Details of visit	**Oaklands Grange**
Service address:	**10-12 Merton Rd Portsmouth Southsea PO5 2AG**
Service Provider:	**Crescent Care Ltd**
Date and Time:	**1 February 2018 10 am**
Authorised Representatives:	**Jean Morgan, Fergus Cameron, Graham Keeping**

Acknowledgements

Healthwatch Portsmouth would like to thank the home manager, service provider, service users and staff for their warm welcome and contribution to the Enter and View programme.

Disclaimer

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

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act 2012 allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service. 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 service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission where they are protected by legislation if they raise a concern.

Purpose of the visit

This visit was arranged to look at the implementation of the Multi-speciality Community Provider Project (MCP), an initiative aimed at increasing the regularity and frequency of support from teams of GP-led primary care specialists that might include; Community Matrons, Adult Mental Health Nursing, Occupational Therapists, Dieticians and Physiotherapists. The Representatives wanted to gather feedback on the impact of that project in reducing "inappropriate" 999 ambulance call outs, as well as looking at the steps being taken to ensure the standards of provision meet those set out by the regulator.

Oaklands Grange is one of seven Nursing and Care Homes in the city taking part in the pilot Multispecialty Community Provider (MCP) Care Home project. Oaklands Grange is one of the homes selected to receive frequent and regular support led by GPs and primary care teams. This support is hoped to:

Improve the support offered by primary care teams to Portsmouth Care Homes

- educate Care Home staff and through this reduce inappropriate callouts for the purpose of conveyance of patients to hospital
- Improve the quality of care for patients
- create a feeling of shared decision making for patients and families with increased offer of care plans for all residents
- Make a positive impact on Care Homes ability to comply with CQC requirements.

Healthwatch Enter and View Representatives have statutory powers to enter certain funded health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services.

The aim is to report on the service that is observed, to consider how services may be improved and how good practice can be shared.

Methodology

The Registered Manager was notified prior to the visit. Posters notifying staff, residents and visitors about the visit were sent to the home to display, along with details about how to get in touch with us if they were not available on the day of the visit.

During the visit the Enter and View representatives observed the facilities, practices and spoke with the Senior Nurse, Residents, and members of staff.

Summary of findings

- The Representatives felt more attention should be paid to the pattern of carpets and the home should focus on becoming a more "Dementia Friendly" environment. "Strong patterns on wall coverings or furnishings can be misinterpreted. See Kings Fund - Is your ward dementia friendly
- The access to outside space was restricted, with no secure garden space, so staff should pay attention to supporting residents to go outside whenever reasonable to do so.
- Information boards were overly busy and difficult to read.
- In personal space we could see in, we saw they are attractive, en-suite and personalised, comfortable, and not institutional.
- Residents were enthusiastic about social provision, it was expressed that "it's a good place for that." There were lots of positives from residents about the activities, food, company, and people around them.

Environment

On the day of the visit Representatives found entrance to the home difficult with quite a lot of standing around and staff resources going into managing the secure entrance system. We were signed in and asked for identity in an appropriate manner. The noticeboard in the narrow hallway was not a good height for reading and the information felt crammed on to the boards.

Representatives were shown around the home though not all three floors. Representatives felt the dining room on the lower floor had a limited outlook which made it less encouraging to be in and enjoy a meal. Access to the lower floor rooms was by lift or by the stairwell, the environment had highly patterned and dark carpet which made it harder to navigate, particularly when it fell away to the stairs leading down to the dining room. In certain areas there were steps not flush including where they occurred along the passage way. There was a slight drop in the floor area and this could be a problem to a resident who had a wheelframe. The passage way was not very wide with lots of confusing unidentified doors.

The first floor had two rooms, the large bay window of the lounge meant only a few residents would be able to sit in good light and with a view.

Representatives felt quite closed in and unable to find the access to the outside of the home. There were good handrails throughout, though some slopes were quite steep, including where falling away to stairs going down to the basement. As the Representatives moved around on their own some long winding corridors seemed to go nowhere, with doors behind rails that couldn't be accessed, these were quite disconcerting and confusing. The numerous different types and levels of flooring were very distracting and not dementia friendly. Patterned swirling carpets seemed to be everywhere and there was no sense of delineation or direction.

Public areas were clean, but with some odours from rooms where recent care had taken place. A Representative felt there was a general smell of disinfectant.

Representatives were aware of the security on all locks, and their place in keeping people safe, however it was difficult to work out how to get outside. Representatives were informed that all residents were under Deprivation Of liberty safeguards (DOLs), and therefore doors could be made secure. The Representatives had no opportunity to gain further detail. In personal space we could see in, as some residents chose to have their doors open, they are attractive, en-suite and personalised, comfortable, not institutional.

Personal Care

The Representatives did not observe any personal care delivery, it was clear that people were using their private rooms.

Dignity & Independence

Representatives spoke to some of the residents who had been there about a year. If residents wish to take meals privately they can easily do this. Some spoke about having their family drop in and this is welcomed by staff. Representatives observed a very good "dementia friendly" clock giving a good clear orientation.

Representatives felt the music playing seemed young and loud for the age group, and not relevant to them, however it was nice not to have TV blaring but residents could follow on subtitles.

From the presentation of the residents Representatives felt it unlikely that they were all under the DOLs and had concerns that locked doors and keypads were restrictive to the residents who might want to access the garden as they wished.

Representatives were particularly struck by a couple in the home who are living together. They were used to spending time together in the smaller of two lounge areas but the MCP team meetings had been arranged to be held in there. This meant they could not get away to enjoy some privacy as they were used to by sitting quietly on a corner settee.

Representatives noted that the MCP meeting was dominating the lounge, as if it were a surgery room, with a curtained area for examination in the corner of the room. It struck the Representatives that this was not a dignified place to be examined, ordinarily your lounge area, it was like a barn and not pleasant. An ensuite room of the resident's own would be readily available.

The MCP meetings should be more private, more dignified and not akin to having a clinic run in your own lounge. The Representatives felt the rights and dignity of residents had not been thought through, the convenience of setting up a "clinic" for the convenience of the professionals had been the first and dominant thinking. The Representatives expressed their concerns that the MCP has commandeered use of the second lounge, this was discussed prior to leaving and senior staff acknowledged that there was some impact on residents but it seemed unlikely that this arrangement would change.

Recreational activities and methods of reducing social isolation

Representatives were pleased to meet a new Recreation Coordinator who has introduced new activities and has invited schools and local businesses, a clothes market, to engage with the Residents and provide some variety to life at the home. She was an energetic and creative personality and residents responded well to her. There were options for social meetings and activities every day. Residents were enthusiastic about social provision, it was expressed that "it's a good place for that." There were lots of positives from residents about the activities, food, company, and people around them.

Looking around, Representatives could not see clear notices for residents giving information about what is going on during the day, or what is planned. The energetic coordinator and staff clearly enjoyed now being able to concentrate on making interesting things happen, a disco, picnics in the garden, setting up a bar, a clothes market, and visits from younger people.

Residents reported that living at the home was lively, that there is a lot to do. Residents seemed motivated and animated in a way not often seen, not depressed, making eye contact and engaging with visitors, inquisitive and aware.

Views of relatives

When we arrived, the senior staff member was unaware of the planned visit. Our visit and prepared notices provided to the home had not been promoted; we were disappointed that therefore no family or friends were aware of the visit or expecting to see us.

Staff behaviours & attitudes

Representatives were pleased to meet happy staff, some new, some still under training. Staff appeared well organised with a clear group of residents to work with and a walkie-talkie for helping out on other floors or to request help from the shift leader.

Staff took care about the resident's presentation, ensuring they were appropriately dressed and their privacy protected, doors closed. Residents were at ease with the care staff, representatives could see good interactions with carers.

All the carers were employed by the home, none were employed through staffing agencies, and this showed in the "team feel" to the way of working.

Staff were not aware we were arriving and carrying out a statutory visit and though flustered at our arrival they remained open and relaxed and provided relevant information.

The staff appeared knowledgeable and they are taking part in ongoing training. This included mental capacity training, and moving and handling, some are at NVQ3 level and all covered safeguarding.

Staff spoke energetically about training, including e-learning packages and about the support they received from seniors.

To make a wider contribution to staff development the information and guidance generated at the MCP needs to be cascaded through the team. Staff reported they liked the MCP because it is both person-centred and multi-disciplinary. The consistency of meetings enabled staff to build relationships with the GP and other professionals.

Despite this staff felt that the MCP input was having no impact on their use of 999 or in the decision making of when it has been inappropriate. The criteria for making an emergency call is unchanged, it is based on First Aid training and observations. It was readily acknowledged that these skills themselves have been enhanced through MCP training and experience of the project. The Deputy Manager told Representatives that support has improved by the weekly GP visits and staff benefit from the contact with Community Nurses, SALT, and AMH and are reassured that experts are available to support the team. Support from community staff has helped with planning care and the resident's dignity is helped by families taking part in meetings.

Food and Drink

The residents seemed to be happy with the food and drink, "no complaints" they told the Representatives.

In the dining room there was a small notice showing the menu for the week, this looked varied and giving choices but very difficult to read. Representatives could see a drinks trolley of tea, coffee and juice was readily available. There seemed to be a good level of flexibility around meals, residents can have meals in their own room, one resident had come down "late", but staff were fine that he had done this independently and in his own time, and he was very happy to be having a cooked breakfast at 10.30.

Recommendations

- The Enter & View Representatives would have benefited from the Service Manager's use of the pre-visit supplied materials to create an opportunity to engage with friends and family of residents at the home.

- Representatives would like to see some of the flooring changed to look brighter in the home and be distinctive, less patterned and clear boundaries e.g. such that there is a stairwell. A goal should be set to comply fully with the UK Government's guidelines and practice: General design guidance for healthcare buildings March 2014: Health Building Note 08-02 Dementia-friendly Health and Social Care Environments to move towards a dementia friendly environment.

- There was often very small type information dotted about the home, small activities timetable, also noticeboards in main thoroughfares such that we were not able to stand and read-always having to move for someone. These should be in larger print, positioned at a good height for reading and where residents can take the time to read comfortably.

- As the MCP is planned to continue on a weekly basis, the location of the meeting should be reconsidered so as not to use the Residents' second lounge and offer any examination in the privacy of the resident's bedroom.

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