2016 Schedule: Capwell Grange (September 2016)
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1. Introduction

1.1 Details of visit

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<th>Details of visit:</th>
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<tbody>
<tr>
<td>Service Address:</td>
<td>Addington Way, Oakley Rd, Luton</td>
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<tr>
<td>Service Provider:</td>
<td>Bupa Care Homes (CFHCare) Limited</td>
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<tr>
<td>Date and Time:</td>
<td>26 September 2016, 10am-12pm</td>
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<tr>
<td>Authorised representatives:</td>
<td>Lucy Nicholson, Terri Brooks, Dave Simpson (Healthwatch Central Beds)</td>
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<td>Contact Details:</td>
<td>01582 491874</td>
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<td>CQC Rating:</td>
<td>Good</td>
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<td>Healthwatch Luton Rating:</td>
<td>Very good standard</td>
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1.2 Acknowledgements

Healthwatch Luton would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View Programme.

1.3 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.
2. 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 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 but, 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 CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

- To engage with service users of care homes and understand how dignity is being respected in a care home environment
- Identify examples of good working practice
- Observe residents and relatives engaging with the staff and their surroundings
- Capture the experience of residents and relatives and any ideas they may have for change

2.2 Strategic drivers

- CQC dignity and wellbeing strategy
- Care homes are Healthwatch Luton's priority for 2016, and a general local Healthwatch priority

2.3 Methodology

This was an announced Enter and View visit.
The visit announcement letter was followed up by a phone call to the home prior to the visit, during which Healthwatch Luton were informed that the manager would be on leave at the time, but the deputy manager would welcome Healthwatch Luton. On arrival, representatives were met by the deputy manager who gave a verbal introduction to the home; it’s history, the number of beds and residents, staff and gave advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Authorised representatives conducted short interviews with members of staff, relatives and residents, at which they explained who they were, the reason for the visit and took notes.

Topics such as quality of care, safety, dignity, respecting and acknowledging the resident’s and families wishes and staff training were explored. We also informally asked the residents about their experiences of the home, and where we could, about accessing other health services from the care home.

A large proportion of the visit was observational, involving the authorised representatives walking around the communal and public areas, observing the surroundings to gain an understanding of how the home actually worked and how the residents engaged with staff and facilities.

2.4 Summary of findings

At the time of the visit, 141 people were being accommodated at Capwell Grange which has capacity for 146.

The service is comprised of five purpose built single-storey units. Older people were supported in four units and the fifth unit was for younger adults. The age range of residents at time of visit was 18-102.

At the time of the visit, the evidence was that the home is operating to a very good standard of care with regard to patient dignity and respect. Residents looked tidy and clean, and evidence was seen of staff interacting with patients positively and regularly.

Residents told us that they were generally happy with the food menu, although there were some comments that the meat served was occasionally too tough for some residents to chew.

Representatives were informed by staff that they received training that was up to date, and there were a variety of social activities available to the residents. Relatives were encouraged to join in activities with their relatives, and these were facilitated by each housing unit having a dedicated activities coordinator.
Overall the staff and residents spoken to seemed genuinely happy with the level of care they could provide, and which was received.

Healthwatch Luton representatives spoke with one relative, six staff members including the Care Home Manager, and four residents.
3. Results of visit

Environment

Overall the environment of the home was good. Representatives were able to visit the ‘hub’ and three out of five units of the home.

All the communal areas were light and airy, and seemed clean. None of the units had a bad smell and they all seemed well maintained. It was noted about some decor being ‘old’ or ‘run down’ and some equipment such as a mirror in the Physiotherapy room was not mounted on the wall, but generally the environments were rated good.

Those residents and relatives spoken to were happy with their rooms and were allowed to decorate and personalise them. They also enjoyed accessing the garden when they could which was well maintained and neat.

The team noted on arrival there was some rubbish outside the main entrance to the home within the garden.

Promotion of privacy, dignity and respect

All the of residents observed appeared to be well dressed and groomed, and had a member of care staff assigned to each as a Key Worker. Staff informed representatives that they feel they receive all the relevant information they require to understand an individual’s needs.

The staff informed representatives that the residents were allowed to decorate their own rooms to make them feel more ‘homely’ and this was observed.

Promotion of independence

Residents are encouraged to partake in communal gathering, rather than remain in their bedrooms all day, which fosters social inclusion.

Activities available include leaving the home to visit Day Centres and other activities outside of the home are encouraged and provided.

It was noted that few independent areas were available to the residents, such as kitchenettes to produce their own food and drinks.

Interactions

Interactions with staff and residents were observed and seemed genuine and caring. Staff and some residents had a good rapport which was observed during the visit.
Relatives were encouraged to interact with each other, although there was limited space for setting group discussions or activities within the lounge areas.

Residents

Representatives spoke to three residents during the visit. One other resident had Dementia and the interview was stopped due to the resident becoming confused and anxious. The authorised representative spoke with his carer.

Generally the residents spoke highly of the home and the care received. They did not feel there was a great change in service at the weekends or evenings, although some noted there were sometimes staff they did not recognise.

The residents generally felt their needs were attended to, and were happy with the level of dignity provided. One resident was asked how often they were cleaned, and it was reported daily they were washed and dressed and once a week they were bathed or showered. The representative asked if the person washing the resident was always the same gender, and it was noted that it was not always the same gender.

Food

Overall the food was rated at a high standard. The chef had been a part of the home for nearly 20 years and received ongoing training in house.

The chef was spoken to by a representative, and explained that the kitchen staff levels were himself (40 hours per week over five days), a second chef and cook who cover his absences, and a ‘bank chef’ used one day per week. There are four Kitchen Assistants.

The impression given to the representative is that the chef has limited control over the menu as it is standardised by BUPA. However, any requests for dietary changes by GPs will be fulfilled.

The kitchen provides the meals for all five ‘Houses’ and currently caters for three vegetarian and three halal diets. Daily menus are available pictorially for the benefit of dementia residents.

Some residents commented that sometimes the food had been felt to be poor, but more recently it had improved. When asked, the residents shared that if they did not like the food offered they were able to change the food immediately to general satisfaction. Generally people felt enough support was provided to eat the food, such as help with cutting up meats if required by the carers.

It was highlighted that some residents found the meat provided at meal time too tough to chew (these were residents on a normal diet).

Recreational activities/Social Inclusion
All units had a dedicated activities coordinator and the activities were displayed in each unit for residents to see.

There were board games and bingo on offer, but limited space to play these unaided by the coordinator. Activities were of a wide range in each unit and relevant to the occupants of the different units.

Some residents were genuinely happy with their level of activity, choosing when and where to take part. Others commented that without help from the carers or relatives they would not be able to see/know what was happening each week.

It was noted there was no overall coordinator of the activity staff, and when one coordinator was off sick, another unit's coordinator would cover more than one unit's activities, leaving the activities reduced in two units.

**Involvement of Key decision making**

Regular groups or forums were held with both the staff, relatives and residents although two residents noted they did not know about these.

Families are encouraged to join meetings on a regular basis and the home provides communications to families in a newsletter and wish to start a Facebook page.

An induction pack/information pack is provided to residents on arrival but some residents were unsure if they knew the contents of the pack, or their care plan.

**Concerns/Complaints procedure**

It was confirmed the home has a concern and complaints procedure and this was viewed. Some of the complaints and processes following a complaint were shown to a representative, and it demonstrated good governance and good working practice.

The residents seemed aware to speak with the care worker (key worker) or carer should they have a complaint, but when prompted, if the complaint was about the carer some residents did not know who to talk to.

**Staff**

The staff seemed genuinely happy to work for this home, and enjoyed the ‘team’ ethos and ‘family’ feel.

Most felt that it was a good care home to work in, stating it was rewarding, flexible and varied. One member of staff commented ‘It’s a real ‘feel-good place’ to come to work at.’ and ‘I think we’re in the best place we’ve ever been in as a team.’
The staff seemed friendly and capable, and all were fully trained, which we saw site of in the governance. There are daily meetings with staff with management, and training is Bupa wide and in-house.

One representative visited the Bonetti Unit, which is a Palliative Care and EOL (End of Life) Unit, and spoke with the unit manager and two members of care staff (one senior carer and one nurse). They and other members of the care team were also observed going about their duties and interacting with residents and relatives. The degree of professionalism, caring and compassion displayed was very reassuring, and the unit manager remarked ‘The staff do a tremendous job here, I am proud of them all!’

**Visitors/Relatives**

Representatives were only able to speak with one relative on this visit. Visitors and family are able to visit whenever they wish, the home has an open door policy.

This relative felt generally well-informed by the home and felt communications were good. They noted sometimes the food was not always of a good standard but had improved recently.

The relative was positive about the staff and carers, and said 'It is just brilliant. The care they give here is above and beyond'. She knew of the complaints procedure and would be happy to talk to management. She knew of family and staff meetings and attended these when she could.

**3.1 Additional Findings**

Overall, this home seemed to be very well managed and the residents seemed genuinely cared for.

Overall safety and regard was positively noted, and the residents felt safe within the home.

The home was asked a question regarding their contact with a GP, and whether the home would find it easier with one GP working with the entire home. The home informed us that there used to be one GP per unit, but this had not worked well. Whilst logistically it would be easier for the home to work with one GP, the residents choice had to be taken into account and they were happy to manage the relationships with the residents GP's.
4. Recommendations

Healthwatch Luton observed the residents and staff at the home and felt overall the home was well managed and well run.

From the discussions had, this report highlighted good practice that was observed and reflects the appreciation that residents felt about the care and support provided.

- Healthwatch Luton recommend that some of the units could use a touch up on decor, regarding paint on the walls. This would improve the relatively up to date and fresh feel of the home.
- Healthwatch Luton recommend that a potential 'lead' coordinator could oversee all activities. With regards to sickness and activities being run across more than one home, the report recommends clear communication with family and relatives to understand why some activities are altered.
- Healthwatch Luton recommend areas on independence be set up within the home such as kitchenettes where possible, or tables to enable residents to take part in activities such as board games without assistance.
- Healthwatch Luton recommend, where feasible, that residents should be allowed the choice of the gender of the carer assisting them in bath or shower activities. Healthwatch Luton recognises this may not be possible.
- Healthwatch Luton recommend communications with the residents should extend beyond posters in communal areas, and suggests internal newsletters or flyers explaining weekly activities delivered directly to the residents. We are aware of a Facebook page intimated from the home and Healthwatch Luton would strongly recommend this along with other online features for the family to feel communicated with would be beneficial.
- Healthwatch Luton recommend that residents should be informed more regularly about the complaints procedure, particularly pertaining if a complaint is relevant to the resident’s carer or key worker. Staff should also be refreshed on the procedure as some indicated they ‘were unsure’ of the process.
5. Provider Response

Awaiting provider response.

Provider response below.

This report was agreed by the provider in October 2016.

Changes or outcomes agreed with the provider are as follows:

- Regarding Communications: ‘We have no Face book page but are creating Newsletter.
- Regarding Communal Areas ‘There are small areas on each Houses for family meetings for privacy.’
- Regarding Independent areas: ‘So snacks and drinks are readily available and also for Relatives.’