

# healthwatch Cumbria

East Croft Grange Residential Home,  
Workington

6<sup>th</sup> February 2014



your  
**voice**  
**counts**



## Enter & View Report

Healthwatch is the independent consumer champion for health and social care customers and patients in the England.

Healthwatch Cumbria has the statutory right (Health & Social Care Act 2012) to carry out Enter & View visits to health and social care services to gather the views and experiences of customers, patients, families and staff for the purpose of service improvement. Service providers have a duty to respond to our reports and recommendations.

Healthwatch Cumbria will share its findings with Healthwatch England, the Care Quality Commission, Services and the public.

<b>Service:</b>	East Croft Grange Residential Home, Workington
<b>Service Manager:</b>	Ms F Little
<b>Date of Visit:</b>	6 <sup>th</sup> February 2014
<b>Unannounced/announced:</b>	Unannounced visit
<b>Visit Team:</b>	Valerie May, David Day, Gill Jones
<b>Date of last CQC Inspection:</b>	17 <sup>th</sup> August 2013

For more information on Healthwatch Cumbria please visit:

[www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)

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## Introduction

Healthwatch Cumbria has a planned programme of Enter & View visits for 2014/2015, covering a variety of health and social care services operating in the county.

Healthwatch Cumbria is constantly receiving intelligence about a wide variety of health and social care services and the intelligence is used to help to decide where to carry out Enter & View visits. This information includes both concerns and compliments about services. All care home services provided in Cumbria have received a letter from Healthwatch Cumbria through Cumbria County Council explaining the purpose of Healthwatch Cumbria Enter and View visits and advising that a programme was being developed. These letters were sent out prior to the first Enter and View visit taking place.

The current sample of care homes was confirmed at the end of November 2013.

Following this, Healthwatch Cumbria embarked on a further information gathering process in preparation for these visits speaking with stakeholders including CQC, Cumbria County Council and Cumbria Safeguarding Board.

The Enter & View visits took place between 1<sup>st</sup> December 2013 and 28<sup>th</sup> February 2014 and were carried out by an Enter and View Lead (EV L) and a number of Enter and View authorised representatives (EV ARs).

During our visit we talked and listened to the views and experiences of residents, families, friends and staff, and made observations against the following criteria:

- Environment – Fabric & Facilities
- Service Provision and Management
- Nutrition (meals & diet)
- Exercise, Activities & Mobility
- Personal Support & Choice

## **Methodology**

During our Enter & View visit we used a variety of methods to gain an understanding of the service including:

- Oral questioning (using open questioning techniques)
- Informal discussions (using non-leading prompts)
- Observations

We talk to managers, staff, residents and visitors and request information including a menu, staff rota and activities plan. The E&V L ask if there are any sensitivities around particular customer needs on the day of the visit which we need to be aware of i.e. risks, infections, and serious illness. We were advised that there were no specific issues that day.

The Enter & View authorised representatives (EV ARs) observe residents and staff going about their daily tasks. We make observations about the general environment, condition and presentation of the home, support and care received by residents and interactions between staff and residents.

Residents, visitors and staff views and comments are formally recorded anonymously to protect identities. Letters explaining Healthwatch Cumbria and the purpose of the E & V visit are left for families. The letters also include Healthwatch contact details should families wish to raise any concerns or forward compliments about the service.

This report relates to a specific visit carried out during a point in time and therefore is not representative of all service users but acts as a 'snap shot' of daily life within the service.

## **East Croft Grange Residential Home**

East Croft Grange Residential Home is a privately run care home for 31 elderly residents who have physical disabilities in High Harrington near Workington. It is one of the 5 homes owned and operated by Brancaster Care Homes Ltd group. The home is managed by Ms F Little.

For more information on Brancaster Care and East Croft Grange please visit:

[www.eastcroftgrange.co.uk](http://www.eastcroftgrange.co.uk)

Manager: Fran Little

The home has a separate EMI unit which can accommodate 10 residents.

On 6 February 2014, the Healthwatch Enter & View team arrived unannounced and were greeted at the door by the Manager. The team was asked to sign in. The E&V L introduced the EV team in the office and explained Healthwatch and the purpose and methodology of the visit.

## **Environment – Fabric & Facilities**

East Croft Grange is at the end of a long drive and is situated in pleasant grounds with modern housing to front and side of the home. The house itself and the grounds are imposing and well maintained.

We were greeted by the manager who has an office to the side of the entrance with a window to the front of the property. The entrance door is open and sanitizing hand gel is available for public use. There was a notice board with information about a range of activities and a second board displaying the lunchtime menu. There were photos of the care staff with their names written below. However, the writing of the names was rather small as was the writing on staff name badges. An impressive staircase rises from the main entrance hall to the first floor where the residents' bedrooms are located.

The entrance to the lounge is in this same area. There are two large rooms which have a sliding door used to separate them, with a small conservatory to the front (looking to the drive way). One of the rooms has a TV with chairs placed around it in a circle. The other room accommodates 3 armchairs (separate from each other) and a dining table with chairs.

The main dining room is situated behind the main entrance and reached via the rear hallway that leads to the lift and EMI unit. The kitchen is to the rear of the dining room.

We noted that there were a number of possible types of environment for residents to sit in but it appeared that most residents preferred to sit in a familiar place with people they have come to know.

We also noted that there were pictures of residents about the home and also old style pictures of local places that residents may be familiar with.

There was a notice board displaying the day, date, season and weather.

We talked to the maintenance man who told he had worked in the home for 17 years, for eight hours a day. He told us that all maintenance work is requested by the manager. He said he thought the current owners are good – 'spot on' and are investing money in improvements. A new front door and windows are scheduled, as is outside paintwork.

It was explained that the home aims to be part of the local community and staff often fundraise, with some support from residents and families, for the

home, the Alzheimer's Society, Cancer Research and a local animal refuge centre.

The residents are mostly local and the staff feel it has a good reputation in the community.

## **EMI Unit**

The EMI unit is located to the rear of the home, with access via a key pad entrance. The corridor runs in a figure 8 shape and passes a lounge accommodating armchairs in a square layout facing the TV. There are memory boxes with personal photo frames next to each bedroom.

There was a notice board facing the entrance to the EMI Unit showing what activities were available as well as other information and thank you cards. The notice board was overflowing with these items.

It was evident that consideration had been given to recognisable features such as red drinking glasses and colour coded toilet seats, which could be seen and remembered easily. Signage on toilet doors was in 'easy read' format enabling easier identification. The dining room is very bright and airy and sits up to 10 residents at one long table.

This part of the home is relatively newly built and has been planned for residents with dementia allowing continuous walks in contact with the walls.

### **Environment Observations**

<b>Positive Observations</b>
Pleasant grounds available for residents use.
There is a rolling programme of maintenance and improvement work.
Use of recognisable EMI features in the unit.

<b>Improvement Observations/Considerations</b>
The placement of the notice board near the main entrance is away from the main thoroughfare of residents and the volume of information on both boards made them difficult to read.
Consider reviewing the placement of the board and regularly review information posted on it, discarding and renewing as necessary.
Photos and names of care staff are displayed in the entrance hall although the print size is relatively small.
Consider increasing the print size to aid those with impaired vision.

<b>Comments from residents</b>
<i>'Can't replace home but they try to make it as homely as possible'</i>

## **Service Provision and Management**

The EV Lead enquired about the management of the home, and spoke with staff and seniors to gain an insight into operations.

EV AR1 spoke to residents in the main public areas of the home spending time in the hallway and ground floor reception rooms, as well as in the dining room. EV AR2 spent time in the EMI unit. The team spoke to residents, family visitors, staff and also to a visiting Doctor.

### **Staff**

- 4 Staff in the main part of the house - 12 hour shifts
- 2 Staff in EMI
- 3 Night staff (work together throughout the building)
- Laundry and maintenance staff present - Monday to Friday
- Handover time 20 minutes
- Staff use a diary book system for communicating matters
- Rotas' 8-8 shifts, weekends
- Kitchen staff

### **Staff Organisation**

The home has team meetings every few months, and all staff have supervisions every 6 months. We were told that the home does not use agency staff and prefers to find cover from within the team. If a new member of staff is recruited they are on trial to begin with and then offered a position later, if they are suitable.

We were informed that staff got Christmas presents from the owners, and that the senior who came to show us around had been there nearly 9 years.

### **Training**

- Lakes College West Cumbria provided training for NVQ's
- Some joint in house training with another of the group homes plus some outside agency
- DoLs, dementia awareness and 'End of Life' training undertaken
- We were told that for EMI staff no extra qualifications are needed

We spoke to 5 members of staff, the housekeeper, laundry person and domestic all were keen to say that they felt it very worthwhile working in this home and emphasised the fact that they were working in a home that belonged to the residents and so it was important that the residents

possessions and environment was well taken care of. They liked to get to know the residents.

## **Services**

Pre-admission assessments are done prior to any resident being admitted to the home. All care plans and further assessments are done in the first 1-2 weeks, and then the care plans and risk assessments are evaluated monthly.

We were told that the owners visit the home on a regular basis.

Staff were proud that they had introduced a system where every resident had their own bedding which was only used for their own room and that all residents always wore their own clothes. Residents are encouraged to be involved in redecorating choices and to come forward with other ideas.

We were told that an employee from the local pharmacy carries out regular drugs audit.

We were told that the Home has not received any formal complaints, families come straight to the office and speak to staff if they have any queries or concerns.

We were told that any concerns about skin viability are recorded in the accident book or staff call in the district nurse if necessary.

There were nine residents in the EMI Unit, of which one resident was being nursed in bed on the advice of district nurses and the GP. At the time of the E&V visit it appeared that the majority of residents were in their rooms mainly resting/sleeping.

We were informed that there had been a death the week before our visit. We were informed that the normal practice was to deal with death compassionately and sometimes inform residents however, not in all cases, this was to avoid distress for other residents.

We spoke to a visiting GP who was making a house call on a resident they did not know. From our conversation with the GP it appeared that in some cases all residents in a particular home may be registered with the same practice, however there may be several visiting GP's from various practices. This could possibly be a challenge for residential homes in monitoring GP-resident contact. Visits from GP's / Health visitors are recorded in resident files.

## Service Provision and Management observations

### Positive observations

It was noted that staff appeared happy in their work and felt valued by the management.

### Improvement Observations Considerations

Staff appeared to be stretched during the mid-morning period when residents required the toilet.

Give consideration to staffing levels at busier times of the day.

Families are happy to talk directly to staff about any issues that may need resolved.

Consider introducing a Complaints, Compliments and Feedback book so that all issues raised are recorded and used to support improvement activity and staff training.

### Comments from residents, families and staff

A staff member, *'Owners are excellent and are very supportive to manager and staff'*.

A resident said *'We do get some EMI residents on this side - EMI is next door, it should be separate'*.

*'It's alright – quite happy with care'*.

*'I'm happy here. I like my chair in the window. You can do what you want. I play dominos and bingo. I need a Zimmer to get about and use the lift to get upstairs. I like a shower and don't need staff to support my personnel needs'*.

*'Looked after very well here, spot on..... The staff are brilliant with a Capital 'B' .... (On the manager) she's the "Gaffer" she's very good'*.

A staff member said *'It's better when 6 staff are on duty as residents can be demanding, we are pushed when it's only 5'*.

## **Nutrition (meals and diet)**

Each resident is asked mid-morning what they would like for lunch and in the mid-afternoon the residents are asked what evening meal they would like, with individual diets being catered for. In between meals, drinks and biscuits are served and afternoon tea is provided with homemade cakes and biscuits. In the evening staff continue to serve drinks and snacks. Throughout the day drinks are available on demand and we heard that local produce is sourced where possible.

We were also told of a lady who comes to the home for day-care joining the residents for lunch.

Some residents in the EMI Unit choose to eat in their rooms and some require support to eat.

### **Nutrition (food and diet) observations**

<b>Positive Observations</b>
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Staff make good effort to cater for all individual diets.
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<b>Improvement Observations/Considerations</b>
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There was a dining menu available in the front entrance on a notice board for visitors to view.
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Consider also displaying this information nearer to the dining room.
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Consider the use of Easy Read and pictorial guides for the menu to aid residents with impaired vision or understanding.
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<b>Comments from residents, and families</b>
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<i>'A choice of food is offered each day and drinks are available when I ask'.</i>
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<i>'Food is good, I had poached eggs on toast for tea'.</i>
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<i>'Good food'.</i>
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<i>'The meals are very good, gets lots to drink'.</i>
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With regards to mealtimes, <i>'they watch you like a hawk and are quick to help if you've got any problems'.</i>
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<i>'Would give you something different if you wanted it'.</i>
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<i>'I love the food, we are very well fed'.</i>
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## **Exercise, Mobility and Activities**

There are activities listed on a notice board in the entrance but it was not clear if things were happening on a daily basis. The manager told us that her daughter is employed as the activity organiser but she was on holiday at the time of our visit. The Manager told us that some activities have been less successful, for example The Film Club because residents tended to fall sleep. We were told that the visiting conjuror is successful as his show is open to resident families and residents always enjoy the company of children.

We were told that there is a 'pets from home' system in operation.

We were told by one resident that she is allowed to eat in the lounge as she had difficulty in using cutlery and felt embarrassed if eating in the dining room with other residents. The staff accommodated the resident's needs and supported her choice.

Another resident liked attending Workington Community Hospital where she had learned to walk again but was only able to do so for 6 months but had since lost mobility. She 'loved it' and found it beneficial. It was unclear if there were any opportunities to exercise at the home. A second resident said '*someone came but I couldn't manage it*'. We understand that this resident used to go to the hospital (for physiotherapy) and she could manage that.

Several of the residents we spent time with were sitting in the lounge or conservatory, the TV was on but residents did not appear to be watching, the only instigator of conversation was the staff member.

### **Exercise, mobility and activities observations**

<b>Positive Observations</b>
Residents could order their choice of newspapers which were then brought in for them.
Engagement with residents' friends and families e.g. conjuror.
A minibus is available to transport residents.

<b>Improvement Observations/Considerations</b>
An activities board was displayed in the entrance hall but it was not immediately clear as to when the activities took place.
Consider re-locating board to a main thoroughfare for residents and also reviewing how activities are advertised.
Good initiative shown in the trial of a film club which was unfortunately

unsuccessful, however the conjuror did appear to engage residents and attracted visitors.

Consider trying the film club at different times to engage with visitors which could then encourage residents to participate.

It is clear that activities do take place but it was unclear what mobility/exercise opportunities were provided or how mobility was encouraged.

Consider further work with physiotherapists/activities coordinator to explore options to increase physical exercise offered, for example arm chair exercises.

### **Comments from residents, and families**

*'I'm generally happy, have had a trip in the mini bus but didn't go far. Had newspaper which has to be paid for as an extra cost'.*

*A gentleman who has lived at the home for a while –'I'm looked after reasonably well, foods good. If I want anything and it's available they will get it for me'.*

*'I would recommend the home to anyone, loads of people come into visit. I like the food, ham or quiche today, and poached egg for tea'.*

*A resident said 'Have evening activities, sometimes do some 'cooking' in dining room'.*

*A resident said 'Activities? Not any activities in here that I know of'.*

*'We don't do any exercise and we should'.*

*'We had a trip out to Morrison's, they have a café there'.*

*'They have helped me to walk, someone came for exercise but I couldn't manage'.*

*'Loads of people come in and visit'.*

## **Personal Support and Choice**

We were told that all bathing is assisted and staff aim to bath three residents a day if they can.

We observed residents being offered help with their meals and staff encouraging residents to eat a little more.

One of the EV team met a resident who has a problem with her eyesight and who cannot read anymore. She has been asked previously if she would like talking books from the library, but she had not heard any more about it, however staff reported that the resident had declined the offer.

Not all residents took their meals in the main dining room, they chose to eat at the table in the second lounge or in their own rooms.

One lady told us that she has help in both getting up and going to bed. Another resident required a special seat/cushion and she told us that staff have done everything that they could to help her feel more comfortable.

Only one male resident was seen at the time of the visit. The gentleman explained that he felt lonely as he did not have any male companions.

The residents 'keep' their own bedding/laundry.

### **Personal Support and Choice Observations**

<b>Positive Observations</b>
Residents are able to express choice about where they take their meals.
Personalisation of resident bedroom furnishings, which help with the transition of residents coming from their own homes to a care home.

<b>Improvement Observations/Considerations</b>
Staff had tried to support a resident with impaired vision but the suggestions made had not been followed through, staff reported that the resident had declined the offer, the resident reported the offer had not been followed through.
Consider approaching the resident again about this suggestion.

<b>Comments from residents, and families</b>
<i>'It's a good place, mum can be quite difficult, it's warm, she has a nice room, gets personal support and is always clean and tidy. We pop in often, we were given this place by the council, we are kept informed, they ring during the week if anything is on'.</i>
<i>'Can get up any time, I brought my own chair in, I like my feet up'.</i>
<i>'Oh yes I would recommend it'.</i>
<i>A resident said 'I feel lonely as I am the only man here, be good to have someone to talk with'.</i>

## **Summary**

Overall the home shows many positive practices and attitudes, however as noted in this report there is possible scope for improvement in some areas and we would encourage both management and staff to consider these.

Considerations in this report are designed to prompt some discussion about possible improvement activity which would be of benefit to staff, residents and families.

Healthwatch Cumbria would like to thank the staff, residents and visitors from East Grange Residential Home who took part in this Enter & View visit.

## **What do you need to do now?**

In line with the statutory regulations for this work, you now have 5 working days to respond to us if you feel that any aspects of this report are inaccurate. We have provided a response form to help you to do this. If we have not heard from you by 27 May, we will assume that you have accepted the report as an accurate record. If you have requested a change we will get back in touch to discuss this.

Once any changes have been agreed we will send a final version to you on 2<sup>nd</sup> June. You then have 20 days to make a formal response to any of the issues raised in the report. **The deadline for responses is 27th June.**

Finally, we will be publishing all of the reports, together with the responses from each Care Home, and an overarching report summarising all the key findings on our website: [www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)

A copy of this report will be sent to CQC, Cumbria County Council, and any other organisation that requests it.

If you wish to discuss this report with a member of Healthwatch Cumbria please contact us on 01900 607208