

# Laurel Court Residential Home

## Enter and View Report

<b>Contact Details</b>	Candleford Rd, Palatine Rd, Didsbury, Manchester M20 3JH
<b>Visit Date and Time</b>	23/08/2022 10:00am - 12:00pm
<b>Healthwatch Manchester Representatives</b>	Morgan Tarr (HWM staff) Eamon Hasoon (HWM staff) Neil Walbran (HWM staff) Lyndsey Norman (HWM staff)



### Disclaimer

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.

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## About us

Healthwatch Manchester is the independent consumer champion for health and care. It was created to listen and gather the public and patient's experiences of using local health and social care services. This includes services like GPs, pharmacists, hospitals, dentists, care homes and community based care.

Emerging from the Health and Social Care Act 2012, a Healthwatch was set up in every local authority area to help put residents and the public at the heart of service delivery and improvement across the NHS and care services.

As part of this role Healthwatch Manchester has statutory powers to undertake Enter and View visits to publicly funded health or social care premises. These visits give our trained Authorised Enter and View Representatives the opportunity to observe the quality of services and to obtain the views of the people using those services.

## What is Enter & View?

Local Healthwatch representatives carry out Enter and View visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

## General information about the service

Name of the Care Home: MHA Laurel Court Residential Home

Type of Care: Residential

Number of Residents: 55

Description of Facility: Laurel Court Residential Home Limited is a residential care home that provides accommodation and personal care, some of whom are living with dementia.

Specialism: Caring for adults over 65 years, dementia.

CQC Rating\*: Good (inspection conducted 14 February 2022) - the report can be found [here](#)

**See Care Quality Commission (CQC) website to see their latest report on this service.**

*\* Care Quality Commission is the independent regulator of health and adult social care in England.*

## Purpose of the visit

The purpose of the visit was to:

- Observe the environment and routine of the venue with a particular focus on how well it supports the dignity of residents.
- Speak to residents, family members and carers about their experience in the home, focusing specifically on the care and any treatments provided.
- Give staff an opportunity to share their opinions and feedback about the service.

## Executive summary of findings

Overall impression of the home was very good. We were made to feel welcome by the staff who were very accommodating and they appeared to have a good relationship with the residents. There is evidence of ongoing training for staff who are encouraged to pursue career progressions, and we also found good methods of monitoring the residents' health conditions and personal needs.

The communal areas felt homely and comfortable and we witnessed staff engaging well with residents. The home is currently going through a full refurbishment and a number of areas have already been completed. The toilets and washing facilities which we viewed were clean and well-maintained. We were unable to speak to any residents as they were engaged with leisure activities during our visit and we did not want to disturb them.

## Summary List of Indicators

Indicators for a good care home formed the basis of the observations and questions (based on the revised indicators from the Independent Age Report). A good care home should:

- Have a strong, visible management.
- Have staff with time and skills to do their jobs.
- Have good knowledge of each individual resident and how their needs may be changing.
- Offer a varied programme of activities.
- Offer quality, choice and flexibility around food and mealtimes.
- Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.
- Accommodate residents' personal, cultural and lifestyle needs.
- Be an open environment where feedback is actively sought and used.

## Methodology

We informed the care home of our intention to conduct an Enter & View visit a number of weeks beforehand, in order to ensure that they were comfortable with our attendance due to the ongoing COVID-19 pandemic.

### Prior to the Enter and View taking place

An internal matrix system was used to give an overall rating of the service prior to the visit. The system pulled together results from past Enter and View reports, previous feedback from users on Healthwatch Manchester's Feedback Centre, and other information about the service such as CQC inspection reports.

All Enter and View representatives were fully trained in how to carry out an Enter and View. They were also checked through the Disclosure and Barring Service (DBS).

All Enter & View representatives have been briefed and have agreed to abide by the Healthwatch Manchester Code of Conduct and Infection Control policy.

An intention to visit and the purpose and structure of the visit were clearly shared with the provider in writing.

A key contact was identified from the service provider and a schedule for the day was put together with their input, taking into consideration meal times, visiting times for carers and families etc.

The provider was contacted to see if there were individuals who should not be approached or are unable to give informed consent and a comprehensive risk assessment was completed.

The visit was carried out over the course of two hours. The visit date and times are shown on the front cover of this report.

### **During the visit**

The visit consisted of a team of Healthwatch Manchester representatives who spent time talking to the staff and residents using an agreed set of questions.

Interviews and observational methods were used to give an overview of this service from a layman's perspective. This data was recorded using standard observation sheets and questionnaires developed by Healthwatch Manchester.

Authorised representatives spoke to a total of two service users and conducted short interviews about their experiences of the service using guided questionnaires. Two members of the staff team were also interviewed.

### **Following the Enter and View Visit**

Immediately following the visit initial findings were fed back to the provider and other relevant parties in accordance with the Healthwatch Manchester escalation policy.

This report was produced within **10 working days** of the visit. An initial draft was circulated to the service provider to enable a response. The service provider was obliged to acknowledge and respond within **20 working days of receipt of the draft report**. The response from the provider is included at the end of this report.

## Enter and View Observations

### The external environment

All walkways were wheelchair accessible with no uneven surfaces, enabling easy access. The front of the building was well kept and presentable.

### The internal environment

- There was sufficient lighting throughout the home, but a number of overhead lights were out on the ground floor corridor and required replacements. The décor and lighting in the communal areas and residential corridors on the ground floor could have been brighter and more appealing - in line with the standards of the third floor. However, we acknowledge that the ground floor is currently undergoing refurbishment.
- There is a marked difference between the ground floor and third floor (the second floor isn't home to any residents as it is currently undergoing refurbishment). The third floor environment was very impressive, very homely, clean and quiet.
- The communal rooms on the third floor were well-furnished and looked comfortable for residents.
- The walkways were accessible and easy to walk around, although we did notice an unpleasant odour on the ground floor in the residential corridor between the communal area and reception.
- The communal areas were warm and the noise levels were at an acceptable level.
- The level of cleanliness throughout the home was generally good, but scuff marks were observed on the wall on the ground floor residential corridors - again, we acknowledge that there is current refurbishment work taking place.
- Facemasks and hand sanitizer were available to reduce the risk of COVID-19, along with testing kits for those visitors who required them/did not have proof of a negative test.
- Food was readily available from the kitchen area (which was staffed throughout the visit) on request. Whilst there is a set menu, we were advised that residents do have the option to request a specific meal which is not on the menu. There is flexibility with both the menu options and meal times. The menu for the day was clearly on display, however, from what we observed, this was not available in different languages. The issue was raised with the deputy manager who indicated that any resident who might require language options would be catered to.
- The building is wheelchair accessible and there is a lift to allow easy access to all floors. We noted that the balcony on the third floor was inaccessible to anyone in a wheelchair, but were assured that no resident can use the balcony without assistance from a staff member.
- We did not see any information leaflets signposting to advocacy services.

### Staff

- Some staff were wearing ID badges but we could not find a noticeboard clearly showing who was on shift at any given time.
- Staff were well presented and appeared to have good rapport with residents. The staff approach was conducive to a relaxed and comfortable environment.

## **Signage**

- Basic signage throughout the home was very good and clear.
- The signs appeared to be only in English and we did not see any other language options available. It should be noted that there are currently no residents who require language options other than English and the home would provide such resources if needed.
- Activity timetables were clearly displayed for residents on the third floor.

## **Responding to people's needs**

- We were unable to speak to any residents as they were engaging with leisure activities and we did not want to disturb them.

## **Social Activities**

- There appeared to be a good amount of social activities for residents to engage with and the manager expressed a strong desire to increase the offer even further in future.

## **Dignity and Care**

- Residents seemed well presented and groomed, although we did notice one resident who was wandering around just in his underwear on the third floor.

## **Overall Atmosphere**

The atmosphere throughout the care home was calm and relaxed.



## **Findings from speaking with residents, friends or family members, and carers**

We were unable to speak to any residents during our visit.

## **Findings from speaking to staff**

Three members of staff were interviewed, including the general manager.

### **Have a strong, visible management.**

- Manager was confident that staff were being managed appropriately and were being sufficiently supported to conduct their role to a satisfactory standard. This was generally corroborated by the other staff members we spoke with - however, staff also pointed out that this is not always possible, and that there are times when it is too busy in the home to approach management regarding any concerns.
- Staff are encouraged to feedback any issues and they reported to us that they feel able to do so.
- Supervision sessions were reported to occur on a regular basis to ensure effective management of staff.
- Staff are also encouraged to pursue career progression when opportunities arise.

### **Have staff with time and skills to do their jobs.**

- Regular training is provided and staff reported that their additional training needs are responded to.
- Staff seemed confident and they answered questions well. They were familiar with residents and their needs, with two staff members describing the residents and staff as '...family'

### **Have good knowledge of each individual resident and how their needs may be changing.**

- Residents have pre-admission assessment which introduces staff to their situation and their individual needs. Following this, staff reported that they create a rapport with each resident and are alert to changes in their behaviour, mood, appetite and health and wellbeing.

### **Offer quality, choice and flexibility around food and mealtimes.**

- Residents are offered a variety of meal choices which also caters for vegetarians and people with specific cultural and/or religious dietary requirements.
- We were assured by staff that meal provision accommodates requests outside of mealtimes, but this was not reflected in any appropriate signage informing residents of this.

### **Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.**

- Residents see health professionals on a regular basis - we observed a doctor seeing residents during our visit - but it was highlighted that the home has had difficulty getting regular dental care, as dentists will not come out to the home. However, through Manchester City Council they have been able to ensure that residents receive the dental care that they need.

### **Accommodate residents' personal, cultural and lifestyle needs.**

- Any personal, cultural or lifestyle requirements of residents are accommodated as much as possible when they arise.

### **Be an open environment where feedback is actively sought and used.**

- There is regular communication with staff, residents and their families, with committees for both residents and family of residents. This encourages feedback to the manager and individuals are given the opportunity to influence how the home is run.
- Staff reported that residents speak freely with them and can raise issues about the care home.

## **Recommendations**

- Ensure that the ground floor environment is brought up to the same standard as the third floor.
- Information leaflets could be given greater prominence around the home, such as the Independent Mental Capacity Advocate (IMCA). We acknowledge that signposting information is made available in the information pack when a new resident arrives.
- Improved lighting and cosmetic adjustments such as fresh paint would make the ground floor/dementia suite communal areas more pleasant.
- Implement signage to show that residents may ask for food in between meal times if needed.

## **Response from service provider**

Re dignity and care section page 8

This resident wears shorts, this is something he has always done when living at home and since he was diagnosed with his condition as he suffers a lot of nerve pain

## **Acknowledgements**

Healthwatch Manchester would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View visit.