

Enter and View Report
Lancaster Grange
October 2019



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Visit details

Service Provider Lancaster Grange Care Home (Barchester)

Address Cross Lane, Fernwood, Newark NG23 3NH

CQC Inspection Details

Date August 2019

Rating Inadequate

In October 2019, Healthwatch Nottingham and Nottinghamshire undertook an Enter and View (E&V) visit to Lancaster Grange Care Home, Fernwood, Newark.

The home offers both personal and nursing care, with residential personal care provision on the ground floor, general nursing and specialist dementia care in separate areas on the first floor.

At the time of the visit, there were 43 residents in the home, approximately twenty on the ground floor accommodation. The E&V team were informed that 31 of the residents were self-funded. The home was not full as the management had voluntarily restricted accepting new residents while they completed the work agreed on their action plan to mitigate concerns raised by the recent CQC 'inadequate' rating. The E&V team were informed that staffing levels were still at a level that had been agreed for a full establishment.

The residential manager was available to the E&V team during the visit to answer any queries. All staff made the E&V team welcome and helped us to facilitate interviews.

Along with speaking to residents and relatives the E&V team observed the work of the staff, the interactions between staff and residents, and between staff and relatives. Observations were also done of planned entertainment activities to which relatives were invited in addition to residents.

The E&V team were able to speak with seven residents at the home and five visitors during the two days of the initial visit (8th/9th October) and a further one relative on 13th October and three visitors over the following week. All interviewees were asked questions about their experience of the service provided at the home. All questions, where appropriate, were rated using a five star scale where one is very poor, two is poor, three is okay/satisfactory, four is good and five is very good.

In addition the E&V Team carried out a formal 'environmental' audit (this looks at the physical condition and cleanliness of the home, including areas such as communal bathrooms, dining rooms, lounges, corridors, furnishings and security), the findings of which are reviewed in the following Executive Summary.

The breakdown of interviewees was as follows:	Number	Percentage
Number of service users interviewed	7	44%
Number of relatives/friends interviewed	9	56%
Total number of interviewees	16	100%

Guide to Star Ratings

One is very poor, two is poor, three is okay/satisfactory, four is good and five is very good.



0 - 2.9



3 - 3.9



4 - 5

Executive Summary

Lancaster Grange Care Home was purpose built, about six years old, and in excellent condition. The building was well designed, 'light and airy' with a number of lounges and communal areas. The gardens were well maintained and the provision of an open balcony on the first floor was seen as a great positive by the E&V team, allowing residents to get out into the fresh area when the weather conditions allowed. The level of decoration including pictures and displays of artefacts to stimulate 'memories' was also thought to be excellent by the E&V team.

The manager was very open and helpful to the E&V team, explaining the problems that had been experienced in the recent past at the home, many of which had been recorded in the recent CQC report. It would seem that the home had had problems retaining an experienced manager, efforts to find a suitable replacement had been problematic and the management of staff had been impacted. The Barchester Area Manager had been working at the home in the last couple of months to try to redress these problems together with the current manager who had been in post for slightly less than a month at the time of the E&V visit. However we were informed that significant progress had been made to bring robust management systems back into place and that staff morale had significantly improved. The E&V team appreciated the candid openness, and it was clear that the manager was keen to get feedback from our interviews on the current views of residents and relatives.

Overall the views of residents, relatives and the E&V team observations were positive. It was obvious from comments made that staff morale had improved recently and both residents and relatives were very positive about the quality and professional level of the service provided.

In many interviews the 'professionalism' of the carers was mentioned, that they undertook many 'extra' little jobs to help the residents and that they had maintained their 'commitment' during a period when there were management problems. This was seen as a major positive as there were very few comments raised by relatives regarding moving their relatives to another home because of concerns raised by the CQC report (or their observations about management changes) as the relatives had confidence in the quality of care being provided.

The E&V team observed lunch service on the Sherwood unit, where there was a good rapport between the staff and residents and between the residents themselves. The menu options were good, food well presented, and it was obvious that staff took care that each person was given and allowed to eat as much as they wanted. One person needed help feeding and this was done without patronising them. Another resident was late arriving (had been to the hairdresser) and needed quite a bit of help getting seated at the table and again this was done efficiently. The tables were cleared and kept tidy throughout the meal.

The E&V team observed that not all staff were wearing aprons etc. during the serving of meals and some were wearing jewellery and would question if this was company practise as it could lead to cross infection or possible minor injury.

The activities offered to residents were observed and were found to be well organised and very professional. The home organised regular visits from outside performers, a 'sing along' on one afternoon during our visit appeared to be well enjoyed by all, with staff encouraging residents to participate. The activity coordinator at the home was

‘recognised’ by both residents and relatives during interviews as a ‘huge asset’ to the home both getting residents involved in communal activities and spending time with individuals in their private rooms encouraging them to complete activities that interested them.

During the visit, the E&V team went to the dementia wing and observed a number of residents both walking around the area and others sitting in their rooms but there were no obvious staff representatives visible supervising. This included residents walking into the area where food is served (although the area was clear of any food at the time). The E&V team were in the area for over five minutes waiting for some evidence of supervision. These concerns were communicated to the manager who immediately investigated the situation. Her response was that the nurse was in the treatment room (at the end of that unit) and a carer was with a resident but accepted that staff should be ‘visible’. The E&V team were confident that the manager accepted both the seriousness of our observation and was actively addressing the situation.

A formal ‘environmental observation’ assessment was completed and in all but one area our assessment was ‘good’ with no area needing attention. The overall cleanliness of the home was very high with no odour concerns. A suggested improvement would be to have additional alcohol hand rub dispensers in the communal areas or consider providing staff with small bottles they could carry with them (say attached to their belt).

Although this home has experienced issues in the past the management seemed to be aware of the failings and appeared to be successful in their efforts to improve the situation as is evidenced in our findings.

Findings

Overall Experience - including likes and dislikes



All Respondents



Residents



Visitors

A total number of 16 people were interviewed including seven (44%) residents and nine (56%) visitors (relatives or visiting professionals)

The average rating from the 16 respondents who responded to the first question was four.

The highest given score was five and the lowest was three with the most frequently given score being four.

The overall ratings were high, which were supported in the comments made during the interviews. The residents that we interviewed were particularly positive about both the design, level of maintenance of the buildings and gardens, as well as the level of care provided.

'I am impressed by the willingness of carers to always be offering to help you. They will offer you a cup of tea in the middle night if you cannot sleep.'

Overall comments about the quality of food were positive and the dining areas were described as very pleasant.

The activities provided were much appreciated - *'there is always something going on'* and the activities coordinator was described as *'second to none'*. One resident particularly liked the quizzes, *'they make me think'*. Another appreciated the fact that the activity coordinator visited their room when she decided she didn't want to move to one of the lounges.

We received quite a number of comments, more from relatives, about the problems experienced in the recent past at the home although there was a general view that things *'were getting better'* now.

"About 4 to 5 years ago the home was excellent, things went downhill significantly but now are improving".

We were told that there had been four managers at the home in the last year and this resulted in a higher level of staff turnover. During what was called a *'turbulent'* time by one relative, occasionally bed sheets were not changed, laundry went missing and no activities were provided at weekends. Another relative commented that *'staff went sick'* regularly during this period. Relatives views included an observation that shortages of staff caused problems with the dining areas getting messy as *'pots were not cleared away'* but this was a result of staff prioritising their time to focus on care of the individuals.

The general view from both residents and relatives/visitors were that things had improved recently, helped by the fact that the original, long serving, activities coordinator had returned to work at the home and there had been increases in staff numbers.

There were a significant number of comments especially from relatives that the problems experienced were felt to be due to *'the managers'* and that the carers had always tried their best to provide a quality service to the residents. A relevant comment from a relative was,

'As a whole what has gone on in the home has not impacted on the care given to my relative, morale was at rock bottom but they still carried on for the benefit of the residents'.

The fact that these 'problems' were being addressed successfully seemed to be giving renewed confidence and resulted in the high level of overall scoring.

How caring are the staff?



The average rating from 16 respondents who responded to the question was 4.7.

The highest given score was five and the lowest was four with the most frequently given score being five.

Following on from the comments in the previous section, the E&V team were impressed by the significant level of highly positive comments about the caring abilities of the staff.

Almost every resident we interviewed had positive comments,

'the care home staff are gentle and kind', 'they help with everything, you never have to ask twice'

A relative of a resident living with Dementia said *'the carers were excellent/ brilliant, they have never spoken to my relative in an unacceptable way, the younger carers especially are very thoughtful and kind'*.

Another was very positive,

'they are kind and compassionate, no one is a problem'

In fact, we received little or no negative comments about the staff. A problem about having to wait for a buzzer to be answered was made but this was followed by a view that this was at a time when insufficient staff were on duty.

Dignity and respect of residents



The average rating from 16 respondents who responded to the question was 4.8.

The highest given score was five and the lowest was four with the most frequently given score being five.

Dignity and respect of residents received a very high score from both residents and relatives. We received a number of very positive comments, nothing negative or anything which would raise any concern. This reinforced previous comments about the overall quality of the care being provided.

Typical comments made were as follows,

'they always knock on the door before entering'

'the staff take care to close the curtains as my room faces onto a public road'

'the staff understand what dignity and respect means'

Safety and protection of residents



All Respondents



Residents



Visitors

The average rating from 16 respondents who responded to the question was 4.8.

The highest given score was five and the lowest was four with the most frequently given score being five.

Again a very high overall score was given by both residents and visitors in this area. Our experience while visiting confirmed the high level of security both to enter the home and to get from area to area.

The comment from a resident

'Oh gosh yes, I feel protected and safe with staff'.

A relative thought the dementia floor was very secure. Their relative (resident in that area) had had a couple of falls during their time at the home, the relative had been informed promptly and the situation explained to them to their satisfaction.

Another commented that *'I have not seen anything that would make me feel otherwise [that residents were not protected]'*.

Communication and involvement of residents and family



All Respondents



Residents



Visitors

The average rating from 16 respondents who responded to the question was 4.2.

The highest given score was five and the lowest was four with the most frequently given score being five.

There was a more mixed response from relatives on the question of communication with the home's management. This may not be surprising when recent problems (described earlier in this report) are considered. One resident described a shared view,

'Communication is better than it was a little while ago. Staff are more visible and it is easier to access them which makes communicating with them easier also'.

There was a mixed view about the benefit of the residents meetings, but there was a hope that moving them to a Saturday afternoon may make them easier for more people to attend.

The regular use of email communication was seen as a positive by a number of relatives.

The residents had fewer comments about communication problems having made most of their views about their direct involvement with the staff in their responses to earlier questions.

It appears that not all of the relatives had met with the new manager, but those that had were positive and hoped that she would help improve the communication process.

Of interest is that this question prompted comment about problems getting GP appointments and for relatives to communicate with the GP, however the home were credited with trying to help with this.

A resident commented that they were somewhat confused about what services were included in their care package, for example - would they have to pay extra if an escort was required for a medical appointment? This comment came up again when the question of medical support was discussed (see later).

There were differing responses to a question about knowledge of the residents care plan, one relative stating they were not aware while another had regular reviews with the staff. It was unclear what the standard procedure being followed by the home was.

Making a complaint

Twelve people told us they were confident they knew how to make a complaint. Four people (two residents and two visitors) were not confident about how to make a complaint.

One relative commented that in the recent past they had written to the CQC as they had not received a satisfactory response from the Home. This related to concerns during the period when there was a high turnover of managers at the home (described earlier).

Care of teeth, eyes, feet and ears

When asked the last time dental, hearing, vision and foot care checks had been done the following responses were given:

	Dental	Hearing	Vision	Foot care
Within the last month	1	0	2	1
Within 1-3 months	0	0	1	2
Within 6-12 months	0	0	0	1
Within 1 - 2 years	2	1	2	0
Over 2 years ago	4	2	0	0
Not sure	0	1	0	1
Not answered	0	4	3	3

The home had arranged for opticians to visit recently and provide a chiropodist (at the residents' expense). These services were appreciated by the relatives we spoke to.

Dental help was more varied with four residents not having had a check up in the last two years. It appeared to be the relatives' responsibility to arrange this.

Specific problems were brought to our attention, for example a resident with dementia required help to encourage her to open her mouth to clean her teeth and carers had limited time available to assist.

Generally the home appeared to assist relatives getting GP appointments and getting prescriptions filled. There were a number of problems mentioned to us but they were with the providers of these services and not the home directly.

What would you change?

The comments made by both residents and relatives confirmed the earlier responses. The majority were very positive about the home. There were very few views on possible improvements that could be made.

The atmosphere was said to be '*warm and welcoming*'. The division of the units separating dementia, nursing and residential was thought to work well. Again the important work carried out by the Activities Coordinator was recognised. An interesting comment made was that it was appreciated that the coordinator assisted relatives providing articles and ideas for the relative to communicate with their loved one.

On the negative side, again concerns about the '*poor communication*' between the management and the relatives was raised but it was unclear if this was historical. A particular comment about increases in fees while staffing levels had been reduced was received but again this may have been an historic issue.

Response from Care Home

I would like to thank you and your team for the time you took in our home and all of the staff felt very positive about the visit.

I look forward to the report being published.

Colleen Bennett
General Manager - Lancaster Grange

December 2019

The Project Team

All members of the project team are Enter and View Authorised Representatives. These individuals went through a formal selection process, including the taking up of references, a Disclosure and Barring Service (DBS) check and an interview with a panel of Healthwatch staff. All received training over two days, which covered the role of an Enter and View Authorised Representative and how that would fit in with our rolling programme of visits into care homes, confidentiality, safeguarding, equality and diversity and Dementia Friends awareness.

In addition to the Enter and View Authorised Representative training, all staff and volunteers in the Enter and View project team attended a training session regarding this visit specifically. The session covered the aims and objectives of the visit, contextual information about Lancaster Grange and a review of data collection tools and how to use these. We wanted to prepare our team as much as possible for when they attended Lancaster Grange.

For this visit, our project team was made up of 6 Enter and View Authorised Representatives and the Volunteer Manager.

The Enter and View Authorised Representatives were:

Phil Thomas (Lead)

Cathy Beeley

Kevin Gray

Ludwik Michalek

Andrew Oliver (environmental audit)

Avril Turner

We would like to thank Lancaster Grange for facilitating our visit, all the relatives and visitors who spent time talking to our project team. We would also like to thank the members of the Enter and view Team who carried out this visit.

What is Enter and View?

Enter and View is a power given to local Healthwatch through the Health and Social Care Act 2012. It enables Authorised Representatives of local Healthwatch to go into health and social care premises to see and hear for themselves how services are provided and to collect the views of service users at the point of service delivery. Service providers must allow our authorised representatives entry so long as it doesn't affect their provision of care or the privacy and dignity of people using their service.

Healthwatch Nottingham & Nottinghamshire has this power across the whole remit of health and social care services (with the exception of social care services for children under 18). As residential care facilities are not open to the public, they may not be open to scrutiny as readily as other health and social care services. Using our Enter and View power within residential care facilities could potentially identify services in need of support to improve resident and visitor experience, and therefore provide us with the opportunity to influence quality for people who are likely to be vulnerable and seldom-heard when it comes to expressing their experiences and views of health and social care services.

Our Approach

To identify a suitable residential care facility in which to undertake an Enter and View visit, the following steps are taken:

- All residential care facilities with an overall CQC rating of “Requires Improvement” are shortlisted. Any residential care facilities with an overall rating of “Good” or “Outstanding” are excluded because we feel that we were unlikely to identify any problems relating to service user experience. We also exclude any services with an overall rating of “Inadequate” as we feel that these services would already be subject to ongoing scrutiny from the CQC and local authority.
- We search our database of service experiences for anything shared regarding care homes that may inform our decision. Experiences held on our database are collected through four main channels:
 - Direct methods including Healthwatch engagement activities, our website, telephone and email.
 - Through our online monitoring system which collects evidence from Twitter, blogs and news sites.
 - Patient Opinion, although this data has only been collected since May 2015.
- We look at newly registered homes, or those that have changed ownership recently and may not have been inspected by the CQC yet, or the most recent inspection refers to the previous ownership/workforce
- We liaise with the local authority and CQC care home inspectors who share intelligence with us about potential homes to visit.

Who are Healthwatch Nottingham & Nottinghamshire?

Healthwatch Nottingham & Nottinghamshire is an independent organisation that helps people get the best from local health and social care services. We want to hear about your experiences, whether they are good or bad.

We use this information to bring about changes in how services are designed and delivered, to make them better for everyone.

Why is it important?

You are the expert on the services you use, so you know what is done well and what could be improved.

Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.

How do I get involved?

We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.

You can have your say by:



0115 956 5313



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Join our mailing list

We produce regular newsletters that feature important national health and social care news, as well as updates on local services, consultations and events.

You can sign up to our mailing list by contacting the office by phone, email or by visiting our website.

Become a Healthwatch volunteer

We need enthusiastic volunteers from around the City and County to promote the Healthwatch message, to feed information to and from groups, and help us collect people's experiences. We also need specialist volunteers to help us to assess services through Enter and View and other projects.

Interested? Get in touch and we'll let you know what roles are currently available and what to do next.

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