Enter and View Report

OAK GRANGE

Care Home Contact Details: Catherine Campbell, Barchester Oak Grange, Mollington Grange, Parkgate Road, Mollington, Chester CH1 6NP

Date of Visit: July 29th2019

Time of Visit: 14.00

Healthwatch Cheshire Authorised Representatives: Pat Clare, Shani Bernie and Jon Roberts

Staff Present: Catherine Campbell Operations Manager

What is Enter and View?

Healthwatch Cheshire (HWC) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWC represents the consumer voice of those using local health and social services and trades as both Healthwatch Cheshire East and Healthwatch Cheshire West.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health and social care services. Enter and View visits may be conducted if providers invite this, if HWC 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 services 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.

Contact Details: Healthwatch Cheshire, Denton Drive, Northwich, Cheshire, CW9 7LU Tel: 0300 323 0006

1. Description & Nature of Service

Details of home
Group: Barchester Healthcare Ltd

Person in charge: Catherine Campbell, Operations Manager

Local Authority / Social Services: Cheshire West and Chester Council

Type of Service: Care Home with nursing – Privately Owned , Registered for a maximum of 70 Service Users

Registered Care Categories*: Dementia • Old Age • Physical Disability • Younger Adults

Specialist Care Categories: Alzheimer's • Huntington's Disease • Multiple Sclerosis • Parkinson's Disease

Admission Information: Ages 55+.

Single Rooms: 70

Rooms with ensuite WC: 70

Facilities & Services: Day Care • Respite Care • Convalescent Care • Separate Dementia Care Unit • Own Furniture if required • Pets by arrangement • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Bar/Cafe on premises • Residents Kitchenette • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access

Latest CQC Report – the location was subject to CQC inspection in May 2019,

which resulted in a retention of "Good" overall but a reduced rating for "Well led". The previous visit had reported concerns about staffing levels and poor risk assessments regarding skin viability (pressure sores). Concerns about management skills and clinical hours were identified and changes were introduced by the management company.

Website information: The service has its own website indicating the services and accommodation available. It is clear and easy to use and also has information regarding complaint process.

2. Acknowledgements

Healthwatch Cheshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

3. Disclaimer

This report relates to findings gathered on a 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 the residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to Healthwatch Cheshire Representatives at the time of the visit.

4. Purpose of the Visit

- To enable Healthwatch Cheshire Representatives 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
- To enable Healthwatch Cheshire Representatives to observe how the service delivers on the statements it advertises on its website

5. Introduction/Orientation to Service

Oak Grange is primarily a private home. It is managed by Barchester which has 250 such care homes. Respite beds are available for up to 4 weeks stay. The current age range of residents is 58-101 years.
It has 70 en suite rooms, with 59 residents at present.
70% of residents are self-funding.

6. Methodology

Representatives were equipped with various tools to aid the gathering of information. The following techniques were used by the Representatives:

- 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

7. Summary of Key Findings

The Care Home is at the top end of fee range in the area. The overall décor is smart and clean and residents each have large ensuite rooms.

General care of the residents seems good with nutritious meals, good hygiene standards and caring staff. The needs of the residents in the dementia unit were particularly well addressed and a range of stimulating activities available.
Relatives were overall positive about care but one lady did feel that at times, staffs were overstretched which did create some problems.
The operational manager explained that she was not sure how long she would be working at the home which then raises questions about leadership and continuity in the future. The manager and her deputy are both full time administrators since the last CQC visit.
Training has been put in place to address previous concerns about tissue viability and risk management and there are regular meeting with the CCG. The main area of neglect was the garden which could be an asset to the home and is in need of immediate work.

8. Detailed Findings

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

Oak Grange is located behind some small business units off Parkgate Road near the village of Mollington, 2 miles from Chester. It is clearly signed and there is ample parking space.
Public transport is limited which may present problems for staff retention.
There are no community facilities nearby.
There is ample parking in front of the building.
It is a purpose-built facility (2012) but the first impression was given by the neglected gardens, uncut grass and large weeds growing in the car park.
The front door had a bell but was opened automatically. The foyer displayed reports, policies and procedures. Another door led into the main reception area.

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

A visitor would have been struck by the general air of neglect of the gardens and a relative who had taken a family member to sit outside did comment on this. However, on entering the building the reception area was large and bright, there was a separate beverage bay with cakes and biscuits around several tables and a radio playing music. The décor was light and pleasant.

Staff met us and introduced themselves and offered us refreshments
To the other side of the reception was a reception desk with named photographs of key staff above it.
There was a signing in book which we were not asked to use and a notice board listing activities
The present Operations manager (Catherine) welcomed us. She hadn't received the Healthwatch letter so the Authorised Representative (AR) gave her a copy. She had been in post since May, after the last CQC inspection.
The lead AR explained what a Healthwatch visit entailed and Catherine took us to her office as the central area away from the open area where visitors and residents were sitting.

8.3 Facilities for and involvement with family/friends

The care home is divided into four communities each with a different function.
There are 70 beds of which 59 are occupied. There are no double rooms.
Each community has a permanent manager but other staff do rotate. We were shown around each area.
The ground floor houses

- **Jubilee - Residential**
- **Castle Oak -frail elderly**

Respite care is provided on this floor. We were shown an unoccupied room

The first floor is for residents with dementia

- **Olympic (Memory Lane) -nursing and dementia**
- **Terrace -residential dementia (highest occupancy rate)**

There is no restriction on visiting. At the front of the reception area the beverage bay is designed for relatives to use. Families had come to visit relatives that afternoon, some either sitting outside the front of the home, in the garden or in resident's rooms. One relative was asked about communication regarding her relative and she did not raise any issues. Another visitor whose her husband who has been a resident for over three years, had previously been concerned about staffing levels but the manager assured her that levels had and are being increased.

8.4 Internal physical environment

The home was generally in a good state of repair although one bathroom on the ground floor in Jubilee showed signs of poor ventilation with damp marks on the wall maybe caused by it being used for laundry collection.
Each of the four areas had a similar layout with long corridors with bedrooms, bathroom and additional toilet.
All areas appeared to be clean and tidy.

8.4.1 Décor, Lighting, heating, furnishing & floor coverings

The building appeared to be well maintained. All corridors and rooms were carpeted. There were grab rails along the corridor walls. There was no natural light apart from a window at the end of each corridor. There was a mixture of picture styles and flowers were silk or fresh.

The lounges had ample seating and looked comfortable with a TV, radio and lamps. The temperature was pleasant. The dining rooms in each community were attractive with tables laid for the next meal. The floors were covered in a vinyl for ease of cleaning.

Lounge –one of four

8.4.2 Freshness, cleanliness/hygiene & cross infection measures

Apart from some odour in one bathroom the home felt fresh and clean. There were ample hand sanitisers and washing facilities. The separate toilet had hand towels which may be too high for a wheel chair user to access and a mirror that was also positioned quite high.
It was afternoon so no staffs were involved in patient care so we were unable to comment on hygiene.

8.4.3 Suitability of design to meet needs of residents

The facility was purpose built so all rooms were the same size –very large, with ensuite bathrooms designed for those with mobility problems. Alarm cords were in place.
Beds had adjustable positions, height, side rails, etc.

The corridors and doors were wide for wheelchair access and there were handrails along each corridor. However, there were no colour codes to help residents who might be confused
Some residents were bed bound and would be given food in their rooms

All ground floor rooms opened onto the gardens or green areas.
First floor rooms had access to an external sitting area, which had been attractively decorated.

1st floor external seating area

Memory Lane

The Healthwatch team were impressed by the "feel" of the first-floor facilities. The décor and artefacts gave the area a homely look.

8.5 Staff support skills & interaction

There are 65 staff employed which includes bank staff (no agency workers are employed)
The training programme for new staff was outlined with each having a classroom induction week.
All staff are trained in CPR and first aid and there are specialist care roles where staff are given more specific training. We met a "health care practitioner" who was a senior HCA but is now able to administer medicines. Other "development pathways" are also available to staff. E-learning is also available.
The home is supported by staff from the Barchester Group is such areas such as Health and Safety and Hospitality and telephone support is always available
There is a head of section meeting daily at 11 to review and plan.
Each nurse has an overall development plan and retention is encouraged by an employee of the month award and staff profit share scheme
However, there are currently 4 vacancies and the current Operational Manager post may soon become vacant

8.5.1 Staff appearance/presentation

All staff wore name badges. There was a variety of uniforms so staff roles were not easy to identify. Apparently new uniforms will be provided for all staff in September.

8.5.2 Affording dignity and respect/Approach to care giving

All staff seemed to be happy in their roles. Most interactions we observed were on the first floor and residents were involved in activities.
Staff were observed interacting with clients, either to assist with mobility or to reassure residents with dementia about a concern. Staff were positive and

supportive showing appropriate respect and concern and had a calm demeanour. Additionally, one lady in the dementia group enjoyed a little dance to music with a member of staff.

Activities

8.5.3 Effective communications – alternative systems and accessible information

The home has loop hearing system and large forms of printed material, the organisation has printed booklets for young people to help them understand health concerns of residents for example the "visiting grandad's new home" dementia guide.

Dementia guide.

8.6 Physical Welfare

We observed one resident being weighed (in her wheelchair on a roll-on scale.) Most residents on the ground floor were sleeping in their beds.

8.6.1 Appearance, dress & hygiene

All residents seen were clean and tidy.

8.6.2 Nutrition/ mealtimes and hydration

Emphasise is put on home cooking with ingredients sourced locally. The head chef really enjoyed his work and was flexible about his menus. The daily menus were on display. Sherry and wine are offered on a Sunday (and on request on other days)and we saw residents enjoying tea with cake in one of the lounges with attractive china cups. We tested the cakes which were enjoyable

Plates used within the Memory lane area were yellow to encourage eating.
8.6.3 Support with general & specialist health needs/Maximising mobility & sensory capacities
There are no vacancies for nursing staff. GPs in Chester provide medical cover. Other needs (dental, optician, physio etc.) can be accessed.
8.7 Social, emotional and cultural welfare
8.7. 1 Personalisation & personal possessions
Room doors have numbers and names. There has been some effort to personalise door boxes in the dementia floor but this could be improved. We saw pictures and ornaments in rooms. Each room has a drawer with a lock for valuable items.
8.7.2 Choice, control & identity
Some pets are allowed but there were none at the time of visit There are respite beds and these residents may go out for visits Residents can access the grounds. More physically able residents are encouraged to help with light chores.
8.7.3 Feeling safe and able to raise concerns/complaints
The first floor is accessed by coded locks. The ground floor gives open access. 50% of residents have DOLS in place. The policies on display in the foyer gives details of the complaints procedure and contact details for the manager,
8.7.4 Structured and unstructured activities/stimulation
We met the hairdresser who visits twice a week. The care home employs two full time activity co-ordinators. We observed card-making in progress. There is a comprehensive list of weekly activities.

Events calendar

There is a mini-bus for outings and several staff can drive it.
There is a cinema room with a range of films available
The choir is also popular.
The first floor has a "magic table' for interactive stimulus for residents.

8.7.5 Cultural, religious/spiritual needs

A Roman Catholic church from Chester visits regularly but others can be arranged on request.
Two local infant schools and nursery class from Mollington visit regularly.
Some links to University for training. A group helped decorate the 1st floor veranda.
Community groups meet on site.

8.7.6 Gardens – maintenance & design/suitability for use/enjoyment

The gardener has left and a new person has been appointed. The general handyman can do some gardening but he was on holiday. Since all ground floor rooms open onto the gardens and all first floor rooms overlook the gardens, it is a shame that they look so neglected especially in the summer. Some visitors were sitting out and some visitors were pushing wheelchair residents around the garden. Better use could be made of the outside spaces especially on the ground floor where there was no obvious sign of plants or bird feeders outside resident's windows.

View from 1st floor

9. Observations

9.1 Elements of observed / reported good practice

- **Laundry** appeared to be well organised. Clothes were neatly placed on numbered hangers to return to residents. Small numbered bags were provided in each room to prevent items such as socks being misplaced and there was a board in the laundry to note any missing items. Staff volunteered to assist families with naming of their relatives clothing
- **The memory lane** unit had a very warm safe and positive feel. Residents appeared settled and happily wandered about with memorabilia and objects to stimulate and reassure them.
- **Activities**-two enthusiastic co-ordinators (we met Heather) provide a good variety of activities which residents enjoyed.
- **Relatives** were able to make themselves drinks and had areas to sit with their families. They seem to get involved in activities e.g. the choir

Laundry bags

Memory Lane toys

9.2 Other observations / findings of note applicable

N/A

10. Comparisons

10.1 Comparisons of observations against providers website

The lovely gardens on the pictures are now overgrown.

10.2 Comparisons with previous Healthwatch visit (s) where applicable

This provider was previously visited in March 2017. The current report is broadly similar to the previous one.

11. Recommendations

- Make better use of the gardens by providing raised bedding and seed propagators to encourage resident participation.
- Improve areas outside patio doors on ground floor
- Consider a suggestion box with a "you said/we did" board to encourage resident/relative involvement in identifying areas for improvement
- Consider better door identity boxes and signage on first floor

Feedback from Provider of Service

No feedback received prior to publication.