

# Cartmel Grange Enter and View Report

**Saturday, June 22nd, 2024**



Part of the gardens and front of Cartmel Grange, including the First World War memorial



# Contact details

## Service visited

Cartmel Grange Nursing Home

Allithwaite Road, Grange-over-Sands, LA11 7EL

Telephone number: 015395 32028

Contact online (website): <https://brancastercare.co.uk/>

## Registered Manager

Michelle Ralph

## Date and time of visit

Date: 22nd June, 2024

Time: 10.30am – 1.30pm

## Healthwatch Westmorland and Furness authorised representatives:

Kate Rees – Manager

Lisa Hart – Senior Engagement Officer

Rosemary Marsdon – Healthwatch Westmorland and Furness volunteer



The gardens at  
Cartmel Grange

**Disclaimer: This report relates only to the service viewed at the time of the visit and is only representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.**

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# Introduction

Our role at Healthwatch Westmorland and Furness (HWW&F) is to gather people's views and experiences, especially those whose voices are not often heard, to give them the opportunity to express how they feel about a service. The aim of an Enter and View visit is to gather views and experiences of residents, relatives and staff, see the service in action and consider its quality. This was an announced Enter and View visit undertaken by authorised representatives who have the authority to enter health and social care premises, announced or unannounced.

The team collate feedback gathered and observations made to compile a report. The report finds aspects of good practice as well as possible areas of improvement. HWW&F is an independent organisation, therefore we do not make judgements or express personal opinions but rely on feedback received and objective observations of the environment. The report is sent to the manager for their opportunity to respond before being published on our website at [www.healthwatchwestfurn.co.uk](http://www.healthwatchwestfurn.co.uk).

Where appropriate, HWW&F may arrange a revisit to check the progress of improvements. The report is available to the Care Quality Commission (CQC), Healthwatch England and any other relevant organisations.

## General information

*Cartmel Grange – part of the Brancaster Homes group – has capacity for 73 residents over three floors. At the time of our visit there were 71 residents living at the home. The home provides nursing care for older people, people with physical conditions, mental health conditions and dementia. Services include round the clock person-centred care, weekly hairdresser visits, activities, and regular entertainment.*

## Acknowledgements

Healthwatch Westmorland and Furness would like to thank management, staff, residents and relatives, for making us feel welcome and for taking the time to speak to us during the visit.

**We asked the service manager how they refer to people who use the service. For the purpose of this report, people who use the service will be referred to as residents.**



# Methodology

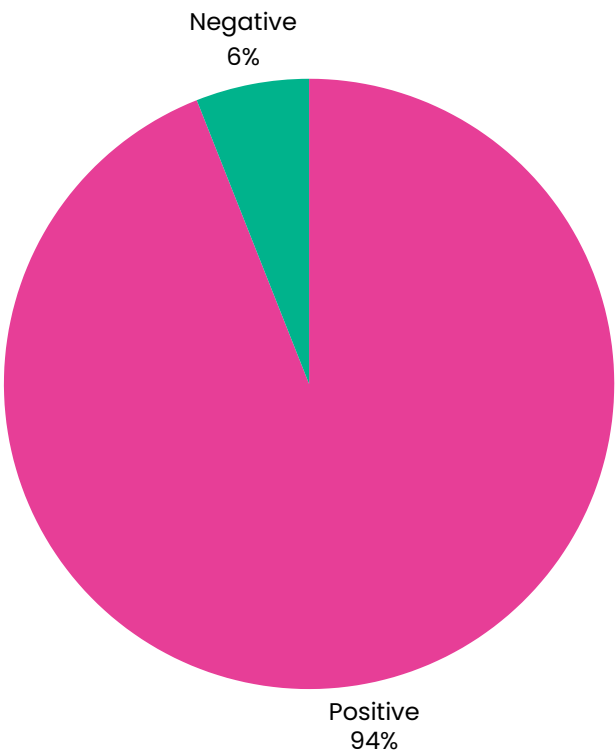
Our Enter and View representatives made an announced visit on 22nd June 2024 and received verbal feedback from four relatives and four staff. Eight residents, one relative and 35 staff responded to our questions by completing our questionnaire in advance of our visit, which were collected on the day.

## Residents’ feedback on

- Environment
- Activities
- Care
- Food

Healthwatch Westmorland and Furness (HWW&F) obtain the views and experiences of residents, relatives and staff. Conversations with each are adapted to capture individual experiences to help assess the quality of services.

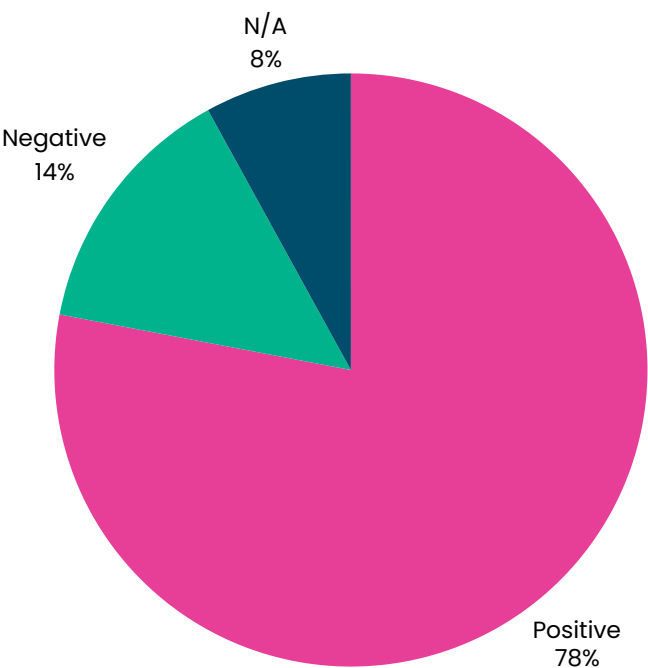
Conversations with residents were structured around four themes (environment, care, food and activities). Conversations with staff included their experiences of staffing levels, support, and training. Relatives were asked to speak about their general experiences including how they feel about the service and if they feel involved and informed.





**8 residents**  
**5 relatives**  
**39 staff**

# Methodology continued

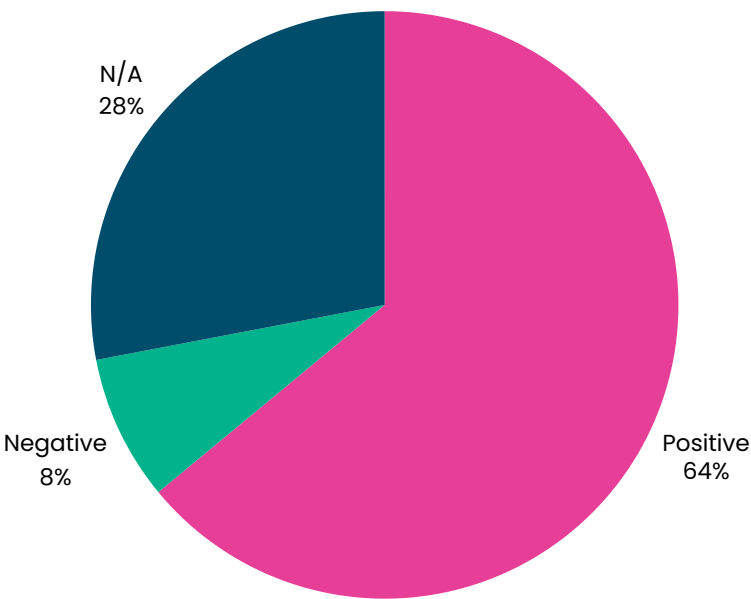


## Relatives' feedback on

- Service
- Information
- Understanding of complaints procedure
- Activities

## Staff feedback on

- Sufficient staffing
- Feeling supported
- Sufficient training
- Experience and service recommendation



The Enter and View team also recorded their own observations on the environment and staff-member interactions. To keep the confidentiality and anonymity of respondents, names, pronouns, and any identifiable details have been removed from quotes. The team also recorded their own observations on the environment and staff-member interactions.

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# Summary

Healthwatch Westmorland and Furness authorised representatives undertook an announced visit on the 22nd of June 2024. We received feedback from eight residents, five relatives, and 39 staff members.

Cartmel Grange is a Grade 1 listed building in an elevated position on the outskirts of the South Lakes town of Grange-over-Sands, having outstanding views of Morecambe Bay and large accessible landscaped gardens.

The home has three floors which cater for different levels of need. The ground floor has residents who require general nursing care, the middle floor is for residents with dementia, and the top floor is dedicated to residents with complex needs.

Part of the home is currently undergoing renovation with roofing and guttering works in progress. Residents' rooms are undergoing a staged refresh with residents having input into colour schemes. All bedrooms have TVs and ensuite facilities and had lots of natural light. There are plans to renovate communal lounges once current building work has been completed.



The view from the terrace at Cartmel Grange

The home has several communal areas on the ground and middle floor, which include dining rooms and lounges. All communal areas were airy and well-lit, with lots of natural light. All areas appeared clean and were generally clutter free apart from a few exceptions. A TV room is located on the ground floor, as well as the kitchen, which daily prepares meals cooked-to-order and from scratch. Residents from the ground and middle floor can all use the ground floor dining room if they wish. For those who cannot access the ground floor, or prefer to eat elsewhere, food is transported in heated trolleys throughout the home to residents. Visitors are welcome to join residents for meals.

Staff were seen to be friendly and approachable, treating residents, visitors and family members with kindness, care and dignity. Each member of staff we saw speaking with residents knew their name, and residents seemed to be at ease with all members of the staff team.



# Summary continued

Two activity co-ordinators organise regular activities and entertainment for all the residents and advertise them on the noticeboard. These range from communal games, bingo, and chair exercises to themed days and outside entertainers come in to sing regularly. For patients with less mobility, activities are based around their needs and capacity. An example is hand massages.

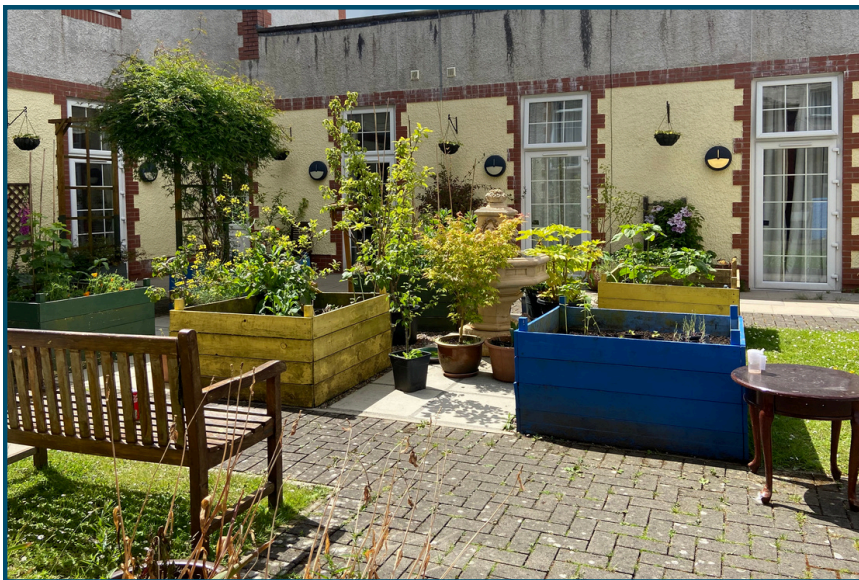
Generally, residents felt safe and well cared for and were happy living at the home. The food was seen to be good, and most were happy with the activities on offer. However, it was highlighted that, at the time of our visit, there was a lack of external activities and visits due to the home's activity bus being out of use.

Relatives were happy with the care provided for their loved ones and felt they were kept well informed with their health and future care plans.



Cartmel Grange reception

Staff members felt part of a team and most thought there were enough staff available on duty. However, it was highlighted by a few members of staff that they felt short-staffed at the weekend or when some staff were off due to sickness.



The secure and accessible courtyard garden has easy-reach raised beds for residents to take part in gardening activities

Many staff felt they provided good person-centred care and had training to be able to do this. Some staff members highlighted improvements being introduced within the home for staff and residents, since the new manager has been in-post.

All staff who provided feedback would recommend Cartmel Grange to friends and family.

# Our observations

## Pre-visit and location

The manager and the Cartmel Grange team were very supportive of our visit, completed all relevant pre-visit documentation and extended an invitation to our representatives to join the residents for lunch on the day.

Cartmel Grange has a dedicated website page which can be found by accessing the Brancaster Care Group main page <https://brancastercare.co.uk/>. The website has easy-to-read information about the care they provide, their pricing structure and information on obtaining care.

We sent the following information and resources, which would give the residents, relatives, and staff the opportunity to be fully involved in our visit:

- Pre-visit questionnaire – which asked for relevant information about the home to fully prepare our team for the visit. This was completed and promptly returned to us.
- A poster publicising our visit – this was placed by the visitors' book in Reception for everyone to see.
- Resident, relative and staff surveys – to give people who couldn't be there on the day of our visit the opportunity to give anonymous feedback. These were printed out and made readily available for completion.



The sign at the entrance to Cartmel Grange and front car park



# Observations continued

Cartmel Grange is clearly signposted and is situated on an elevated position on the outskirts of Grange-over-Sands. The town centre is within a 15 minute walk and the nearest railway station is 1.5 miles away, which also has access to the X6 bus which regularly runs during the day between Barrow-in-Furness and Kendal.

The home has ample car parking for relatives and visitors, the main one being at the front of the building and an overflow one behind it. However, the walk from the main car park to the main entrance involves walking up a steep incline. There is no dedicated disabled parking areas available for people with limited mobility.

The front of the building has double yellow lines and we were told that this was needed to keep the area clear for ambulance access. However, cars could drop people off at the main entrance and if, on a rare occasion, visitors did park outside the front, they wouldn't be told to move their car unless the staff knew an ambulance was coming. On the day of our visit, two cars were parked on the double yellow lines.

## External environment – first impressions

Cartmel Grange is a large, beautiful building in an elevated position with outstanding views overlooking Morecambe Bay. The building was built in 1914, originally as a convalescent home for miners. Grade 1 listed, the site is of exceptional national, architectural, and historical significance.

At the time of our visit scaffolding was in place on part of the building as external building work was going on to repair the roof and guttering. We were told that no external guttering could be on show at the front of the building and cracks in the old cast iron guttering which runs through the roof had caused water ingress.

This was being addressed while staying sympathetic to its heritage and respecting Grade 1 listing conditions. The building work should be completed by Christmas 2024.



Scaffolding on part of the building



# Observations continued

The home has a large area of well-maintained and accessible gardens, full of flowers, with lots of seating available for residents, relatives and staff around the grounds, both at the front and in a secure but accessible courtyard to which the only entry and exit is through the building.

Most seating areas have space alongside for wheelchairs or scooters. The pathway alongside the main building has great potential as an easily accessible area for residents and visitors with mobility issues. Improving the appearance and seating options of this area would benefit the residents, relatives and staff members allowing everyone to fully enjoy the view and the outside environment. **(Recommendation 1)**

The lawns also have a croquet/bowls area which has ramped access. Every Tuesday and Thursday a ladies' croquet team from Grange uses it. The home's management is trying to encourage the community to use the facilities to build relationships and hopes to put on a mother and toddler group to promote multi-generational relationships within the area.

The main entrance, at the front of the building, consists of two beautiful stained glass wooden doors. Easily identifiable for visitors, it can be reached via steps or a ramp. The doors are quite heavy to open and the entranceway has a big lip at the door. We noted on the day of our visit a family member struggling exiting the doorway with a resident in a wheelchair **(Recommendation 2)**. Access to the home is secure, the main door is locked, and entry is gained via ringing a bell.



The lip of the door to reception

## Internal environment – first impressions

The large reception area is light, open, and airy with several original architectural details including mosaic, tiled flooring, high ceilings, and stained glass windows. There were vases of flowers in the reception area and themed paintings and artwork throughout the building. To the left of the main entrance is the main reception desk and to the right, a comfortable seating area for visitors to sit and have tea with residents. The overall atmosphere is one of calm and relaxation.

# Observations continued

Scattered throughout the reception area were notices and general information relevant to residents and visitors, including the home's Care Quality Commission (CQC) registration certificate and latest inspection details.

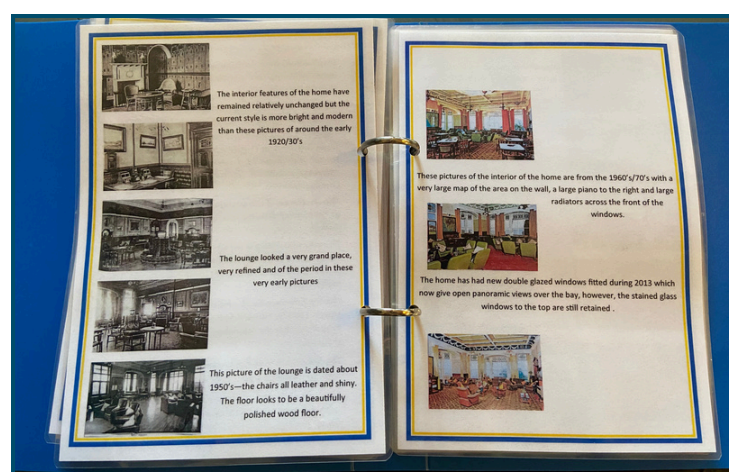
Staff were all identifiable by their name badges, however one of our representatives needed to look closely to be able to read them.

Our representatives were greeted warmly by Cartmel Grange's Receptionist and Registered Manager. After signing the visitors' book, they gave us an extensive tour of the home and explained the day-to-day running of the building.

The home has three floors: the ground floor has residents who need general nursing care who can come and go freely, the middle floor is a specialised dementia unit, and the top floor has residents with a higher need for care. All floors have individual bedrooms with ensuite toilets and basins. Each room has an electronic call system.



From top, Cartmel Grange's CQC certificate of registration displayed prominently in reception; a notice in reception letting visitors know that Healthwatch was visiting that day; a folder of information and photographs on the history of the building





# Observations continued

The ground and middle floors have dining rooms and lounges with the ground floor having the main lounge and dining room. The kitchen is situated on the ground floor where meals are prepared from scratch daily, and served to residents throughout the building. Residents from the middle floor have the choice to eat in either the small dining room on their floor or to join the other residents in the main dining room downstairs. There is also a TV lounge on the ground floor although this is not exclusively used for this purpose while the home is being refurbished.

A hairdresser's salon is situated on the middle floor. This is open every Tuesday to male and female residents. Hairdressing services must be paid for by the resident, in addition to contracted costs.

## Observation of corridors, toilets, and bathrooms

The main hallways on each floor were well-lit with ample space to accommodate wheelchairs and the transfer of beds. Each corridor had pleasant, themed artwork.

Generally free from clutter, our representatives did notice three areas with potential obstructions. A cleaning trolley was seen in the ground floor corridor unattended. However, the cleaning of the rooms was underway at this time so this may have been being moved from room to room. A hoist was also noted outside a bedroom on the top floor. Although residents on this floor are not mobile it could be a possible trip hazard for staff.

Finally, a selection of equipment was being stored by the ground floor fire exit next to the main dining room. When we brought this to the manager's attention, we were told that the fire door had passed its inspection and that the exit, itself, wasn't blocked. Although the door hadn't been blocked, it was felt that the number of items stored in this location could impede staff trying to evacuate wheelchair users in the event of a fire.

### **(Recommendation 3)**



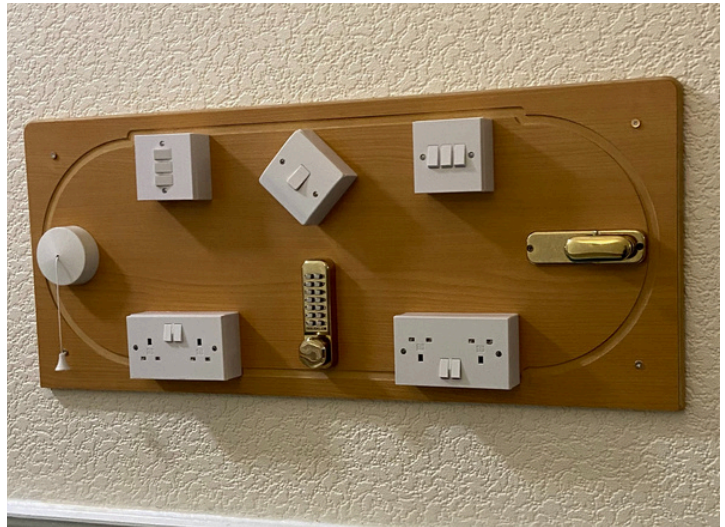
Equipment being stored by the ground floor fire exit next to the main dining room



# Observations continued

On the middle floor, a safety gate had been installed at the entrance to a resident's room. The door was open so the resident could be observed. When asked about this, we were told that this was in place as the resident was non-verbal and the safety gate was there to prevent other residents entering the room and had been requested by the family.[1] **(Recommendation 4)**

The middle floor's main corridor has a themed set of pictures representing bus journeys as many residents like to sit and people watch from the window seats (these are planned to be 'bus stops'). The corridor also has a coffee house area where residents can sit and chat. On the day of our visit, this was well-used by residents. On the walls, we saw a wooden panel with lots of switches, etc., so that residents could safely 'play' without causing a disruption or hurting themselves.



A wooden panel with lots of switches so residents can safely 'play' without causing disruption or harming themselves

Some of the middle-floor bedrooms had photographs or names of the residents on them but this wasn't consistent. We were told that they could be put up if permission was gained from their family member(s).

The middle floor also had a free walking area for the residents and, in the small dining area, a variety of snacks were on offer throughout the day. It was noted that this floor smelt strongly of urine. **(Recommendation 5)**

The top floor had a possible trip risk at the entrance to the stairway from both ends of the corridor. Without doors, safety gates were in place to prevent people from accidentally falling over. The steps were also marked with a white-painted chevron. It was felt that this could be improved with the insertion of a door to further increase safety. **(Recommendation 6)**

[1] The Mental Capacity act allows some restraint and restrictions to be used – but only if they are in a person's best interest and necessary and proportionate. Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards (DoLS)

# Observations continued

On each floor, information that was relevant to residents or visitors was displayed. The ground floor had the main notice board with many photographs showing recent activities that had been held there. This included a themed 'Mad Hatter's Tea party' where the staff had decorated and dressed up as characters from Alice in Wonderland serving afternoon tea to residents. Other photos were on show from outside singers who regularly entertain the residents as part of the home's activity schedule.

Communal toilets and bathrooms were situated on each floor close to the bedrooms and ground floor lounge. A shower room was inspected on the middle floor and a bathroom on the ground floor, both were clean and clutter-free, with the bathroom having a bath hoist, drop-down toilet bars, and other adaptations available to cater to the needs of residents. It was noted that dementia-friendly high-contrast colours weren't used for toilet seats.

We were informed that individual ensuite toilets don't have signage and dementia-friendly coloured seats as most residents require the use of a hoist and two staff members to support them. The ensuite toilets were not large enough to accommodate large hoisting equipment. Residents needing additional support would use the communal bathrooms and be supported safely by the necessary numbers of staff.



Left, a toilet in a resident's room and, right a communal bathroom

# Observations continued



One of the many pictures in the home, and photos from the 'Mad Hatter's Tea Party'

Where appropriate, as part of a wider assessment, signage and colour coded toilet seats would be offered on an individual basis. The philosophy of the management and staff is that dementia specific materials should be used where it is considered appropriate to a resident's need and where it would enhance a resident's overall care and support.

## Lounges, dining room & public areas

Communal spaces are situated on the ground and middle floors, with both floors having a dining room and lounge areas. On the date of our inspection, we noted all areas were clean and well-lit. However, the middle floor had a smell of urine in some areas.

The main lounge situated on the ground floor is large, with lots of natural light streaming through the big windows. It has a bay window area with seating offering beautiful views over the bay. The seats in this area were positioned to aid conversations between residents and visitors and to look at the outstanding views.

Next to the main lounge is the TV room. It is currently being used for storage while the home is being renovated but is available for residents to watch TV if they wish to do so. Residents also have the choice of watching TV in their rooms as all rooms have TVs. The middle floor lounge area is smaller but functional, we were told that the lounge and dining areas had been swapped over recently. The lounge area had a variety of seating and themed wall decorations depicting shops. We were told that this is an area that will be refurbished and updated.



# Observations continued

Residents have a choice of two dining rooms, one on the middle floor and the main one next to the kitchen on the ground floor. Both rooms are free-flow, so residents can choose when they go for each meal. Visitors and family members are welcome to join their loved ones for meals and on the day of our inspection, several family members were eating in the dining room. We also noted care workers supporting residents who needed more support with eating.

There is plenty of choice of seating, with good accessibility for wheelchair users and residents with limited mobility. We were told that several residents have their favourite place to sit at each meal and the staff do their best to accommodate this to make mealtimes a pleasurable experience for everyone as this is their home. The dining rooms provide hot and cold breakfasts, lunches, and drinks to the residents.



The grand ground floor dining room and calzone pizza and chips, one of the lunch choices on offer

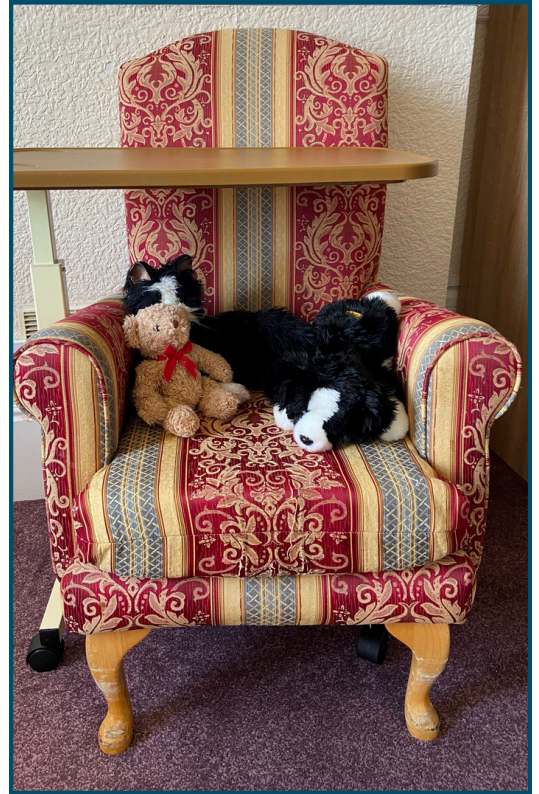
Food is transported via hot trolleys to each floor, for residents who can't access the main dining room or choose to eat elsewhere. The menu is the same for all residents with a variety of choices at each meal. There are picture menus which are highly visible to aid choice and for ease of reading. We also saw pictures attached to various food stations to support residents.

All dietary considerations are catered for, including speech and language therapy (SALT) texture modifications for residents who may have dysphagia (difficulty in swallowing).

# Observations continued

## Observations of residents and staff interactions

The care home staff were seen to be friendly and approachable, treating residents, visitors and family members with kindness, care, and dignity. Each member of staff we saw speaking with residents knew their name and residents seemed to be at ease with all members of the staff team.



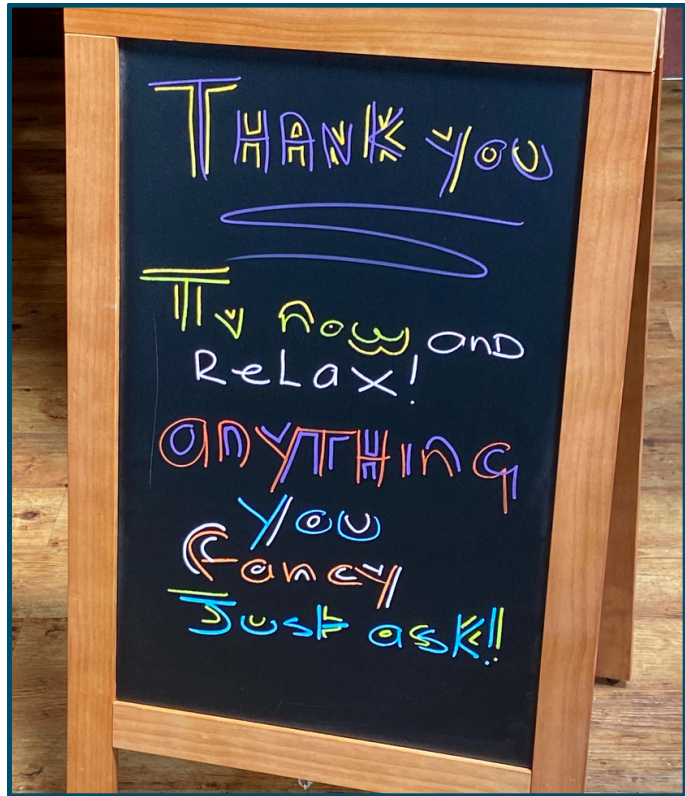
A typical ground floor bedroom and a resident's chair and some favourite objects in their room

When we visited we saw many staff on duty. We were told that on a weekday there would be one registered nurse and three care staff on the top floor (Ingleborough), one registered nurse and five care staff on the middle floor (Arnside) and one registered nurse and six care staff on the ground floor (Bay View). This would be slightly less during the night and at the weekend. Additionally, there would always be a receptionist on duty.

We saw several residents' rooms with different personal memorabilia on their doors. This could have been photos, names or mementoes attached. Not all doors were personalised, it was up to the family to decide if they would like photographs or other forms of identification of their loved ones shown. All residents were encouraged to personalise their room inside with photos, pictures, ornaments, or mementoes to make them feel more at home.



# Observations continued



Some of the entertainment and events on offer for residents and an A-board outside the restaurant

We saw an impromptu afternoon activity taking place after lunch with some residents in the lounge and two staff members playing, inclusive, seated games. The home has two activity co-ordinators who work on weekdays, at weekends no planned activities take place. There is a regular activity schedule and outside entertainment is offered. Other activities are offered including lavender massages for residents with complex needs who may not be able to join in with some activities. More visitors attend the home at weekends and residents would like more time to talk with them.

The home does have an activity bus, but this has been out of use since April after an accident (no passengers were onboard). The bus has a specialised wheelchair lift to make it accessible to all residents. It was used to take residents to appointments such as the dentist and opticians. When it was in use it would also take one resident home for a few hours on a Saturday. The manager is trying to source a replacement with the insurers, this is ongoing.

A replacement has not been sent by the provider and there is no timeframe for a replacement. The home "can't do without" the bus, as many are in wheelchairs. The activity schedule within the home has increased since the bus has been off the road. **(Recommendation 7)**

# Residents' feedback

During our visit Healthwatch Westmorland and Furness received written feedback from eight residents from questions sent to Cartmel Grange in advance of our visit. Their feedback is recorded below.

We received positive feedback from all eight residents, seven saying that the home's environment was adequate to their needs. However, one resident did bring to our attention a couple of issues around health and safety. It was felt, that having a member of staff always present in the main lounge in case a resident falls would be beneficial and the limited accessibility at the main entrance was highlighted. **(Recommendation 8)**

We saw an elderly relative struggling to get a wheelchair through the main entrance doors to access the gardens outside on the day we visited. The doors were large and heavy with no assisted access.



"The staff do treat me with respect and listen to me."




## Activities


Generally, all residents were happy with the activities the home offered. They felt there was a variety of activities available to take part in, ranging from singing, bingo, cards, ball games and entertainment. At the weekends residents want time to talk to their visitors rather than take part in activities. All eight residents felt they were well cared for. However, it was commented that several items of labelled clothing and some belongings had gone missing.

## Food

Overall, all residents were happy with the quality of food on offer. However, one resident said:



An early morning drink or a late evening drink would be appreciated. 5.30pm to 9.30am [is] a long time without a hot drink." **(Recommendation 7)**






# Relatives' feedback

**On the day of our visit, five relatives provided us with feedback. Verbal feedback was received from three relatives and two relatives provided written feedback.**


## **How do you feel about the service provided?**

All relatives were satisfied with the service provided with three relatives highlighting the caring, supportive care they received from the staff, four relatives mentioning the cleanliness of their loved ones' rooms and three relatives pointing out the excellent standard of food available




"My husband is now in a room overlooking the bay, which is wonderful, the room has everything he needs and is kept clean and tidy."


"The staff are friendly and supportive and explained how to fund mum's care for me and that has helped."



Another thought some aspects of the food could be improved.



"She's [visitor's wife] picky about the food sometimes and doesn't like the 'transport' bread [bread that is chunky and wholemeal]. She'd rather have white sliced bread."



## **Do you feel you are kept informed about your relative?**

Four out of five relatives provided us with feedback about this. All four felt the home kept them well informed with one relative highlighting the residents and relatives' forum. The forum was introduced as another way to hear feedback from residents and relatives as well as providing information on plans for the home and upcoming events. Currently, there are two regular attendees and seven people attended the last meeting.

# Relatives' feedback

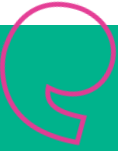
## Do you understand how to make a complaint?

Two relatives responded to this directly. Both didn't know how to make a complaint or felt unsure of the procedure. **(Recommendation 10)**

## Are you aware of the social activities provided? Do you feel you can join in with these?


All five relatives were aware of the social activities on offer, with some taking part in them. Two relatives highlighted the loss of the activity bus.

Three out of five relatives provided feedback, all three would recommend Cartmel Grange to others.




"The home is extremely grand and well-maintained, we looked at a home in Flookburgh and this is streets ahead of that."

"Very, very pleased with the choice we made for him to come here. The manager and nurses are so helpful."




## Other information

Three relatives provided us with more information. One relative informed us that his mum was hard of hearing and sometimes found it difficult to understand the nurses from overseas. Another relative mentioned that there is no staff member present in the lounge checking on residents. However, they will come if called. Finally, one relative wanted to highlight how open and spacious the home was. He had visited several care homes and found others to be dark and small.



"Don't just take the first one [home] offered to you ... Here is open and spacious."



# Staff feedback

**During our visit, Healthwatch Westmorland and Furness observed staff carrying out various roles including supporting care, administration, food service and delivering activities. All staff members were smartly dressed, with name badges visible. All staff members were approachable, friendly, and welcoming to our representatives.**

The recently appointed manager informed us of her plans and aspirations for Cartmel Grange. The home is currently undergoing renovation, which includes structural work on the roof and guttering. Once completed the lounge and dining areas will be updated. Bedrooms are being modernised, in phases and residents can provide input on their colour schemes.


There are planned improvements for outdoor areas also, including adding an outside garden room for residents and family members to enjoy. The manager would like to see Cartmel Grange become an integral part of the community, with its facilities being used for the benefit of the community and to bring the community and residents together.

The newly appointed head chef shared his enthusiasm for his role within the home. With many years of experience in the hospitality industry, he spoke with great passion about preparing fresh food for each meal. Whenever possible, they use local suppliers. He is familiar with the residents' tastes and shared their favourite dishes on the menus.


Thirty-five members of staff also provided written feedback to us which we collected on the day of our visit.

## **Do you have enough staff on duty?**

Most staff members felt the home was adequately staffed when on duty. There were occasions when they felt short-staffed, this was mainly due to sickness. However, some staff felt that they were short-staffed at the weekend.



"If asked seriously, my answer is yes and no. It really depends upon the days...feels overloaded some days."







# Staff feedback

## Do you feel supported to conduct a person-centred experience?

Most staff members felt supported in carrying out person-centred care most of the time if there is sufficient staff on duty, mentioning how the team support one another and how they are supported by the management.



“Supported in every aspect – as I am new here – I feel well supported, cared for, informed and all staff are approachable. Ample time to dedicate to any resident who requires care/extra support.”




## Do you feel you have enough training to carry out your duties well?


Generally, most staff felt they had received sufficient training to enable them to perform their duties well. Training within the home was offered as E-learning and development days with a good level of continuous learning. However, one member of staff did feel that some staff lacked an awareness of dementia.

## What is your experience of working here and would you recommend this service to a close relative?

Nearly all staff would recommend this service to a close relative, it was felt that staff were supportive, and changes being brought in by the new manager had made the home a nicer place to work, leaving staff feeling listened to and appreciated. Residents were treated like individuals and received good care.




“It is always better to be cared for in a warm, safe family home, which [although] this is not, we do strive to make it as close as possible to it as we can.”  
“Huge improvements have been made.”  
“Yes, I enjoy coming to work and would feel happy with a relative here.”




# Staff feedback

## Are there any changes that can be made to improve resident experience?

In written feedback provided, four areas were highlighted regarding improving resident experience. Firstly, 14 members of staff felt that improvements couldn't be made, with three highlighting that improvements have been made recently.



"I think the activities and entertainment is improving and the residents are given different choices of activities, so it is more personal to them, which is good."




Secondly, nine staff suggested increasing the activities on offer. Suggestions made included increasing external activities for residents, having more joint activities for residents, families, and staff to do together, and putting on activities which involve more interaction with staff and residents. Examples given were "more interaction, watching movies or any puppet shows together, dancing with them". **(Recommendation 11)**


Another suggestion offered for improving residents' experiences mentioned ensuring the stairlifts were working. This would enable middle floor residents to access activities. Having the stairlifts working would be helpful for laundry staff and residents alike. Finally, a staff member suggested printed labels for clothes rather than written in pen, as some residents had complained about missing clothes. **(Recommendation 12)**

## Any other comments

We received 10 'other' comments. Four members of staff felt the recent change in management had brought about improvements. Three members of staff thought Cartmel Grange was a great place to work. Two members of staff highlighted shortages of domestic staff at weekends and one member of staff stated that "residents are happy [here]".



"Fantastic place to work, would recommend it to any other person wanting to further their career."



# Recommendations

Responses provided by Registered Manager Michelle Ralph

Recommendation	Action from provider	Date	Comments
1. Improve the appearance and seating options of the pathway alongside the main building. To enable residents and visitors to fully enjoy their outside environment.	<p>We have previously discussed how to make this area accessible to our residents and families.</p> <p>We have recruited an additional gardener, and this area has recently been power-washed and treated. Once it is considered suitable for residents to use, we will encourage everyone to take advantage of the views and fresh air.</p>		
2. Remove or modify lip at main entrance door to enable easier access for wheelchair users and present less of a trip-risk. This would need to be done in-line with grade 1 listing requirements.	<p>The curved door and framework are original. A joiner will be asked to assess if lip can be reduced.</p> <p>Signage (informing families and visitors to ring the doorbell should they require assistance) will be put up.</p>		
3. Remove equipment near ground floor fire exit adjacent to dining room to allow unobstructed access for residents.	<p>The sweet shop trolley has been removed from near the ground floor fire exit adjacent to the dining room to allow unobstructed access.</p>		



# Recommendations

Responses provided by Registered Manager Michelle Ralph

Recommendation	Action from provider	Date	Comments
4. Explore possibility of relocating middle floor resident who had a safety gate across their door to the top floor so that the gate could be removed. (As their neighbours would not come into their room.)	We move residents within the home due to clinical need and if families make requests. Any move can have detrimental effects. Residents on the middle floor have been assessed and require dementia nursing care (funded via Adult Social Care) or continuing health care. Our residents are living with dementia, other cognitive disorders and behavioural difficulties which require their needs to be met in a more secure environment than our general nursing units. The three dignity/safety gates all have appropriate risk assessments and consent [given] by the families.		
5. Try and address the cause of the strong smell of urine on the middle floor.	The strong smell of urine on Arnside is always on our agenda to manage. Housekeeping are always looking at ways to improve cleaning and sanitising of this area. We are considering alternative flooring as we believe the carpeted flooring is challenging to maintain. With hard flooring comes the risk of increased injury if someone falls. We want to reassure everyone that this is constantly on our health and safety agenda.		

# Recommendations

Responses provided by Registered Manager Michelle Ralph

Recommendation	Action from provider	Date	Comments
6. Scope possibility of replacing safety gates on top floor with doors to increase patient safety.	The top floor safety gates are there as a safety measure to support both mobile residents and staff due to the large step down. Putting doors in place may result in additional fire safety measures and/or risks. We are having our annual Health and Safety visit at the end of September, I will forward you recommendations to them and request further advice on what alternatives can be considered.		
7. Add option of an extra hot drink in the evening if requested.	Our residents have access to, and are offered food and drinks after 5.30pm, and throughout the night. The kitchen team ensure that hot and cold drinks, sandwiches, etc. are available. However, I will ensure that the staff prompt and document fluids and snacks offered.		
8. Check timeframe for replacement or alternative for bus and communicate this to residents, family members and staff.	The activity bus is now back in use and staff are busy planning activities which will offer residents opportunities to go out into the community once more.		

# Recommendations

Responses provided by Registered Manager Michelle Ralph


Recommendation	Action from provider	Date	Comments
9. Have a member of staff on duty within the lounge and TV rooms to ensure resident safety and reassure relative	Staff are often available in the main lounge. Residents have nurse call buzzers. Residents [who use the lounge] all have capacity and most are able to mobilise in wheelchairs, so it is not felt necessary to have a staff member in lounge at all times. We will, however, review how effective having a staff member in lounge at all times might be against that staff member being available for more pressing duties.		
10. Raise awareness of the complaints procedure within the home and highlight to the residents forum.	The complaints procedure is displayed in reception. It is also in our statement of purpose. However, I will discuss this at our next Residents/Relatives Forum and look at alternative methods to improve knowledge of this.		
11. Look into possibility of increasing joint activities between residents, families and staff members.	We often have joint activities and recently had our first festival, [which] brought together residents, families and staff. We promote community spirit and encourage residents, families and staff activities.		
12. Improve how clothing is labelled to ensure that personal items are returned to the correct owner.	I will speak with the Head of Housekeeping and the laundry team and we will ensure we have spare labels and pens for clothing we will continually review the condition of the labels.		





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