



Stockport Local Involvement Network

The Grange Care Home, Reddish

Enter and View Visit

Thursday 25th February 2010

A report compiled by the Stockport Local
Involvement Network

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What is the Stockport LINK?

The Stockport LINK is a network of groups and individuals from across Stockport coming together to ensure that health and social care services are planned and delivered to meet the needs of the people that use them.

The LINK will:

- **Find out what people like and dislike about health and social care in Stockport.**

We are always here to listen at the LINK Support Office, if you know of a wider health and social care issue in Stockport, let us know. The LINK is proactive in producing questionnaires and feedback forms that are circulated around the Stockport area for a wider balanced view.

- **Suggest ideas to help improve these services and consider specific issues of concern to the community.**

Because the LINK is made up of Stockport residents, these issues and the ideas to help tackle them are being formulated by you and people representing you. The LINK wants to hear about your experience of health and/or social care services in Stockport.

- **Visit premises in Stockport where care is provided or those providing care to Stockport residents.**

This is called Enter & View, and is undertaken by trained LINK members. Authorised LINK members can visit care premises to view the quality of care, write a report and feed back to both the organisation providing the care and the wider public.

- **Work with and influence those who make decisions about new services or existing services to help make them better.**

The LINK has the power to make statutory bodies listen; they are under an obligation to respond to LINK requests and reports within a given amount of time, meaning that the LINK can really make a difference.

- **Be flexible, providing many opportunities and different ways in which you can get involved.**

One of the great things about the LINK is that you can be as involved as much or as little as you like. From being a Core Group member, attending meetings, participating in Enter & View, participating in subgroups or you can simply choose to receive the Newsletter or provide us with your feedback. The choice is up to you.

The Grange Care Home, Reddish

Thursday 25th February 2010

Report from: Stockport LINK Enter & View Team

Visiting Members: Mike Lappin, Peggy Hall, Janet Brown

Report to: LINK Core Group

Report Date: 28th April 2010

Subject: Enter and View Visit

Appendix: Star ratings used by the Care Quality Commission

Introduction

The Grange is a detached care home situated in the Reddish area of Stockport, close to local amenities. The Grange's current owners, Mr Yasin and Mrs Walia, purchased the property in February 2001. The home is registered to provide care for 18 older people.

Number of Residents: Capacity 18, Actual 15

Number of Places with dementia care: 0

Number of Staff: 20- 19 full time and 1 part time (weekends)

Ethnic Make-up 1 Chinese, 14 Caucasian

Purpose of the visit

The Stockport LINK decided it would be a good chance to:

- 1) Check on any progress since the last visit made by the Care Quality Commission.
- 2) The LINK would like to acquaint themselves with the manager and staff of the establishment
- 3) View the quality of care received within the home.

Building and Accommodation

The team were greeted by the Deputy Manager and invited to sign in. The home is not open to non-visitors - a key box was kept in the hall. There was hand cleanser next to the signing in book. There is a small car park.

The initial impression was of a warm and homely place. It is a detached Victorian building converted for this purpose. There was a slight scent of air freshener. It is a little worn in places but this seemed to add to the homeliness of the establishment. Accommodation is available on two floors, with the majority of bedrooms being on the first floor. Access to the bedrooms on the upper floor is by means of stairs, passenger lift or chairlift.

The team were invited into a resident's bedroom which was fit for purpose. She did confirm that this was her choice and a cleaner was present attending to her wash basin. It gave the team an opportunity to see a room, it was small but pleasant, clean and personalised with family photographs. All bedrooms have a commode as there are none en-suite. The decor may need refurbishing, however it is clean.

At present 15 of the 18 resident places were filled. There had been a recent death. Two people had regular respite for part of the day and longer periods were approved when there was capacity.

The team were shown the wet room downstairs and the upstairs bathroom, containing a seat and lifting device. The team felt that the rooms were very good. However, there were cleaning items on the floor in kitchen (mop, bucket & brush). One bathroom was not in use but no reason was given as to why.

Some of the residents use wheelchairs and there is good space in rooms and many doors are marked at wheel height. The dining room was pleasantly set out and there was room at some tables for the wheelchairs with no clutter.

There is a good sized lounge and a conservatory as well as the dining room. There is no separate room apparent for quiet and privacy but Mrs Walia said sometimes the TV could be switched off in the conservatory and this is where people came if an activity in the main room didn't appeal. Residents can use the dining room to speak to family away from others.

Storage may be a problem - the mop and bucket in the kitchen and two vacuum cleaners were stored in the hall under the stairs with some scooter/wheelchairs. There was also a carpet stored in one of the bathrooms.

A health and safety poster was on display.

Resident Engagement

There is good communication between staff and plenty of attention paid to residents. Residents were sat in a circle and were neatly and appropriately dressed with none exhibiting signs of anxiety or stress. Staff members were engaging with them. Several people were sat in the conservatory. The TV was on; one lady was having her nails painted and one having her hair done. It had a friendly feel. During the team's visit a record was put on the player.

There was one smoker who was taken outside by a care assistant when she felt the need and suitably dressed for the weather.

There is a calendar of activities for each day, but some are non-specific, for example, "Take It Easy" and another seemed to be general discussion. A list of regular activities was displayed in the sitting room door; bingo and quizzes and armchair daily exercise (apart from Sunday) were amongst the activities mentioned. Books are also available for residents. The team felt that more variety may have been welcomed. However, residents are taken out on Ring and Ride and a local church has a lively activity programme.

Residents meetings are held, mainly about food. Outings to the pub were arranged also to the Triangle, a local church and tea dances at the Town Hall were also visited. Most outings were on Thursdays. Team members felt that it is a pity that the front garden is mostly tarmaced and there is no garden at the back thus limiting the experience of sitting out in the fine weather.

When asked if people would be able to attend St Mary's, the nearest church, Mrs Walia said no present resident has asked, but it wouldn't be a problem as church members in the past had collected those who wished to go.

The one resident from a minority ethnic background was of Chinese origin, dressed in traditional tunic and trousers; she was clearly happy and greeted Mrs Walia affectionately. Her daughter had preferred that she came here to be near family rather than go to a Chinese home in Manchester and gradually the lady had gained confidence with a few essential English words. We learnt that most residents had previously lived locally and often had a family connection already. All but two residents were regularly visited, and another lady whose daughter lived in South Africa was visited on an annual basis.

Staff

Most staff and residents are local people. The turnover is very low; all current staff are long term. Most leave due to retirement. There are 19 members of staff plus a weekday and a weekend cook. 2 members of staff are trained nurses and 3 are senior care staff. Managers are also trained. There was a student on work experience from the local college there also. No agency staff is used.

Staff have received official training on free schemes at Dialstone Centre and have been trained on respite; dementia and palliative care. There are no apparent problems with staff capacity and training.

**“We had a long and engaging chat with Mr Yasin and Mrs Walia who were very open and co-operating.” -
Enter & View Team member**

Food and Nutrition

A bowl of fresh fruit was on display in the kitchen and is offered as a dessert. The cook is untrained but has been there three years. Meat is served every day with fish on Fridays. The menu displayed two options for main meals. No pre-packaged meals are served and menus appear to be repetitive. However, the team were told that different ones have been tried but the residents always go back to the old ones.

The dining room is clean and tidy, the team did not see meals being served but the tables are made up and inviting.

There is no visiting dietician but there is regular monitoring of intake with special attention paid to poor eaters and those who are diabetic. Residents' weights are monitored monthly and if there is a problem they are weighed weekly. Dietary advice is taken from Stepping Hill via the GPs and district nurses. This is entered into the residents care plans. Residents' state of hydration is understood and drinks are supplied at regular intervals.

The team were told that on special occasions Chinese and Indian meals are served and well received. On the rare occasion that a resident does not want any of the options offered they are offered something on toast and are always offered an alternative.

It was observed that the cook wore no hair covering.

General Support

The manager was a little unhappy when we asked to see a care plan until the team made it clear we were not concerned with personal details. The one the team saw was neatly and legibly presented with a good picture of the resident with enough background to be useful.

As stated, staff are trained in palliative care but this is a residential care home catering for older people with no major health problems. They have strong concerns about hospital admission and discharge. For example, lack of information, lost documents and hospital staff not following the discharge policy. Also, bed sores are found on returning residents. When residents were admitted to Stepping Hill, most of the time the transfer note that the home provided was lost and hospital staff would then call the home for information. When discharged it was their experience that a discharge note was never sent which could cause problems and residents often came home in the wrong clothes with dressing gowns missing and on occasion without aids. Recently a lady had been sent back with the wrong medication. Complaints were not taken seriously by the hospital.

The manager was not aware of the Dignity in Care Campaign but showed a keen interest to sign up and information will be sent to the home.

Residents were encouraged to keep their own GP but often this had not been possible as they had been unwilling to visit. One GP has attended a resident and claimed that marks on her skin were burns. Closer observation by a member of staff showed in fact they were insect bites and the GP refused to come again and an ambulance was called. A week long hospital stay was needed.

Respite care is catered for as is convalescence. Two regular visitors come during the afternoons, one of whom also has longer respite stays.

Both managers felt that the health services could often be more helpful to their residents. For example their residents who are diabetic - who ought not to have to pay for podiatry - did not get their treatment free but had to pay along with the others. A podiatrist from Heaton Moor attended. Half the residents prefer a bath.

Mrs Walia noted that it had been a difficult and time consuming task to get residents continence needs attended to. Finally, all who needed continence pads had them but it had been a struggle.

On wider social issues, she noted that "Ring and Ride" with which all residents were registered remained inflexible about crossing boundaries. For example, she had

wished the residents could be taken to Woodford as there is a garden centre there which she knew they would like but was told it wasn't possible. The team promised to pass this onto the relevant agency and and let them know if they get a result.

“I did feel that these weren't moans - that the owners genuinely felt for their residents and wanted the best for them.” - Enter & View Team member

Conclusion

The general atmosphere of the home was cosy, homely, warm and friendly. Staff seemed very busy. The manager in particular was very helpful and all staff appeared cheerful. The fact that the staff are all long term lent a sense of stability and continuity. The team felt very strongly that the staff really care for their residents. The home is often used by Stockport Council to pilot new ideas.

The team did all feel that there was some need for more refurbishment though we were told the bedrooms were being redecorated one by one and residents were being consulted. For example, the carpet in the lounge was quite loose and could give rise to falls and equipment not in use should be stored out of sight.

A copy of the home's complaints procedure will be sent to the LINK Support Office.

Recommendations

To The Home

1. Carpet in lounge to be taped down and added to list of jobs to be replaced
2. Equipment not in use to be stored out of sight.
3. We suggest the cook wear a hair covering
4. The LINK and the home to keep in contact with any health & social care issues that may arise.
5. Ask ambulance driver to sign for transfer note given by the home

To The LINK

1. The LINK will send the home information about Dignity in Care.

2. The LINK to refer concern about Ring & Ride not crossing boundaries to Age Concern Stockport.
3. The LINK to note concerns about continence and bedsores.
4. The LINK to refer hospital discharge problems to LINK Discharge Procedures task group.
5. The report will be shared with Gill Frame - Director of Community Health Services, Morag Bardsley - Head of Podiatry and Stockport NHS.
6. The LINK and the home to keep in contact with any health & social care issues that may arise.

The views in this report are of the collective team of Enter & View Representatives who visited The Grange and only apply to the day on which the visit was made.

Stockport LINK 10th March 2010

Appendix 1 – Star Ratings Used by the Care Quality Commission

The Care Quality Commission is the independent regulator of health and social care in England. their aim is to make sure better care is provided for everyone, whether that's in hospital, in care homes, in people's own homes, or elsewhere.

They regulate health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. And, they protect the rights of people detained under the Mental Health Act.

Following a key inspection of a service the Care Quality Commission publish a rating that describes the quality of care it provides.

The ratings scale is:

- 0 stars - poor
- 1 star - adequate
- 2 stars - good
- 3 stars – excellent

Inspection reports include a description of the outcomes that people using services should expect. They use the outcomes in the national minimum standards (NMS).

- When assessing the quality of care services the outcomes allow them to focus on the experiences of people who use services and what's important to them.
- They make judgments about the quality of services against each of the outcome areas. They then use these judgments to work out the overall quality rating for that service.

For more information about ratings or the national minimum standards please visit the Care Quality Commission website: www.cqc.org.uk

Or contact the Stockport LINK Support Team on 0161 477 8479