

Enter and View Visit Report

Provider Name	Coverage Care
Location of Service	Innage Lane, Bridgnorth
Name of Service	Innage Grange

Type of Service	Residential care home, with nursing wing and some day-care
CQC Details	Last inspection Nov 2013. All standards met. http://www.cqc.org.uk/directory/1-131480392
NHS Choices Service Webpage	http://www.nhs.uk/Services/careproviders/Overview/DefaultView.aspx?id=71905

Date of Enter and View Visit	21/02/2014
Time and Duration of Visit	11am to 1pm
Authorised Representatives in Visit Team	<ol style="list-style-type: none"> 1. Vanessa Barrett 2. Gaynor Evans 3. Kate Prescott (Volunteer and Involvement Officer)
Type of Visit	Announced

Purpose of Visit	To explore how the individual's dignity is respected in this care setting, and to identify good practice
Stand-alone visit or Part of a programme of visits	<i>Pilot Visit:</i> A series of visits testing Healthwatch Shropshire's newly developed systems for Enter and View visits, and to build the volunteers' confidence and expertise. Pilot visits are not based on intelligence.

Aim
We aimed to make observations and speak to residents about their experiences of Innage Grange with a particular focus on the practices that promoted the dignity of residents. The visit team chose to visit in the morning in order to interact with



as many of the residents as possible in the active period following the breakfast period and before lunchtime.

Additionally we sought to speak to staff about their understanding of dignity.

Conversations were conducted as informal chats with residents and observations were made as we progressed around Innage Grange. Staff were engaged with at different points during the visit when we encountered them.

Focusing on dignity we strove to speak to residents and staff around the following topics:

- Choice: availability and facilitation
- Personalisation of space
- Promoting independence
- Respect for privacy

Outline of Visit

The team visited between 11am and 1pm on 21 February 2014. We were met by the Nurse Manager on duty. She showed us the layout of the home and then left us to move around freely, speaking to residents and staff as we wished.

The building is purpose-built. There are 52 individual rooms (all en-suite) for residents and including a few beds for respite care and Shropshire Clinical Commissioning Group funded intermediate care (step down beds). These are arranged in units of about 10-15 beds, each with their own kitchenette, dining area, lounge and members of staff dedicated to the unit; around a wide linking corridor, called the Street, serving the whole building. The glass roof of the Street gives a light, airy and pleasant impression on entry. There are small enclosed garden courtyards serving each of these units. There is also a central unit for providing day care services for local people. On the far side of the building, there are a further 31 nursing care beds split into two units, one upstairs and one on the ground floor.

The staff informed us that most residents had some mental health needs, although two of the residential units and one unit of the nursing wing are dedicated dementia units.

The unit upstairs in the nursing section is for general nursing and two of the residential units are for general needs.

Entry to the two units nursing units is secured by keycode-operated doors.

Between them authorised representatives spoke to at least three residents in each unit visited and to five members of staff, throughout the home. We did not approach



residents who had family visitors at the time.

Data

Personalised space:

One resident said they were allowed to display photos etc in their own rooms and could have their own bedlinen and small items of furniture if desired.

Privacy:

Three residents said they felt their privacy was respected. One said she appreciated the en suite facilities.

A phone is available in each dining area for the personal use of residents: we saw this facility in use. Staff told us residents can have their own mobile phone if they wish.

Mechanisms to complain without fear of retribution:

When asked whether they knew how to complain, if they wished to, residents gave various responses. One said they didn't know who the 'boss' was, if they wanted to complain. In every area we saw prominently displayed notices encouraging residents: 'if you see or hear something within your Home that you think isn't right tell a senior member of staff or ring this confidential number'.

Exercising choice:

When we arrived, there were relatively few residents from the residential units in the communal lounge areas; however, by the time we left, just before lunch was to be served, the communal areas were busy with residents who had made their way there. In the nursing section we were told some clients needed to stay in bed for medical reasons.

We heard two staff members talking about whether one resident was likely to want to have her lunch in her own room that day.

A menu for the day was displayed on every dining table and staff informed us residents choose what they wanted off the menu in advance of the meal. We did not observe this in action.

Most residents asked were happy with the options for meals. We observed small groups of residents making their way independently towards the dining tables for lunch in the residential units, including in one of the EMI units there. They made their own choice about where to sit. Staff told us portions are adjusted according to people's preferences.

One resident said their breakfast this morning was not what they had asked for and, when they had rejected it, they were not offered anything else. This person said they had had only a glass of milk since they had first got up to late morning when we met.

Staff awareness of ensuring dignity:

We spoke individually to four care assistants. They each could articulate what they



understood by 'protecting a person's dignity'.

The five staff asked were aware of Dignity Champions in the home, and three told us there were four. One noticeboard was dedicated to dignity and had details about Dignity Champions, with photos of the four members of staff.

One member of staff we spoke to said they were encouraged to interact with the residents. The staff member said respecting privacy, including knocking on doors before entering even if they think the resident is not there, was strongly reinforced by the home's management.

We observed one unstable resident being helped out of a chair and encouraged to use a zimmer frame, which was done with great patience and a very pleasant attitude. A new arrival, whose behaviour indicated they were distressed, was being supported by one member of staff, while a second care assistant was hovering discreetly, observing whether the situation was likely to escalate.

Residents' Appearance:

Two residents indicated they do not always get their own (named) clothes returned. Staff told us they get to know the clothes of their residents in their units, and usually people get their own clothes returned to their own rooms.

One resident on the EMI unit was dressed in clothes that did not appear to fit well.

It was observed that the majority of residents were well turned-out, some wearing jewellery: indicating time and care had been taken. Their hair and nails were tidy and clean.

Additional Findings:

Activities

There is an Activities Coordinator employed. During the visit the Activities Coordinator was conducting an activity as part of the day-care; staff told us it was attended by residents and non-residents. We observed good rapport between the Activities Coordinator and those attending the activity. He was delivering an activity in a day-care room: from their body language, it was clear that the people present were engaged with it. The day-care facilities consist of two rooms, a kitchen/dining room and a 'living room'; the Nurse Manager told us the day-care kitchen is sometimes used for baking under the supervision of the Activities Coordinator.

There is a small hairdressing salon. At the start of the visit there were two people having their hair done, and one waiting outside for her turn.

There was a trolley, in the main corridor, with various books and novels. There was a shelf of books in the one of the day-care rooms and DVDs were available in another shared area.

In the main, shared, lounge of the home we saw a notice board with photos from



special events (appearing to involve most of the residents), including photos of a resident's 101st birthday and from a 'dignit-tea' morning event designed to promote respect for people's dignity. The Nurse Manager told us that they have requested the finance to install a projector in the main lounge in order to have 'Cinema Events' in the future.

Staff told us the Roman Catholic priest attended regularly to offer communion and the Church of England vicar holds a service every month.

Music was playing in the nursing EMI unit and staff were trying to engage two residents with dominoes there. As we left this unit a care assistant was dancing with one resident.

One member of staff said they were trained in the 'Butterfly approach' to dementia care, encouraging residents to engage with activities.

Food and hydration

One resident said that the menu had been more varied when the food was purchased locally; it is now instead purchased centrally by the management group. Staff informed us that menus are changed on a seasonal basis.

One staff member said they were aware of those residents who needed help to eat at mealtimes.

We observed only a few glasses of water or cups of fluids during the time we visited, although we did observe a few individuals being offered drinks: one in a residential unit and three in the EMI nursing unit. We were told by staff that many hospital admissions from homes are because of hydration problems and that staff are very aware of the need to ensure residents are encouraged to drink.

Additional Points

- The building was light, airy and pleasant. The visit team felt the care home to have a relaxed atmosphere.
- Staff were observed to be present in all areas visited. They were busy, but involved and friendly.
- Residents who were mobile were free to move about unaccompanied.
- Out of 10 residents asked most were complimentary about, and satisfied with, their care and the facilities in the home.
- There was up-to-date information about adult safeguarding observed on noticeboards.
- Three members of staff were spontaneously complimentary about Coverage



Care as an organisation to work for.

- We observed a nurse who had noticed a resident's foot was in a difficult position. The nurse took time from what she was doing to talk gently to the resident and move her foot to a safer position.
- We heard one call bell answered within about 30 seconds of first sounding. Two residents said staff respond quickly to requests for help. Representatives were invited by a resident to enter her room and talk with her; there was a call bell on her bed which she said she could reach, however representatives were concerned that she would have experienced difficulty in doing so. We were informed by the resident that there is a call bell in the en suite bathroom.
- One resident told us they had been woken up at 5am this morning and required to get dressed and go to the communal lounge. In line with our duty this has been followed up with the Deprivation of Liberties team, and also Safeguarding, who have told us there is no issue to take forward.

Key Findings

The visit team noted the amount and diversity of activities available to residents, from the books, DVDs and Hair Salon that residents could independently access, to organised activities such as the day-care and the 'dignit-tea' party, to the use of music and dance in the facilities. The visit team felt it encouraged resident to make choices over what to do and created an interactive atmosphere. The Nurse Managers explained they have asked for funding to install facilities for cinema nights, which indicates that they explore new ideas for activities.

The visit team also noted high levels of interaction between staff and residents in the communal areas, such as the use of the 'Butterfly Approach', the use of music and dance, the games such as dominoes. This was reiterated by the staff informing us they were encouraged to interact with service users by the management.

We also noted:

- All residents who were asked expressed satisfaction with the care they received. These residents described the staff as 'kind' and respectful of their right to privacy. The respect of people's privacy was observed in practice with staff knocking on doors before entering, which staff told us was reinforced by the management.
- We did not observe many residents in the communal areas with drinks to hand.
- We observed residents receiving caring support from staff on duty.



- There is a person who provides activities for both residents and day-care members. We witnessed the good interaction he had with the older people.

Recommendations

We recommend that, as a minimum, Innage Grange will continue to provide present standards of care and that respect for people's dignity continues.

Response from Service

The report was of great value and your comments and compliments will help us to further develop our service.

Unfortunately [the manager] was on Annual Leave at the time of your visit. It has been difficult to ascertain the resident that was mentioned referred to as been woken up at 5 am. All residents have individual care plans and are able to choose when they would like to get up; residents are checked every hour by the night staff. It is unusual for residents to get up this early in the morning.

In response to the observation that there were not many communal drinks to hand. Residents have drinks served mid-morning generally about 11 am and then served again at 12.45-1 pm lunchtime. Drinks are offered on an individual basis as and when required. Some residents require staff assistance with drinks where they would be given and then the cup/glass would be removed. Drinks are offered on two hourly intervals throughout the day and additional when required. Residents have an individual jug and glass in their bedroom readily available. Residents that may suffer from dehydration are on specific fluid monitoring charts so staff actively encourage additional fluids to these residents.

Residents are encouraged to be independent in all daily living activities, eating, drinking, activities, and personal care. Residents are encouraged to make as many decisions as they are able and dignity is respected at all times.

