

Enter and View Visit Report 'What Good Looks Like'

1. Visit Details

Premises Visited: The Leys Care Home, Old Derby Road, Ashbourne, Derbyshire DE6 1BT.

Provided by: Derbyshire County Council.

Purpose: The Leys is a residential home for older people accommodating 35 residents.

Date and Time of Visit: 14th February 2014, 1.30pm.

Authorised Representatives: Jas Dosanjh and Madeleine Fullerton

Contact Details: Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane,

Milford, Near Belper, Derbyshire DE56 ORN Tel: 01773 880786.

2. Acknowledgments

Thanks to Jeevan Bajwa (Manager) and all the residents, relatives, and staff who took time to speak to us during the visit.

3. Disclaimer

Please note that this report relates to findings found on the specific date and time specified above. It is not representative of all service users and staff only those who contributed within the restricted time available.

4. Purpose of the Visit

Healthwatch Derbyshire wants to ensure that everyone who lives in Derbyshire, including those who live in a care home, get the opportunity to engage with Healthwatch to have their say about the health and social care services they are receiving.

For the purpose of this visit, Healthwatch Derbyshire wanted to observe 'What good looks like' within a care home setting.

The Leys Care Home was randomly selected, alongside 9 other Care Homes who had been awarded the Derbyshire County Council Bronze Dignity Award.

The purpose of the visit was to:-

- 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.



5. Methodology

This was an announced Enter and View visit.

Authorised Representatives conducted short interviews with some of the staff of each care home. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's and their families' wishes and staff training were explored.

Authorised Representatives also approached residents at each of the care homes to informally ask them about their experiences of the home, and where appropriate, other topics such are accessing health care services from the care home may also have been explored, to help with our wider engagement work.

A large proportion of the visit was also observational, involving the Authorised Representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents and service receivers engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

The visit was approximately 1 $\frac{1}{2}$ - 2 hours in duration.

6. Findings

Welcome and the Entry Area

The Leys is a 1970's style single storey building, designed with a model of care for older people in mind which does not fully match modern expectations; small personal space (bedrooms) have no en-suite provision. It has 35 bedrooms - with two rooms reserved for people coming out of hospital or who need short term respite care. Much effort has been made however, to present the home as modern and outward looking. The entry is friendly, warm and welcoming and the home feels part of the community. There were plants and table and wall displays about current issues and events, which added colour and indicated a lively environment.

The front door was unlocked, and the entry lobby was warm and welcoming with Valentines' display and Dignity Tree with peoples' comments about how they wanted to be treated. These included comments such as: "Talk to me not about me" and "Approach me quietly".

There was also an Information Board, including the home's newsletter in colour. There was an activities list up for the week and menus.

We arrived while people were sitting in the dining room, following lunch, awaiting medication from the Manager. We were invited by the Activities Assistant, Laura, to wait for the Manager or to walk around the home as we pleased. We waited for the Manager and discussed the programme for the afternoon with her before entering further.

The Environment

Pictures on the walls of the communal areas help to mitigate against the institutional 1970's design of the long corridors. People can choose where they want to sit and with whom from a number of small lounges which have been made as homely as possible and decorated in different ways.



A kitchenette is easily accessible between the lounges and provides an opportunity for people to make their own drinks and snacks. The Activities Co-ordinator provides regular opportunities for those who wish to, to bake in this kitchen.

The dining room is warm, spacious and friendly. There is a white board on the wall with menu options for the day and the radio playing in the background.

The corridors are long and dark with no windows and a rather dingy carpet. They are, however, free of equipment (including wheelchairs) which are stacked neatly away.

All toilets and bathrooms are communal and labelled clearly. They are clean and there is appropriate equipment to assist bathing in place.

The grounds are well kept and there is a greenhouse conveniently placed in the central courtyard which makes it easy for people who wish to grow plants for the gardens to work there as they don't have to walk far. Two men described their work in the greenhouse with enthusiasm. Residents are encouraged to get involved in the planning, development and maintenance of the garden as far as they are able and if they wish. There are gardening awards on show on the wall in the Activities Room which suggests the focus there is on this activity.

Meals

Most people we spoke to enjoy the meals but one or two said they arrived too cold on this particular day.

Residents on two tables, who were waiting for help to move to their rooms or to the lounges, said they had been sitting from 12.30pm (it was then 1.50pm) and they felt this was too long. The minutes of the last Residents' meeting records a request to make meals less rushed which would appear to contradict the comments that they had sat too long at the tables in the dining room. We would need to look at meal times in more detail to get behind these observations further. Discussion with Jeevan (Manager) and Shirley (Assistant Manager) revealed that people may have sat longer at lunch time than usual that day because someone had become ill that morning and the doctor came late morning which diverted staff time just as lunch was due to be served.

Two residents told me they appreciate the cooked breakfast at weekends and that the food is generally good.

Involvement and Activities

The home is located in a residential area and feels very much part of the community. The people we spoke to were from Ashbourne and have known each other in the past. Many relatives and friends live locally and we saw several who came and went freely during the afternoon.

People are encouraged to decorate their bedrooms as they please and to bring any personal belongings or furniture that will fit in.

Residents told us there is an Activities Co-ordinator (Laura, 20 hours a week) who asks them what they would like to do through a questionnaire, then draws up a list of weekly activities which take place in a designated activities room.

These include games, monthly trips out, chair based exercise sessions, baking in the residents' kitchen, bird watching and evening entertainments. Residents are involved in the planning of bus routes for day outs and activities with Laura wherever possible. There is a regular trip to a church



lunch club which was much appreciated by several people as they feel it enables them to remain part of the Ashbourne community and see old friends. In addition to the prearranged activities, people help in the greenhouse and the garden including feeding the birds. The Activities Room has a wide range of games, instruments, a keyboard, TV/DVD player, craft materials and a box of toys for visiting children. Birthday parties and other events are held here. There is a bookcase with a few books and DVDS on. One resident said the mobile library comes round and he gets his books from that.

The home makes good use of Community Transport to get people out and about locally as well as the monthly trips out. Laura organises computer sessions for those who would like them and WiFi is available for people to use their laptops in their rooms.

One resident told me they have staff/resident meetings where any issues can be discussed - and she showed me the most recent minutes. This is where the issue of meals being rushed was discussed. Residents' meetings take place every 3 months.

Staff Attitudes

Staff and residents interacted frequently and, from our observations, in a warm and friendly manner. Residents appeared to feel comfortable approaching staff for help or just for a chat. Kitchen staff were whistling or humming tunes as they came in and out to clear the tables after lunch. Later in the afternoon, staff took a drinks trolley round and offered tea and coffee to residents and visitors. This appeared to give further opportunity for interaction with friendly chat and laughter.

A Laundry Assistant who was talking to residents said that she regularly asks people whether they have any special requests for her e.g. buttons sewing on, woollens hand washed. She feels she works well with the rest of the staff team and is encouraged to interact with the residents as well. A Care Assistant confirmed that the team worked well together. Training is easily available and she knows who to go to if she has a problem.

Staff spoken to felt their employer offers good training and support to carry out their role well. They also believe the staff team works well together. Some concern was expressed over the uncertain future of the home which they feel is unsettling everyone.

Relatives and Friends

Several families or friends were visiting while we were at the home. They confirmed they feel welcome to visit at any time except lunch time. If they visit at tea time they are offered refreshments and they are encouraged to join in any of the activities if they want to. They are happy with the care provided for their relative/friend and find the staff friendly and helpful.

The information they receive about their relative/friend is up to date and accurate and they feel managers are approachable and that they can raise any negative issues that might arise with them. One relative appreciates that the home is all on one level as that enables her relative to get around easily. Another states that one relative recommended the home to a sibling who later moved in as well.

Relatives visiting from further away said that they can book a meal and have it with their relative. One reported that staff are good at co-ordinating and taking their relatives to hospital appointments and that staff will save the meal for people if they are delayed at hospital.

All relatives spoken to are concerned about rumours that The Leys may close. They feel the uncertainty around this is upsetting residents and staff.



External Relationships

Jeevan (Manager) and Shirley (Assistant Manager) told us that people can choose their own GP, optician and dentist and that many wish to stay with those they know. Relations are good with all community services. The local Social Work Assessment Team is based next door and assessment staff drop in to see residents and address any concerns.

Relationships are not so positive with hospitals. Transport to hospital appointments is lengthy and hard to organise, residents have been discharged with clothes and possessions lost, and, in one case, wearing only a blanket. Medicines and aids or equipment that the home sent the person into hospital with are frequently not returned.

The Manager said that attempts are made to communicate with the wards but personnel constantly change and messages do not seem to be passed on.

7. Summary of Key Findings

Residents appear to have choice and control over how they live and appeared to have good relationships with staff.

There is a lively and busy feel to the home which reflects the number of activities and community involvement there seems to be.

Relatives and friends were positive about the care, the welcome they received and their involvement in the running of the home.

Relations with local community resources appeared good and are made good use of. Relations with hospitals were clearly time consuming and could be difficult to negotiate.

There is some concern around the length of time people spent sitting in the dining room before and after the meal, but this may have only related to circumstances that arose on the day we visited.

Parts of the home, e.g. corridors, look tired and institutional.

Uncertainty about the future of the home is disturbing residents, relatives and staff.

8. Recommendations

This report highlights the good practice that we observed and reflects the appreciation that residents and relatives feel about the care and support provided.

We recommend that The Leys address the following:-

- The uncertainty about the future of the Leys, by discussing this uncertainty and keeping everyone informed of developments.
- The comments expressed by some residents, during lunch time, at this visit.
- Renovation of corridors and maintenance of the building so that it does not look neglected or outdated.
- Improvement of relations and processes around hospital discharge into the residential home. **Please note:** we can help with issues of this nature. Please pass details of individual issues to Healthwatch Derbyshire, and we will ensure that they are passed onto service providers and



commissioners. We also follow up issues to get a response as to what action has been taken to improve service delivery and design and will feed this back to you. We can provide Speak out Forms to assist you with the information we require.

9. Response from the Manager, Jeevan Bajwa.

Jeevan responded to say that she was happy with the report.