



# Enter & View Report

Foxton Grange

26 March 2019

# Report Details

## Details of visit

<b>Service Address</b>	Foxtton Grange, 571 Gipsy Lane, Leicester LE5 0TA
<b>Service Provider</b>	MHA, Epworth House, Stuart Street, Derby DE1 2EQ
<b>Date and Time</b>	26 March 2019
<b>Authorised Representatives undertaking the visit</b>	Kim Marshall-Nichols, Janina Smith, Lynn Pearson, Nigel Courtney, Mehrunnisa Lalani, Chris Bosley.

## Acknowledgements

Healthwatch Leicester and Leicestershire would like to thank the service provider, residents and staff for their contribution to the Enter & View Programme.

## Disclaimer

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

This report is written by volunteer Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicester and Leicestershire.

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## Purpose of visit

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Healthwatch and Independent Age, a national charity, have developed a set of eight Quality Indicators for care homes, listed below. We were interested especially in indicators 1, 2, 4, 5 and 6 of these quality indicators, which are in bold:

A good care home should

- 1. have strong, visible management.**
- 2. have staff with time and skills to do their jobs.**
3. have good knowledge of each individual resident, their needs and how their needs may be changing.
- 4. offer a varied programme of activities.**
- 5. offer quality, choice and flexibility around food and mealtimes.**
- 6. ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.**
7. accommodate residents personal, cultural and lifestyle needs.
8. be an open environment where feedback is actively sought and used.

*For further information: [www.independentage.org/policy-and-research/our-8-care-home-quality-indicators](http://www.independentage.org/policy-and-research/our-8-care-home-quality-indicators)*

## Methodology

Our Authorised Representatives (volunteers who have undergone specialist training and are DBS checked)

- attend and make observations.
- where possible, talk to residents about aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- where possible, talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- speak to staff about training, turnover, support and staff levels.
- observe interactions between residents, staff, manager and visitors

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## Observations & Findings

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### SERVICE

Foxton Grange lies to the north east of Leicester - just a short drive into the city centre. It is a single storey purpose-built home offering up to 36 places for older people with early to advanced dementia care needs. The home provides both nursing and residential care.

### EXTERNAL

The home is a modern single-story purpose-built building designed as a figure of eight configuration providing a great deal of walking space as well as two enclosed courtyards, creating outside areas that are safe for residents to enjoy.

There is a timber waste store sited in the car park and at the time of the visit this was unlocked. Upon closer observation we saw all the waste bins were full and unlocked - including the clinical waste bins. Because this presents some potential risks/hazards to the home, residents and staff we brought this to the attention of staff at the time. Whilst we did this, we have also noted it as a recommendation.

### INTERNAL

A CCTV is in place that covers the front door and enables sight of any visitors before they are allowed access to the building. No CCTV is use within the building.

All visitors are required to 'sign in' in a dedicated book at the front door.

The entrance area is welcoming with some seating; this is utilised by visitors and sometimes by residents living in the home. The noticeboard in this area displayed useful and relevant information such as the home complaints procedure, and CQC registration information. We saw that the Health Watch Enter & View notice was also displayed.

It was positive to see that photographs of the staff team who work at the home was prominently displayed in a communal area so this could be viewed by people living, working or visiting the home.

Details were displayed as to what 'activities' were on offer at the home during the week.

The internal decoration of the home was bright, fresh and airy. We saw that the furniture and fixtures and fittings within the home were visibly clean and appeared to be in good condition. There was no clutter in the corridors and the walls were decorated with colourful pictures. To aide mobility for residents' handrails were in place on both sides of the corridors.

We were shown around the home and saw that each resident had their own ensuite room. According to relatives/resident's wishes some rooms have photographs of their occupant on the entrance door to the room. Some also had a display box with family pictures or other personal items next to the door. The rooms we saw were personalised and all residents were encouraged to have personal possessions on

display such photographs, ornaments and individual pieces of furniture if they wish. We were told that relatives are involved as much as possible when new residents are admitted into the home.

We were told that some doors are locked when residents are in the communal areas - this is by request of relatives and was fully discussed with relevant people considering risks. All doors can be opened from inside by their occupant. Doors are not locked when the resident is inside the room apart from 2 rooms. Staff told us that this was for safeguarding reasons (reasons were explained and understood). Those doors that should be locked during the day are indicated by a key sign next to the door.

## QUALITY INDICATORS

### **Management and staffing:**

At the time of this enter and view visit the home did not have in place a registered manager or a deputy manager.

In the interim senior staff from the area management team were providing cover until such time as new management from the home were recruited. This involved oversight from an area support manager and an area manager.

Some staff indicated that this does have some impact on the management of the home, but they try to work together as a team to ensure that all residents continue to get good care and support.

This lack of a dedicated internal management team in the home presents some risks in relation to ensuring consistent and stable leadership and general management of staff in the home.

During the visit we saw staff interacting with residents in a positive, caring and friendly manner. There appeared to be enough staff on duty to meet the care and support needs of residents living in the home.

### **Activities:**

We saw that an activities board/planner was displayed in the reception area at the front of the home.

There is a dedicated activity coordinator at the Home trained to NAPA (National Association for Providers of Activities for older people) Level 2. The activity coordinator told us that as well as activities organised by herself or other staff they also have external specialists booked on a regular basis. This includes regular music therapy sessions, religious services, pat-dog visits, musical entertainers.

Some photographs were displayed showing residents enjoying some of these sessions. We were told that sometimes residents are accompanied on walks around nearby streets and a nearby golf course.

The Home does not have its own dedicated transport, therefore taxis are used for ad-hoc trips out as required. There is a 'sister' MHA home (Aigburth Home in Oadby) that does have its own vehicle and sometimes joint trips out are arranged.

A hairdresser visits weekly - residents pay for this additional service. Birthdays are celebrated and there are occasional theme days. Some residents had been engaged in painting and drawing activities and pictures were displayed in corridors.

No specific activities were observed during this visit.

#### **Mealtimes:**

We were told that breakfast is served in both dining rooms or in bedrooms if preferred.

We observed that during the lunch time period the dining areas had calming music playing and the tables were nicely decorated with clean tablecloths and flowers. We saw fresh fruit available on the side work tops.

At the time of this visit there was a chef, cook and 3 kitchen assistants. All food is cooked fresh on site. There is a 3 weekly rolling menu available; this was displayed in both dining rooms and in the main corridor.

The lunch time meal service was observed in the residential dining room and in the nursing dining area. In the residential area people were shown an example of the choices available and then asked to choose. The lunch time meal consisted of a light meal with desert. Drinks were readily available at the meal and throughout the duration of our visit. Residents appeared to enjoy the food and the atmosphere was quite calm. We saw staff assisting one of the residents with their meal whilst a relative was also helping their loved one during the mealtime. We saw there were enough staff in place to support residents in an unhurried way. In the nursing dining area, most residents needed assistance or encouragement to eat. We saw care assistants and catering staff helping appropriately and calmly, without rushing. We saw staff interacting with residents in a caring manner.

We were told that snacks can be requested outside of the usual mealtime periods - a notice was also displayed confirming this. If residents require specialist diets these can also be provided. We saw that food and fluid intake was recorded for most residents.

#### **Healthcare:**

Residents are registered at nearby GP surgeries. These and other health services are accessed on the same basis as would someone in their own home. These surgeries are The Willows and East Leicester Medical Practice. We were told there is no dedicated GP for the Home and GPs will only come to visit if called, therefore there is no routine check on the health of the residents by way of regular weekly visits for example.

A podiatrist visits the Home every 6/8 weeks- this fee is not included in the cost of care but is charged to the residents separately. An optician (Visioncall) also visits regularly. Staff at the Home told us they have difficulty with accessing regular

dental services for the residents - occasionally a relative will arrange for a resident to see a private dentist. There is no facility for routine 6 monthly oral checks. Dental problems are dealt with as and when they arise.

When required the home facilitate visits by NHS Dieticians and staff from the speech and language team into the home.

### **General observations and additional findings:**

Staff told us they encourage residents to be as independent as possible and they offer choices of clothing and support personal care when this was required.

One of the Healthwatch visitors spoke to a lady who said she was 'bored' and would like to be able to go for a walk. She also thought the food was 'ok but not special'. We were aware that residents were living with the effects of dementia to varying degrees of severity, however we listened and responded accordingly throughout this visit.

All residents' clothes are laundered on site with clear marking on the clothes to designate its owner. Clothes are routinely collected from rooms and laundered, ironed and returned. Occasionally if there is a new item of clothing that has not been marked up, clothes can go "missing"; however, staff said this only happens very occasionally.

2 members of staff are dedicated to laundry services. Bed linen is changed on a weekly basis unless there is a need for an earlier change. Beds are completely stripped down, washed and aired on a rolling weekly programme. There is no set "getting up" time. Staff will respond to call bells in the morning. All residents are assisted with dressing and washing as well as showering. Bathrooms have hoists available.

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### **Recommendations**

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1. Ensure the waste storage areas within the grounds of the home are maintained safely and securely - this includes clinical waste.
  2. Endeavour to recruit a senior management team for the home as soon as possible. This includes a registered home manager and a deputy manager.
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### **Service provider response**

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#### **Comments:**

MHA acknowledge receipt of the report; and can advise that the process to recruit a fixed term Home Manager has been implemented. While the position remains vacant the home will continue to be supported by MHA Operational Support Manager. (Debbie Philips - Area Manager - MHA)

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## Distribution

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The report is to be distributed to the following:

MHA

Care Quality Commission (CQC)

Leicester City Council

Leicestershire County Council (LCC)

Leicester City Clinical Commissioning Group (LCCCG)

East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)

West Leicestershire Clinical Commissioning Group (WLCCG)

NHS England (Leicestershire and Lincolnshire) Local Area Team

Healthwatch England and the local Healthwatch Network

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