



Enter and View Report

Grimsby Grange Care Home

Tuesday 12th September 2017

healthwatch

North East Lincolnshire

Contents

Enter and View Report.....	1
Report Details.....	3
What is Enter and View.....	4
Methodology.....	5
Details of Visit	6
Recommendations.....	8
Service Provider Response	9
Distribution.....	9

Report Details

Address	Second Avenue Grimsby North East Lincolnshire DN33 1NU
Service Provider	Orchard Care Homes.Com Limited
Date of Visit	12 th September 2017
Type of Visit	Announced / Unannounced (See methodology on page 5)
Representatives	Ruth Creasey, Elaine Flower, Freda Smith & Ethna Spindley

Acknowledgements

Healthwatch North East Lincolnshire would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View Programme.

Disclaimer

Please note that this report related to findings observed on the date listed above. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch North East Lincolnshire.

What is Enter and View

Part of the local Healthwatch Programme is to carry out Enter and View visits.

Enter and View visits are conducted by a small team of trained volunteers, who are prepared as “Authorised Representatives” to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

Enter and View is an opportunity for Healthwatch North East Lincolnshire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners

Enter and View visits are carried out as “announced visits,” where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as “unannounced visits.”

Enter and View visits can happen if people tell us there is a problem with a service but equally they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the services first-hand.

Purpose of the Visit

- To engage with service users of the named service and understand how dignity is being respected in the care home environment
- To observe the care provided at this home, looking at a number of key themes; Food & Drink, Safeguarding, Staffing, Personal Care and Medication
- To observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change

Methodology

This visit was an announced/unannounced Enter & View visit.

An announced/unannounced visit is where we send a letter to the care home 6 weeks in advanced of a date we have in mind, letting them know we intend to visit soon. A letter will then be sent approximately one week before the visit date we have and then we will turn up in that week unannounced.

Summary of Findings

- Residents were treated with dignity & respect
- Malodour in carpeted areas
- Some care plans were left unattended
- The home feels very homely and person friendly
- Concerns around laundry service and residents clothing
- All residents appeared clean and well dressed
- Residents are encouraged to have personal items in their room to aid them settle and feel at home.

Details of Visit

Grimsby Grange is a purpose built home in a residential area of Grimsby and was built approximately 10 years ago. It is owned by Orchard Care Ltd and is registered to care for 47 people and is the partner home of the Grimsby Manor care home next door. The registered Manager of both units is Tammy Dennis.

We were accompanied during our visit by Anita Major, Deputy Manager.

The building provides accommodation and facilities over three floors, though at present the upper floor is not in use as there are only 19 residents, all living with Dementia.

There is lift and stair access to all floors, with private, single room en-suite accommodation for each resident.

There is an easily accessed, well laid out rear garden which is enclosed for privacy and safety, although residents have to be accompanied whilst they are outside due to the nature of their condition. To the front of the home there is a generous car park and a covered smoking shelter for use by staff and accompanied residents.

Environment

At the entrance to the home there is an entry control system and in the reception area there is a visitor signing in book and hand sanitiser available to aid infection control. During our visit there was a variety of literature available for visitors. The home felt comfortably warm but there was an obvious malodour of urine in carpeted areas. This was discussed with the manager who will liaise with the domestic staff in an effort to improve the situation.

Each floor has a spacious communal kitchen- dining- lounge area which is light and airy, well- furnished and decorated to feel homely. There is a smaller, quieter lounge off each of each of these overlooking the gardens. We did observe that 4 personal files had been left in one of the quiet rooms which was brought to Anita's attention.

All the corridors were free of obstacles and were nicely decorated with reminiscence type pictures etc. On the ground floor there is a faux post box and post office front to stimulate recognition. Residents' doors are painted in different colours and have numbers and photos to aid identification. Bedrooms and en-suites are spacious and clean. Residents can bring in their own items of furniture and décor to personalise their rooms.

All the bathrooms, toilets and shower rooms have identifying pictures and names. These were spotless and smelled fresh. It was nice to see pictures in bathrooms which make them look homely and less clinical.

There are seating areas and bookshelves in the corridors which again add to being homely and person friendly.

Other areas we visited were the hair salon, clinical room, sluice, laundry and kitchen. We also visited the activity room which is well equipped with a list of planned activities although we did not see any during our visit as it was lunch time. All areas were clean and tidy.

We did identify a broken drawer in an un-occupied room but Anita said it had already been reported for repair.

Food and Drink

During our visit we observed several residents having drinks and one lady having her pudding. Staff were nearby to assist when necessary. There was a pictorial menu on display of the day's meals. Anita, the deputy manager, informed us that snacks and drinks are available between meals. Individual's dietary needs are catered for and the home has been awarded 5 stars for hygiene from the local authority.

Safeguarding, Concerns and Complaints Procedure

Because all residents in the home have Dementia, 19 DoLS have been applied for and 3 have been authorised.

There has been some concern regarding the laundry service and residents clothing going missing. Anita accompanied us to the laundry where the laundry assistant explained that the situation has improved. This may be in part due to the lower number of residents at present and the fact that residents personal clothing is done in the day time, with all other laundry done at night.

The complaints procedure details are displayed in the Reception area.

Staff

Most care staff work 12 hour shifts doing 3 days on and 3 off. There has been a high turnover of staff in the past as the long shifts do deter some people, although Anita has been with the home for 10 years. Staff were wearing identity badges.

There is a constant programme of training for staff via the Orchard World of Learning (OWL), much of it being undertaken in-house and on-line e-learning. We were provided with an up to date staff training matrix covering a host of topics. Upcoming courses include training in incontinence, soft diets and Dementia friends.

Promotion of Privacy, Dignity and Respect

All residents that we saw during our visit appeared clean and well presented. As the laundry management has improved, there have been fewer incidents of residents getting the wrong clothing or missing items. Clothing was protected from soiling during mealtimes where required. Staff dealt with residents in a quiet professional manner and interacted with them constantly.

The home has Dignity Champions whose names and photos are displayed in the entrance area.

Residents are encouraged to have personal items in their room to aid them settle and feel at home.

Recreational Activities

There is a co-ordinator who plans a programme of activities for residents in a well-equipped activity room, although there were none being undertaken during our visit. 2 residents had been taken to Cleethorpes for an outing and returned whilst we were present.

There is a monthly memory café held supported by the Alzheimer's Society and members of family and community are invited to come and discuss issues about Dementia.

Medication and Treatment

The treatment room was kept locked when not in use and Anita explained that, as there are few residents at present, all medication is dispensed from that room on an individual basis. She explained that there is a computerised medicines record system that has replaced the paper based MARS.

Outside health-related personnel visit the home as necessary.

Residents

All residents appeared clean and well dressed. It was difficult to hold a conversation with most due to their dementia status, although one lady was discussing the weather and the forecast of the upcoming strong winds for the following day.

All care plans are reviewed monthly and updated as necessary. Residents who are hospitalised are visited and have their plans updated after 5 days.

Relatives and Friends

Anita explained that few residents get any visitors. One visitor who did talk to us said she did not have any concerns. There was a notice on the outside door advertising

the next relatives meeting, although Tammy said that no-one turned up for the last one.

Recommendations

- Replace carpeted areas with hard surface flooring that can be cleaned and disinfected as necessary to eliminate malodour.
- Care plans to be returned to a secure area and not left un- attended when not in use.

The team would like to thank Tammy and Anita for their welcome and tour of the home.

Service Provider Response

Tammy Dennis (Manager) said: I am very happy with the report.

Distribution

This report has been distributed to the following:

- Healthwatch England
- Care Quality Commission
- Caroline Barley (Contracts manager for HWNEL)
- Julia Wong (Quality Programme Officer CCG)
- Lydia Golby (Lead nurse-quality at the CCG)
- Brett Brown (Contracts manager CCG)
- Angela Tew (CQC Inspection Manager Hull, NEL, & NL)
- www.healthwatchnortheastlincolnshire.co.uk/enter-view