



**Woodside Grange Care  
Home  
Enter and View Report  
September 2016**



## Introduction

Local Healthwatches have been set up across England to create a strong, independent consumer champion with the aim to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs.
- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Stockton-on-Tees works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This doesn't just mean improving services today, but influencing and shaping services to meet the needs of the local communities tomorrow.

Healthwatch Stockton-on-Tees is steered by a Board of volunteers, commissioned by the Local Authority and accountable to the public. Healthwatch Stockton-on-Tees are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf.

Healthwatch has:

- The statutory right to be listened to; Providers and Commissioners must respond to Healthwatch within 20 days of submission of requests for information or reports.
- The statutory power to Enter & View publicly funded health and social care services.
- A statutory seat on the Health and Wellbeing Board.

## What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement or capture best practice which can be shared.



Enter & View is the opportunity for Local Healthwatch's to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives.
- Observe the nature and quality of services.
- Collect evidence-based feedback.
- Report to Providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate, an 'unannounced' visit can take place.

Enter & View visits are carried out 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.



**Date of Enter and View:** Friday 23<sup>rd</sup> September 2016

**Announced or Unannounced:** Announced

**Care Home Manager:** Julia Hodgson

**Service Provider:** St. Martins Care / Stockton Borough Council

**Focus of Enter and View:** Maple Suite which cares for individuals living with dementia is split into two sections, 11 residents in unit A and 6 residents in unit B.

**Current Number of beds in Maple Suite:** 30

**Current Number of Staff:** 1 Care Practitioner, 1 Staff Nurse, 6 Support Workers

**Care Home Address:** Woodside Grange Care Home,  
Teddar Avenue, Thornaby,  
Stockton-On-Tees  
TS17 9JP

**Healthwatch Enter and View Representatives:** Jane Hore, Holly Kettlewell,  
Carole Harrison, Margaret Wright.

### Rationale for Visit

Evidence from a Healthwatch Stockton-on-Tees consultation event at the Live Well Dementia Hub and information gathered through the Information and Signposting service highlighted issues regarding the quality of care, medication administration and staff training.

An unannounced inspection carried out by CQC which focused on staffing levels highlighted the breach of regulation 18(1) (Staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and stated that there was 'insufficient numbers of staff deployed at the home'.

Feedback Healthwatch Stockton-on-Tees received mirrored this and as a result other areas of service delivery appear to have impacted on quality of care on Maple Suite. This supported the focus of the Enter and View investigation.



Reference to CQC report and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

[http://www.cqc.org.uk/sites/default/files/new\\_reports/INS2-2294246724.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2294246724.pdf)

[https://www.cqc.org.uk/sites/default/files/20150510\\_hzca\\_2008\\_regulated\\_activities\\_regs\\_2104\\_current.pdf](https://www.cqc.org.uk/sites/default/files/20150510_hzca_2008_regulated_activities_regs_2104_current.pdf)

### Aim

To carry out an announced Enter and View to gather further patient, relative and staff feedback regarding quality of care, medication administration, policy and procedures, resources as well as staff training to determine if any recommendations can be made to improve patient experience at Woodside Grange Care Home.

### Objectives

- Arrange a date with Woodside Grange Care Home to carry out an announced Enter and View.
- Carry out Enter and View at Woodside Grange Care Home on the Maple Suite and have conversations with staff, relatives, friends and carers and observe practices within the suite.
- Highlight issues and propose recommendations to Woodside Grange Care Home to improve resident's experience.

### Methodology

Healthwatch Stockton-on-Tees planned an 'announced visit' at Woodside Grange Care Home. Before the visit was carried out, Healthwatch Stockton-on-Tees attempted to arrange an initial visit but this was unsuccessful due to Management Team staff shortages and annual leave.

In preparation for the visit, Healthwatch Stockton-on-Tees designed a structure for the visit and prompts for conversations to have with staff, relatives, friends and carers at Woodside Grange Care Home.

The visit was conducted over one day with the support from four Healthwatch representatives (staff and volunteers).



## Observations

When Healthwatch Stockton-on-Tees entered Woodside Grange Care Home, the reception area was found to be welcoming and homely. It was found that near the lift area and between the two units on entry to Maple Suite, there was an unpleasant odour. On entry to the common areas inside the units, the Healthwatch team found the areas to be clean, tidy and odour free. The bedrooms were bright and a cleaner was observed interacting pleasantly with a resident specifically asking if their bed could be moved to clean behind it.

The units were found to have a comfortable seating area, a dining area and a small kitchen. There was also a large TV found in the communal area which was turned on throughout Healthwatch's visit with the volume on low.

One support worker was found to be chatting to a resident. Others wandered in and out at random, seldom talking to each other. Some residents were quite happy to chat to the Healthwatch team and reminisce about their past or their families. Support workers were popping in and out regularly and they chatted to residents in friendly terms and reassured the more isolated people by holding their hands and using close eye contact. In unit B, support workers also calmed residents who appeared confused or upset and distracted a resident who was shouting loudly to help avoid him upsetting others. The Healthwatch team also spoke to a cleaner who stated that there are two cleaners on Maple Suite who work 8am to 3pm, one in each side of the unit. The cleaner appeared to be very approachable and chatted to the residents about their needs or expected visitors.

Staff were observed washing their hands and wearing aprons before lunch. The team observed the activity co-ordinator assisting during meal times and were informed that this is a regular occurrence. Residents with one to one care were accompanied and supported during lunchtime. Most residents were seated at tables and one lady was observed sitting on her own, with her plate on her knee. This resident was promptly taken to her room by the support workers to get changed after accidentally spilling her cup of tea.

Healthwatch observed drinks being served in appropriate mugs and beakers to suit each resident's needs. Different meals were given to different residents at lunchtime and it was noted that the dietary needs of residents were displayed on the wall in the management office. The Healthwatch team observed one family member visiting over the lunchtime period and supporting the resident to eat their meal. Staff were also witnessed writing up residents notes after lunch. Healthwatch observed that there was no wall mounted soap dispenser or paper towel dispenser in one of the dining rooms on Maple suite.



Daily activity sessions commence at 2 o'clock, this has been named by the home as the 'two o'clock stop'. The purpose of this is for the support workers to take part in activities with the residents. The Activity Co-ordinator's role is to engage with residents during the 'two o'clock' stop however, he wasn't seen on Maple Suite during this time. Tea and cake is served at this time which distracts residents and staff away from the focus of the activity session. There was a memory box which was brought out to encourage people to take part in an activity however, the Healthwatch team felt this was poorly resourced.

During the visit Healthwatch observed two residents who slept for the majority of the time without stimulation. Another resident who expressed his enjoyment with gardening and helping people also said that he liked to play dominoes during the allocated activity time. However, Healthwatch observed that he did not engage in any activities during this time on the day of the visit. One resident asked to be moved into a different lounge so he was able to look out of the window. The support worker swiftly met this request.

A support worker was seen to settle and comfort one resident who persistently refused to use her walking frame. The support worker continued to encourage the resident to use the frame even when the resident became aggressive. The support worker remained calm and wandered around the suite and lounge attempting to locate a suitable chair which the resident would like to sit on.

Evidence of a dementia friendly environment at Woodside Grange Care Home included a red coloured hand rail to assist residents in the corridors and large bright toilet door signs to enable residents to identify the toilet. When the residents move into Woodside Grange Care Home, they choose the colour of their room door which are designed to resemble the exterior front doors of houses. This assists the residents in remembering where their rooms are and gives the entrance a homely feel. Picture frames can be found on the walls next to each resident's rooms which are personalised, many of which have photos of family and friends. The hallways are decorated with old fashioned photographs relating to a variety of eras e.g. past photos of the Royal family.

During the medication administration round on Maple suite, Healthwatch observed an agency nurse who had not previously worked at Woodside Grange Care Home, being unaware of photos of residents in a file for identification processes. It was not clear if there were photos for all residents and it was observed that the file consisted of loose sheets. Some of the photo ID sheets stated that residents were on Primrose and Woodlands suite. The agency nurse relied on support workers to direct her to the correct residents.



During lunch, when medication was being administered to residents, Healthwatch noted that the medication trolley was left open and unattended by the agency nurse. A second agency nurse who was also unfamiliar to Woodside Grange Care Home, was seen promptly locking the trolley.

A wheelchair bound resident was seen to be assisted by a staff member who was encouraging the resident to do some light leg and foot exercises. Another resident in a wheelchair was taken to the table however, they were left in an unstable and potentially unsafe position as the support worker did not apply the brakes. Shortly after a support worker noticed and swiftly applied the brakes.

### Resident Feedback *\*Please note quotes from individuals are highlighted in pink.*

The Healthwatch team spoke to three residents, two ladies appeared to be quite content with their bedrooms and the care they were receiving, although one said she missed her garden and wished she could go outdoors more. A resident, although confused was frustrated as they just wanted to be at home with their partner. However they seemed at ease when engaging with staff. One resident expressed that they were happy with their bedroom which has dementia friendly furniture, her own ornaments, bedspread and photographs.

*'They don't let us mix together.'*

*'I like going outside, but I can't walk... they take me outside for walks.'*

*'They take good care of me.'*

*'I like it here.'*

### Relatives Feedback

Healthwatch spoke to a relative who didn't live locally and visited her parent on a monthly basis. This relative was not aware of any resident or family meetings and had not been involved in the care plan. She thought her brother may have had some involvement but could not confirm this. This relative felt that the majority of the staff were good and commented that there have been a few that have been really good even when her parent is displaying difficult behaviour.

The relative gave positive feedback that if her parent had a fall or a minor incident had taken place without needing action from the staff, the home would still inform her about this. She also commented that her parent's room was always kept clean and tidy and the food was not bad. She wasn't aware of any entertainment provided by the home. The relative commented that in a previous care home, her parent regularly had her nails manicured but she hadn't seen



anything like that in Woodside Grange Care Home. Overall, the relative felt that her parent is **'quite well looked after'**.

Another relative Healthwatch spoke to explained that since her family member had moved into Woodside Grange Care Home, there has been a great improvement in her physical condition. She is now eating solid foods and is keen to continue with her exercises to help improve her mobility. The relative also told Healthwatch that the staff are patient and show an interest in the resident, her family and her wellbeing.

This relative was unaware of a friends and family meeting and felt more activities should be provided to suit each resident's particular needs for example, a small garden plot to sow seeds. This relative also commented that to enhance her family members stay, it would be beneficial for Woodside Grange Care Home to take the residents outdoors on regular trips. This relative also commented that her family member has her hair done weekly.

Healthwatch spoke to a number of relatives whose family member had been at Woodside Grange Care Home for over a year. They explained that the relatives meeting was not held very often and at times are unaware of the dates and times of the meeting as it is only advertised on the ground floor. They felt the home is often short staffed and the residents are left to sit for very long periods of time. They felt that the activities are unengaging commenting that **'there is a complete lack of variety for residents'**. This relative regularly visits on an afternoon and has never witnessed any activities from the two o'clock stop being conducted. The relative explained that there was a weekly 'movie time' where residents are gathered to watch a film in the lounge however they felt that the residents were not engaging with this activity.

The relative informed Healthwatch that they had previously raised a complaint regarding staffing levels and had been reassured that it would be dealt with however, no further actions or outcomes were addressed. As far as the relative was aware the complaint was not documented. This relative informed Healthwatch that three members of staff had raised concerns about staffing levels and soon after they were no longer working at Woodside Grange Care Home. The resident commented that there was usually three support workers working on her relatives unit. A number of residents are unable to walk unaided and require to be manually lifted which takes two support workers. This relative is concerned that this only leaves one support worker overseeing the care of all the other residents. The relative told Healthwatch she had observed residents having disagreements



resulting in relatives intervening due to staff being occupied with manual handling tasks.

The relative explained that the home has had four change of manager in the space of 18 months. Healthwatch asked if anything could enhance the residents stay. Comments included; more staff, increased activities, changes to the food menu which they found to be repetitive and bland. However additional comments included 'staff are lovely', 'very interactive and caring' and 'they will do all they can for residents and family members'.

### Staff Feedback

Woodside Grange Care Home staff informed the Healthwatch team that it is not often that family members come to assist the residents at meal times. The activity co-ordinator fed back to Healthwatch that he often assists the care staff during meal times by distributing the food to residents. The kitchen provides the menu and meals for the residents, a staff member explained that this 'could do with more variety, the menu is repeated and family members have commented on this'.

Staff informed Healthwatch that chocolate biscuits are rarely served although frequently baked in the kitchen downstairs. A staff member commented 'It's mainly cake for dessert, I haven't seen custard with a cake for I don't know how long'. Further to this, staff members explained how they used to serve desserts such as jam roly poly but this has now changed and that the menu is rotated every 2 to 3 weeks. Maple suite on the day Healthwatch visited were sharing the 'hot lock' with Primrose unit. Staff informed Healthwatch they were supposed to be getting one but were not sure if one had been ordered.

Staff Healthwatch spoke to explained that residents chose their preferred meals from the menu the night before. However, staff could not explain if these meal choices were monitored and reviewed to ensure a healthy balanced diet for each of the residents.

The activity co-ordinator explained that he enjoys his job at Woodside Grange Care Home. Once a month a number of residents are taken to the Dementia Café at the Arc in Stockton. The activity co-ordinator recognised that the resources in the memory box were slightly jaded and needed refreshing and explained that he will give this careful consideration. A member of staff explained 'Maple suite don't get much activities, they don't go out, nothing to keep them occupied'. When asked if anything could be improved, one staff member commented 'Having more staff to support at activity time, it's the same time as the tea trolley'. Healthwatch were also informed that one full time and one part time activity co-ordinator will be



recruited following a recent advert for these posts.

One staff member told Healthwatch that they were aware of the need for increased cleanliness and an improvement in stock control for Personal Protective Equipment (PPE). Another staff member informed Healthwatch that replenishment of PPE stock has improved however, they 'still have odd days we have to go looking for things like aprons and gloves'. A number of members of staff felt that the cleaners were responsible for the ordering of PPE in the home however, other staff members thought it was the responsibility of the deputy manager.

One member of staff commented 'we often run out of care wipes and gloves, we brought it up at the staff meeting and were told you're just too lazy to go looking in the cupboard'. Staff explained that they frequently run out of wipes and disposable gloves and have to search on other units for these items but felt that they shouldn't have to do this and the issue remains unresolved. Healthwatch spoke to one support worker who did not know who was responsible for cleaning the special mattresses. Although they were aware they have a few spare ones and if they were to run out, they can order one and it will arrive the next day.

Healthwatch were informed that care plans are written by the nurse and in order to complete them, the nurse would ask the care staff and support workers for information about the residents. The care staff complete the care plan with regards to weekly weights, diet and fluid intake. Supplements are available and a dietician can come out if needed. If a resident has difficulty swallowing, a speech and language team are available. The senior carer or registered nurse will deal with these issues. One staff member explained to Healthwatch that she was aware of the importance of keeping these records accurate and up to date but felt new staff may not understand this and the importance of doing so. No training is provided on the completion of daily notes and the importance of this.

When asked by Healthwatch, where the policies and procedures could be located, one member of staff said 'it would probably take me a while to find it, I'd have to ask'. Some staff were aware that the policies and procedures were kept in the office but were not clear on processes. Most said that they would refer to the most senior carer should an issue arise.

Healthwatch asked staff members about policies and procedures including the grievance and complaints procedure. Staff were unaware of where this information was e.g. there was no handbook available. Healthwatch asked that should a family member wish to make a complaint what the process would be. The staff member was unsure of the correct procedure and explained 'it did happen once and I went to the nurse in charge'. One member of staff stressed that they would go to



management regarding a grievance however, would not feel comfortable doing so. Staff informed Healthwatch that should a resident need a GP visit, a call would be made to arrange this; 'nurse would do that, or call 111'. Following a GP visit, if a prescription is issued, it is the support worker's role to take this to be dispensed. Feedback from a relative found that on one occasion, a resident who was on 'end of life' care had ran out of medication. The result of this was that the resident's family member chose to go and collect the medication themselves which was a controlled drug, to try and prevent delay.

Two out of three staff Healthwatch spoke to had not received any training on a resident's 'end of life' pathway. The third member of staff had not received an update after two years following the initial training. The most experienced support worker that the Healthwatch team spoke to advised that she would keep changing the position of the resident or give paracetamol. There was no mention of palliative care specialist advice or support during these conversations. One member of staff could not remember receiving any end of life training and informed Healthwatch that other members of staff would inform her what to do when caring for resident on end of life pathway whilst on duty.

Staff informed Healthwatch that there was previously a company training provider however, this is no longer in place and DVD's are now used as a method for delivering training. Staff commented that they are aware that their general training, including dementia training is now out of date and that they preferred receiving this face to face rather than via a DVD. 'Used to be dead good when there was an onsite trainer'. A member of staff explained that some training for example, 'managing and handling of residents', wasn't appropriate for those living with dementia and that there were infrequent training refreshers. Another staff member informed Healthwatch they completed dementia awareness training three to four years ago but have had no updates since then. There is an allocated infection control staff representative who will come round and ask questions. One staff member had not had infection control training for four years and told Healthwatch 'supposed to do a course and refreshed every year'. Another staff member said that they know to wash their hands and wear gloves but couldn't remember if they have had any formal training.

Woodside Grange Care Home have a high rotation of agency nurses, which impacts on the residents, resulting in a reluctance to take medication. Healthwatch were informed that support workers attempt to administer medication if the residents have refused to take it from the nurse. They felt that as they have trusting relationships with the residents then they are more likely to accept their



medication using this method. However, the support workers do not have any appropriate training to administer medication. One support worker thought she may have undertaken a medication certificate previously and another member of staff explained that the administration of medication was not authorised until completion of this course.

Staff explained that there is only one permanent qualified nurse on Maple Suite with Woodside Grange Care Home often needing to call in agency staff to cover. On the day of Healthwatch's visit, Healthwatch observed an agency staff member taking over from another agency staff member. Staff said 'It's inconsistent for residents', 'It impacts on the residents because they are unsettled when they have this change, there is a culture issue as well'. Woodside Grange Care Home relies on the care staff to monitor changes in wellbeing or behaviour of residents.

Healthwatch were informed that there has been four changes in management in the last 18 months. Staff members confirmed that they are not kept up to date, particularly around management changes. One staff member commented 'No one tells you anything, I prefer them to get us together and inform us of the changes'. Staff explained that management are seen to spend lots of time in the office with other senior members of staff 'we don't know where to go if we have a problem' 'we are not kept in the loop'. Another care worker had seen a decline in the home with no stable manager in the last few years with one member of staff saying 'None of us know what's going on in this place'.

Healthwatch asked one staff member if she was praised in her role by her line manager, she responded 'Never'. The staff told Healthwatch that family members praised them and that their care and compassion was recognised. The staff were also complimentary about the quality of care delivered by their colleagues. 'There's no confidentiality in this place, I feel I can't approach or speak to management'. Staff commented that duty managers do not work on a weekend with one member of staff stating 'I haven't seen one for a while'. One support worker explained that she wouldn't go to the duty manager if she had any issues and said 'To be honest, don't know who duty manager is anymore'. Another member of staff said that if they had an issue they would go to a nurse or manager and quoted 'whoever that is because we haven't had a steady manager for a while'. In reference to management on the day of the visit, one member of staff said 'Don't know why manager isn't here'. One member of staff felt the new manager in post was good and had been seen to visit Maple suite to thank staff for their work. Another member of staff was unsure whether the current manager was temporary or permanent. One care worker felt the home was 'too large' for one manager.



Further comments from staff highlighted they felt the home had lost a number of team members for various reasons including not being treated well or spoken to nicely.

When staff were asked what would improve working conditions, comments included; 'staffing levels' 'permanent manager and structure to know who you could go to', 'uniforms, they are very thick and warm, it gets very warm in the Maple suite'.

All staff Healthwatch spoke to felt the management structure could be improved to provide increased support to the team. 'Used to have regular appraisals and supervisions, I can't remember the last time I had one, was probably beginning of 2015'. When asked about the appraisal system, one member of staff explained 'I was just given a form which was just needing a signature with no conversation'.

One agency nurse stated that she had never been at the care home before, she was directed to lift to gain access to maple suite. She had not been given a handover and was advised that the carers would 'keep her right'.

When Healthwatch asked staff what could be improved for residents, feedback received included: 'Maple Suite seems to get forgotten about', 'Activities, especially on Maple Suite' and 'It would be nice to base something on this unit where residents could enjoy and take part'. One care staff stated that they had not been involved in resident's family meetings.

One particular care staff member informed Healthwatch that Maple suite used to have a communications book where family members could write comments. It was a family member that requested this and the support worker would like to see it returned but said 'Not sure where it went to'. The support worker commented that it was nice to see the feedback from the resident's family members.

With regards to team meetings, one member of staff was away on holiday and had to rely on other staff members to find out what was discussed. There were no notes or update given.

During the Enter and View, the Healthwatch lead met with the manager and one of the two deputy managers for Woodside Grange Care Home. The manager informed Healthwatch that she had been in post 5 days and that the position was permanent. Healthwatch were also informed that the two deputy managers oversee all units at the home.

The manager felt that St Martins Care, who she had been employed with for a number of years, are supportive and made reference in particular to Head Office, HR, administration and finance.



A discussion around the improvements the new care manager hopes to make include, establishing role responsibilities and heads of departments. She would also like to see a change in the present culture within the home to a one size fits all approach to delivering the service across the suites.

The Healthwatch Lead asked what was going to be the biggest challenge. The manager responded by saying ‘Amalgamating the units as a whole with teams working across all units’ She feels that the teams have transferrable skills and once training is provided this should be effective for the staff working across all units.

Healthwatch were informed of the manager’s plans to introduce an incentive scheme for the staff which will reward them for recommending employment opportunities within the home to their family and friends.

The manager informed Healthwatch that from the following week there would be no agency staff working in Woodside Grange Care Home as all positions had been filled. She is positive the home will change for the better under her management. One deputy manager reported that the home had been unsettled for a long time. The manager advised Healthwatch that she had actioned a task requested by a team member who then thanked her by saying ‘thanks for dealing with that’ Planned changes are underway to train staff in their preferred method with a face-to-face trainer, rather than the use of DVD’s. The manager informed Healthwatch that residents with learning disabilities must have access to a bus, she had raised this request with Managing Director. The bus would then be available for the residents on other suites.

Other improvements to the home included the introduction of a newsletter for relatives and a tuck shop. The management team also have plans for taking the resident’s into the community.

The manager informed Healthwatch of her plans to introduce grab sheets for ‘Do not attempt resuscitate’ (DNAR) and ‘Deprivation of Liberty Safeguards’ (DoLS) for each resident. Moulded food was another improvement to be introduced to the menu.

Healthwatch asked the new manager what she liked about the home, she responded saying ‘friendly staff’.

### Conclusion

Staff are keen to learn and perform their jobs well but appear to be hindered due to lack of leadership, direction and appropriate training. Teams are working in isolation on the units and there’s a lack of effective and appropriate communication from Management to the teams. Staff have good ideas about what could help improve the quality of life for residents.



‘Love the residents, I love the job’ ‘I love this floor, it tends to be the same staff working on the same floors, gives continuity for the residents’.

Two care workers commented that they sometimes felt low moral and low mood when coming to work, not knowing what to expect from the management team. They also told Healthwatch that they come to work for the residents and questioned who would do that if they didn't. They expressed genuine care and compassion, Healthwatch saw this was evident in the way they interacted and cared for the residents on the day of the visit.

Support Workers do not have specific responsibilities within their roles and all issues for example: checking the PPE cupboard, are referred to the Senior Support Workers. The new Manager has indicated that she will introduce heads of departments and increased responsibility within employee's roles. If actioned staff moral should increase with the team having confidence to deliver an improved service with more direction.

Agency staff continually working on Maple Suite is impacting on continuity and quality of care, again the manager is confident that this issue has been resolved with immediate effect.

Prior to the CQC inspection which rated Woodside Grange Care home as 'requires improvement', Stockton Borough Council regularly reviewed the care home on an annual basis. The new manager informed Healthwatch that they had a good, transparent and open relationship with the Local Authority. Following the inspection, a support plan has been put in place by the Local Authority and Director of St. Martins Care.

Healthwatch were invited to return to Woodside Grange to follow up on the improvements that the new manager will action and the recommendations that Healthwatch have made to improve service user experience.



## Recommendations

### 1. Training, policies and procedures

- Healthwatch recommends that St. Martins Care review their induction procedure for new staff. This will enable staff to fully understand expectations in their role and to meet health and safety standards.
- In addition to this, Healthwatch also found it was evident that staff training was out of date and was deemed as inadequate as it had not been refreshed on a regular basis. This impacts on the quality of care the residents are receiving. Healthwatch therefore recommends that Woodside Grange Care Home nominates a member of staff to have the responsibility of monitoring the training log for all staff including; end of life / safe handling / medication / health and safety / dementia awareness / infection control (Healthwatch recommend that hand washing signs / technique are displayed in all areas with a sink) etc. to ensure all staff training is kept up to date.
- Healthwatch welcomed management feedback regarding the methods used for staff training and were informed that Woodside Grange Care Home would be using face to face staff training in future instead of using DVDs as requested by staff. Healthwatch recommend that this is implemented.
- Healthwatch identified potential risks associated with the current medication administration process and recommend that this is also reviewed. All resident information should be kept up to date and secured in a file with each residents photo attached to ensure all staff and agency nurses can identify residents easily. A procedure needs to be put in place for staff to follow when delivering medication. This should include information on the appropriate handing of the medication trolley (e.g. locking when needed) and a handover once medication administration is complete.



## 2. Role responsibilities for employees

- There is a need for staff to have regular opportunities to be involved in decision making and to enable them to feed in their ideas to improve quality of life for residents, staff should be supported in implementing these ideas. Healthwatch recommends that the management team have increased staff team meetings to improve communication. Staff should be given opportunity to suggest how they would like to give feedback to the management team.
- It was evident from Healthwatch's observation and feedback from staff and residents family members, that the quality of care for residents could be improved greatly with improved leadership and direction from the management team. Healthwatch recommend that consideration be given to implement management skills training for the management and team leaders. Healthwatch welcomed the new care home manager's decision to give support workers lead roles and responsibilities, this will increase efficiency throughout the home and improve service delivery. Healthwatch recommend that designated staff members are identified to complete internal audits, short courses are widely available to facilitate this.

## 3. Communication

- Healthwatch recommend that the 'communication book' is reinstated and advertised, enabling resident's family members to be more informed of developments within the care home and provide opportunity for them to feedback.
- Healthwatch also recommend that regular residents and family meetings are implemented and well advertised to improve relations and two way communication.

## 4. Equipment

- With recommendations for the implementation of staff having



specific role responsibilities Healthwatch would like to see this extended to ensure equipment is fully stocked across all areas in the home as the continued lack of equipment such as gloves and wipes is impacting on service delivery.

The North of Tees Dementia Collaborative, proactive in supporting people living with dementia in both the community and care home settings adopted a Quality Improvement System Programme (QIS) which they delivered to a number of care homes. The use of this system at Barchester, South View Care Home, Billingham, supported facilitation of the replenishment of equipment avoiding the disruption or personal care interventions, when staff frequently had to walk around the home looking for care supplies or equipment. Healthwatch recommend Woodside Grange Care Home adopt the process used at Barchester, South View Care Home or adopt the principles of a lean management processes.

<http://www.carehome.co.uk/carehome.cfm/searchazref/20004514>  
[SOUA](#)

### 5. Activities

- Healthwatch recommend the memory box is refreshed with suitable items that have a more reminiscent slant. Items which residents could recognise and that encourage discussion. Other items such as art therapy books and new pens / pencils would encourage engagement with the activities, other residents and staff.
- Healthwatch recommend the 2 o'clock stop / refreshment time is reviewed to enable the activity to be the focus and for residents to have opportunity to participate.
- Healthwatch recommend that residents have opportunity to go outdoors on a regular basis and that this is incorporated in to the activity programme.



## 6. Meals

- Healthwatch recommend that a procedure and monitoring process is established to ensure the residents are receiving meals which are appropriate to their needs. It is also recommended that a lead is allocated for the monitoring of residents diets.
- Healthwatch gathered evidence suggesting that the meal variety is limited and recommend that the menu is reviewed to include a wider range of food options.
- Healthwatch also recommend the dietician delivers a training session to staff to ensure residents dietary needs are met and understood. Ensure a hot lock is supplied for maple suite.

## Acknowledgements

Healthwatch Stockton-on-Tees would like to thank all staff at Woodside Grange Care Home who were extremely accommodating and cooperative during our visit.

Healthwatch would also like to thank the residents, their family, friends or carers who gave their time to provide information about their experiences at the home.

## References

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