyard garden was particularly enjoyed by the residents in the warmer months according to Jenny, a new raised bed had recently been installed to allow wheelchair users access and bring plants nearer to people to see.

There were a couple of armchairs and a coffee table in one small space along the corridor allowing a little privacy or time out for quiet conversation with visitors.

Residents are able to get newspapers delivered,

Some residents go out shopping on their own (One very able resident gets the bus into Warrington) and others are accompanied, one resident with a DoLs in place is taken out once a week by staff under the conditions of her DoLs. The home's location is particularly good in allowing easy access to the local shops and park.

The activity coordinator has developed a shop, selling sweets and toiletries. She also organises trips out, residents are accompanied by volunteers and staff on their days off. There is a monthly residents' meeting and a regular newsletter.

Volunteers from the community also come into the home to help with arts and crafts and with the garden, helping to provide links with family and the community.

Well behaved dogs are able to visit with their owners.

A hairdresser visits every Wednesday and Thursday and is very busy, prices are clearly displayed on wall in the hairdressers. The Activity Coordinator offers manicures which are popular.

A "Travelling Wardrobe" poster advertising a visit in near future, Jenny said the residents enjoy the experience and it allows them choice over their own clothes.

Activities at the weekend are less frequent as more family visit than are able to during the week, many also take their relatives out.

Administration

A notice seen on the wall in staff area acts as a reminder to staff: *“Residents don’t live in our workplace, we work in their home”*.

CLS have their own documentation - Life Plan which is currently being reviewed to try to streamline it, the sections have overviews and the front page covers health needs which is used if a resident has to go to hospital.

Residents preferred names are on room doors along with title, important to many of this generation.

There is a residents meeting once a month which family members are invited to attend as well. There is a notice board with a poster that says “My expectation for raising concerns and complaints”, Jenny said complaints brought by families and residents were often dealt with by seniors and would be documented in the residents’ file and communications book, there were very few in the complaints book.

There is a post box in the entrance for feedback forms.

Cleanliness

The home looked clean and tidy with bathrooms and toilets appearing clean. Once residents were up dressed and in the sitting room their rooms were cleaned. The Home Services manager was particularly vigilant, checking each resident’s room. There were no unpleasant odours.

There are four bathrooms/shower/wet rooms, well equipped with relevant mobility aids but without out an institutional feel in the main, created by using large themed pictures on walls, matching coordinating towels on a rail on the wall, pale coloured tiles and walls rather than white. Bathrooms and wet room were spotless.

Residents are offered bath/showers as per their care plan which takes into account their preference regarding frequency and if they have a shower or a bath. Extra baths/showers also get offered based on need. Personal care assistance is given to residents who need help.

Following issues with laundry, a laundry assistant was appointed 1.30-3.30 to reduce problems with clothes going astray and this seems to have worked. Most residents choose what they will wear each day.

Residents input into the décor in communal areas with the manager having the final say regarding safety and cost. The soft furnishings and colour coordination in the communal areas were excellent, practical yet homely in a modern way, it felt like a home not a care home. The furniture in the communal lounge looked comfortable although some residents required an extra cushion to raise the seat.

Residents can bring in small personal items, some have brought in their own bedding and curtains and some families have put up wallpaper for them.

Some rooms looked out onto the pretty more formal garden areas while others had a tidy but rather dull aspect, lacking any sort of focal point if a resident had to spend any length of time in their room. An attempt had been made to make the corridors like streets with street names but this meant it was hard to find the way around as each corridor looked very much like another.

The bedroom door frames were showing some sign of wear and tear which Jenny said the home was aware of and had requested they be painted. An officer from CLS head office conducts regular checks to ensure that decoration, furnishings and equipment are up to standard. The condition of the door frames was identified as needing attention.

All lavatory and bathroom doors were painted pink, they were not very distinctive and if a resident was looking for a toilet in a hurry could be a bit confusing.

The Senior Team Leader had a bottle of hand sanitiser attached to her belt.

Management of Medicines

Most residents are registered with one of the two GP surgeries in the village, there is an arrangement that the main GPs will also see the other patients if they are at the home to avoid any delays.

If a resident requires admission to hospital and has not reached their previous level of function they will often have a period of rehabilitation at Padgate House before they return to Holgate Grange for example, following a fall leading to a fracture femur. Jenny said this worked well.

One recent issue was accessing assistance for a resident who had suddenly become violent at the weekend. Neither the on call GP or Hollins Park staff would come out to see the resident. Single point of access (SPA) wasn't available as it was the weekend and 111 were not able to help, suggesting the home call the police which they were reluctant to do as they felt a medical problem was probably behind the change in behaviour. In the end the resident was prescribed medication over the phone by the on call doctor which allowed them to care for them until they could be seen by an appropriate practitioner. The resident was known to Hollins Park and is being managed successfully again at Holcroft Grange.

Awaiting new paperwork which staff hope will reduce the amount of repetition they feel is in the present system, as well as a new filing cabinet for the one that has broken to keep residents files safe

Health professionals visit as needs dictate, these include, Macmillan Nurses, District Nurses, Community Psychiatric Nurse, Podiatrist (both private & NHS), Physiotherapist (both private & NHS), SALT and Dietician.

Until recently the home had access to a "Cluster nurse". Jenny felt this was extremely beneficial as they don't have registered nurses on site as they are not a nursing home. This has been stopped, although the Thursday GP is still ongoing. Jenny feels it has had a detrimental effect as they are not able get blood pressure readings etc. and importantly advice on how to manage a situation without necessitating a GP visit.

The home also has additional staff for example, Jenny's post as an extra team lead over and above regulation numbers.

Medication kept in secure area to which only certain members of staff have the code. A red tabard is used by the senior giving out medication.

Until recently there had been a visiting pharmacist as part of the cluster trails in Warrington but this had been stopped in Feb this year which Jenny said had been beneficial.

Boots supply the home with the resident's medication and Sam, their pharmacist has been out to do an audit and the home are hoping for more input if possible in the future.

Holcroft Grange team leaders and home management do a medication audit once a week, two staff together for the controlled drugs and on their own for rest of medication. All the medications are kept in a specific room.

One team leader said there was a lot of documentation around medication and you had to sign in several places when certain drugs were given out, which was time consuming and hard work.

Food and Refreshments

Food is cooked onsite and appeared to be of good quality. A written menu is out on display, offering 3 options, the cook will also offer alternatives when residents don't want what is on offer. Picture cards are also available should a resident need help choosing from the menu but no one is using them at the moment. Staff let residents know each day what the options are and collect their preferences.

Residents have their main meal at tea time (4:30pm), snacks are available later. Cold drinks were available laid out on a little table in the lounge. Most residents eat in one of the two dining rooms, although one person eats in their room for preference.

Some are being monitored and are on food and fluid charts and sit on weighing scales and height measures are available for calculating BMIs

When necessary a NHS Speech and Language Therapist and /or Dietician visit. At the time of the visit there weren't any residents who needed help with eating.

Smoking

The residents who wish to smoke use the gazebo area in the courtyard/garden where there is an outside seating area. There is a small ramp either side of the door threshold to allow wheelchair access but which might make it harder for ambulant residents to negotiate independently.

Privacy & Dignity

Holcroft Grange has some permanent male carers giving male residents a choice of the same sex carers. The home is sensitive to female resident's wishes in the same way, though Jenny noted that once the residents have built up a rapport with staff residents often change their mind.

All rooms have a number clearly marked on the door with the person's tile and name they wish to be known by. Titles such as Mr, Mrs and Miss are used. All residents have a washbasin in their room.

Patients care plans are regularly reviewed with residents involved. Family members/representatives are invited to the review. These plans are currently very long documents, CLS is working to develop a condensed version.

Staff were observed knocking on residents' doors and treating them with respect. A member of staff tactfully intervened when a resident inadvertently compromised their privacy in the bathroom and another member of staff discreetly assisted a resident with their mobility when they were having difficulty walking.

Safety & Security

Families visit mainly at the weekend. External doors are always locked so visitors have to be admitted by a staff member before signing in. Whilst visitors are welcome at any time but the home does try to protect mealtimes.

Residents can go out with their visitors, some residents are able to go out on their own.

The home has a Safeguarding policy. There had recently been a safeguarding issue when one resident became violent, Jenny was pleased with the team responsible for the DoLs who visited the day of the request which had been marked urgent. The CQC and the Council Safeguarding team also were involved.

Falls are recorded, an incident report is completed and referred to the Falls Team if a pattern emerges or they are unexplained.

The home has a hoist suitable for lifting a resident from the floor, all team leaders are First Aid trained and make the decision to call an ambulance or get the resident up using the equipment depending on the situation. The fact that they know the resident helps with the decision process.

Excellent bathing equipment was available, bathrooms had been refurbished over last year or so and there is a maintenance man who checks wheelchairs and walking aids for wear and tear.

Discharge

Residents only tend to be discharged if they need hospital care. The home provides end of life care, a current resident is visited by Macmillan nurses.

Staff Training

Jenny who has worked for CLS for 5 years feels they are a good company to work for. CLS has in house trainers but also access to external courses, Jenny had done a supervisory course.

All staff receive a 3 day induction off site before they start, training on site and are mentored before they are allowed to work alone, the time frame will vary depending on what the member of staff needs.

All staff have training in Moving and handling, Safeguarding and Infection Control.

Staff have a staff survey to help the company know about any issues.

There are 3 monthly supervision and mid-term supervisions (they will increase these if they notice someone has issues) done by team leaders and the management team, monthly care team meetings, three monthly staff meetings and yearly appraisals.

Holcroft Grange does have some agency workers doing shifts but in the main they are sent the same people so they know the residents, this helps cover for sickness and holidays and still gives continuity for the residents. If the agency staff is not a regular they try to buddy them up so they are not working on their own.

Summary

One panel member received unsolicited praise for the home when they called into a local shop, the owner's mother had been a resident there until she died and they were full of praise for the home and still support it with regular gifts for fund raising activities.

The home provided a lively and comfortable environment with committed and caring staff

Of concern as an outsider, were the weekend issues the home had in trying to get advice and treatment for the resident whose behaviour became violent. As a residential home they do not have the resources to deal with such occurrences, and indeed are not registered to do so. They however did their utmost to keep the resident in an environment they knew and with staff they knew to minimise the residents stress. If the Hollins Park advice line said they would not put their staff,

presumably better trained in mental health, into the situation how were carers without this training supposed to cope?

Holcroft Grange appeared to be a well led residential home, offering opportunities and activities that residents can participate in while living in an extremely pleasant and welcoming environment.

Recommendations

- 1. To continue to support the activity coordinator and the activity programme to ensure the full range of activities continues**
- 2. To look at differentiating toilets and bathroom areas so they are easily recognisable**
- 3. To ask residents about how they would like the corridors to be painted when the door frames are repainted to make different corridors easier to recognise.**
- 4. To provide a disabled parking space in the car park and a drop off/ambulance area near the front door.**
- 5. Life Plan Documentation is currently very long, CLS to prioritise the review to enable them to be shorter and more accessible.**
- 6. Consult with residents, their representatives and garden volunteers to provide a focal point for those bedrooms with without one.**
- 7. Introduce a system to record minor complaints/issues so that managers could identify and resolve any recurrent problems**

Distribution List

This report has been distributed to the following:

- *Warrington Council, Adult Social Services*
- *Warrington CCG*
- *Care Quality Commission*
- *Healthwatch England*

Appendices

Appendix A

Response from Provider

- In relation to some comments on page 10 you refer to some residents requiring a cushion to raise the seat. These are pressure relief cushions to alleviate pressure areas so that pressure sores do not form. They are prescribed for some of our residents and are not to raise the seat.
- Also as one of your recommendations point 7 says to introduce a complaints system. We already have this in place - file is kept in Home Manager`s office - along with action points completed to address any issues and any complaints or compliments are shared with the staff team.
- Point 2 also comments on to reduce the Life plan documentation - this new documentation is currently being trialled in 5 of our homes with a view to rolling out in June this year.

I find the other recommendations you have suggested useful points which I will take forward - particularly the one about resident`s views from their windows - this had not entered my head at all so thank you for that!

Kind regards

Shirley Paton

Home Manager

