

Enter & View Report

Agnes House Care Home

December 2022

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Report details

Details of visit	
Service Address	Wyggestons 160 Hinckley Road Leicester Leicestershire LE3 0UX
Service Provider	Wyggeston's Hospital
Date and Time	Wednesday 14 December 2022, 10am
Authorised Representatives undertaking the visit	Janina Smith, Debra Watson and Dulna Shahid (Staff)

Acknowledgements

Healthwatch Leicester and Healthwatch Leicestershire would like to thank the service provider, patients, 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 Healthwatch Leicestershire.

Purpose of the visit

Independent Age, a national charity, supported by Healthwatch, have developed a set of eight quality indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators.

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

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.

Observing interactions between residents, staff, manager and visitors

Results of the visit

External

Agnes house is part of a complex, which consists of three homes: Agnes House, Williams House and Lancaster House.

Agnes House is a residential home; Williams House comprises 56 apartments and Lancaster House is a new development consisting of six self-sufficient bungalows and eight flats.



The home was easy to locate with a visible sign for Agnes house.

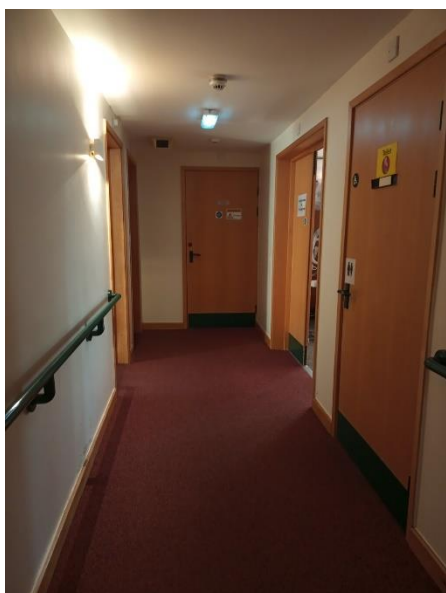
The home is attached via a bridge to William House which is sheltered accommodation. You can access the home either via the steps or access ramp. The main entrance porch is confusing as the opening is not immediately obvious having the same appearance on all sides.

The entrance and reception area were wheelchair accessible. Entry through to the first door is open, entry through to the second door to access the reception is monitored. Visitors have to be buzzed in by pressing the bell to alert the staff.

CCTV was evident and monitored from the office. In order to leave the building a button had to be pressed.

There is parking available for visitors with accessible spaces available.

Internal



We were welcomed by the home's care administrator. We were asked to sign in and encouraged to wear a mask. The reception area was spacious and had comfortable seating. We noted that there is a staff board in the reception area.

The home has two floors, on the second floor there is a door which leads to William House. The home has guest flat which allows relatives to stay overnight if requested. There is a lift which residents are able to use independently. There are stairs but they are protected by locked gates, staff use the stairs mostly. There was not any odour of any kind. Hand sanitisers were available in all rooms and areas.

The décor is well maintained. The corridors have hand railings. We did observe clutter in some areas of the corridors and near the fire exit door.

There is a small activity room which has tables and comfortable seating. The dining area is large and very well maintained. Attached to the dining area is a spacious conservatory. The lounge was spacious and clean with comfortable seating. We observed residents sat enjoying mid-morning drinks and one resident enjoying footcare. There is a courtyard and a small garden. There is a path to the garden, residents can use the garden and sometimes activities are outside.

There is a medical room. On the ground floor there is an assisted bath and shower room, it was clean and well maintained and accessible. There are accessible toilets which are located in the corridors.

Residents

The home can accommodate for **26** residents and the home currently has 26 residents with a waiting list with priority given to those already resident at William House.

During the visit we spoke to five residents.

We asked the residents if they like being at the home, all the residents said 'yes.'

One resident said, *"I have been here just over 4 years, I wouldn't be anywhere else. We're so well looked after and the staff are lovely."*

Another resident said, *"I have been here a little over a year, get plenty of help, great conversation. They're all friends, it's quite a good laugh."*

One resident said, *"(the home is) very, very clean and very nice, staff are very helpful, but when I came here my friend said its very nice here and very clean."*

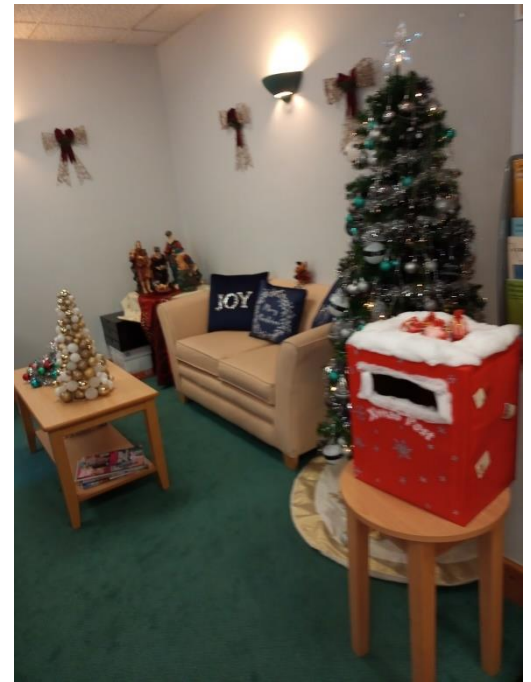
Two residents who were in the same room, a couple said, *"yes, we have only been here 3 weeks, it's quite a change, leaving the family. Feel very welcomed, there is nothing the carers won't do. We need help, we just can't live alone."*

We asked residents if they can go down to the lounge.

One resident said, *"it is very nice, can join in the larger room. We have a service on the Tuesday and we can walk around downstairs. I can't walk very well but I've got my walker."*

"I have a friend who comes to see me and say's 'oh its cold'."

Another resident said, *"yes, they come and take me in a chair."*



Resident then spoke about their rooms. One resident said, *"I've only got a small room, I like it in the night I can go to the toilet and it's quick. Most people have bigger rooms, it's easy for me."*

We asked residents about the food.

Residents gave mixed feedback and described the food as, *'super,' 'lovely,' 'it's all right' and 'its average.'*

We asked residents about the activities at the home.

One resident said, *"Oh yes, we can go downstairs and have a walk around."*

One resident said, *"there are quite a few resident gatherings."*

Notices

The home has noticeboards. In the reception area there is a staff board. There is a noticeboard which has all the activities planned for the week. The complaints procedure is on the noticeboard. All residents have a handbook which has the complaints procedure in there. Resident meetings are also displayed on the noticeboard.

Staffing

There seemed to be adequate staffing levels at the time of our visit. Usual levels were reported as **six** carers and **one** senior in the morning, **four** carers and one senior in the afternoon and **3** carers at night. The manager was also present. The care administrator manages front of house and also manages staff training. Care staff organise various activities for residents.

Two kitchen staff were on duty.

There were **two** cleaners visible on our visit who work until 1pm. Staff told us that they will do any cleaning after the cleaning staff have gone.

We were told that agency staff are not used often.

Quality indicators

Quality Indicator 1: Have strong, visible management.

We were met by the care administrator who gave us a tour of the home, we later sat down with the manager and care administrator.

We spoke to two staff and they said they felt very supported by their manager and they are able to speak to the manager if they have any concerns.

Quality Indicator 2: Have staff with time and skills to do their jobs.

We were told that staff training is done in house and some training is out sourced. Staff will do all the mandatory training, such as safeguarding and dementia training.

Only senior care staff do the medication training. Senior staff manages the medication which is kept in the office in a cabinet.

We were shown all of the staff training in dementia care and other training materials given by the care administrator. New members of staff are given an induction before starting and will go through all of the policies and procedures.

We spoke to two care staff who had worked in the home for a number of years. They said they do all the training and they were happy working there. They felt well supported and comfortable bringing up any concerns they may have with the manager.

We noted the effort staff had given to give the home a Christmas atmosphere. We observed staff showing good interactions with the residents, they communicated very well with them. The residents seemed very happy.

Quality Indicator 3: have good knowledge of each individual resident, their needs and how their needs may be changing.

Staff seemed very familiar with the residents. We were told that when there is a new member of staff starting, they would be given all the relevant training but also complete shadowing shifts which are usually over 4-5 weeks. More can be done if needed.

We observed residents able to freely come to the reception area to talk to the care administrator.

We asked the manager how interactive they are with the residents. The manager told us, *“A lot more now as I am downstairs. Prior to 2021 the deputy manager was downstairs and I was upstairs. Now the interaction is great, it’s always there, I have a visual presence. Residents can also come to in to the office anytime to speak to me.”*

Quality Indicator 4: offer a varied programme of activities.

There are a variety of activities set every day for the residents. Care staff organise various activities. There is a noticeboard which has all the activities planned for the week.

Trips out are organised for residents although transport can be difficult. Activities take place in the activity room or can be taken outside in to the garden area. Residents can go to Lancaster House to do activities there. Residents can also go across to Williams House for activities and for the hairdresser.

The residents get weekly newsletters to see what activities there are across the organisation.

Quality Indicator 5: offer quality, choice and flexibility around food and mealtime.

There were three choices of food available for lunch. We observed a resident being offered choices for lunch. One resident reported gaining a little weight since coming into the home. The kitchen staff know the dietary and allergen needs of all the residents.

The home has tea rounds in the morning, afternoon and evening. There were plenty of drinks freely available and we observed a mid-morning drinks round taking place.

Breakfast is served at 8.30am in rooms but the residents have the choice to go in to the dining room. It depends on each individual resident on what they would like, when they would like to get up.

Quality Indicator 6: ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.

The district nurse will come in to the home when needed. The optician and chiropodist will come in. We were told it has been a little difficult, they are unable to register residents as NHS patients and even staff were finding difficult. Residents have to be taken to dental practice. The staff maintain residents’ oral health.

The manager told us about the challenges they were facing, *“Health professionals, the GPs are appalling, they will diagnose over the phone, they will send DHU Healthcare. They don’t do referrals; we have to chase*

them. All referrals are dire. We used to be able to self-refer but now we can't do that. We don't have weekly checks; we rarely have annual medical checks. The lack of support from GPs."

For end of life, GP won't come to administrate pain medication and authorisation forms are not completed properly by GPs. Other professionals are saying that we are not health care professionals. Residents quality of life would be easier."

The care administrator said, *"GP asking staff to do end of life checks, we are not trained to do it."*

We were told, *"When Covid hit, the GPs closed their doors and have left have half opened. Requests are being made for GPs to visit, sometimes we can be on the phone for 2 hours to get through, sometimes we will go around to the practice and we can see there is no one in the waiting room."*

Quality Indicator 7: accommodate residents personal, cultural and lifestyle needs.

All residents were well presented, looking clean, well-cared for and appropriately dressed.

We viewed a resident room. The rooms are fairly sized, they have ensuite which are accessible and residents are able to bring their own furniture. The rooms have a call bell available and staff are alerted by a pager. Baths are offered on a regular basis. Privacy and dignity were maintained by having screens in the bathroom.

In the resident rooms, bedding is changed every three days unless residents request to have it changed earlier. Resident clothing's are labelled with their names, relatives are asked to label them but staff can also do it. Residents clothing's are washed across the building. We noticed some unlabelled clothing on one clothing rack.

The resident's religious and spiritual needs were well taken care of. There is a live in Chaplain, the residents are able to attend the chapel within the complex. The manager stated that people of all faiths can be catered for within the home.

Quality Indicator 8: be an open environment where feedback is actively sought and used.

Relatives are able to visit any time. They would have to ring beforehand and they usually meet in resident rooms.

During our visit we spoke to one relative. We asked how they were finding the home, and how they think the resident is doing. They said, *"X has been here about 3 years, it is very good, X is better than how X was before."*

We asked if they receive regular communications from the home. They said, *“yes, we get emails on a regular basis.”*

We asked if they had any concerns, were they able to bring it up with staff. They said, *“yes, just little thing, some of X clothes got mislaid but it was all sorted out.”* Relative said about the home being clean and able to visit at any time.

Relatives are able to request for residents to get things done such as arranging haircuts. The home gives Covid kits to relatives for free, it saves relatives having to purchase a kit as tests have to be done before coming in to the home.

There are quarterly residents meetings. Residents are normally told about the meetings and dates are visible on the notice board. Relatives are notified of any meetings via email.

Summary

The report reflects good practice that we had observed, The manager appeared very passionate about the care that she wanted to give to the residents. The staff are very attentive to the residents and the staff interact very well with the residents, the residents seemed very happy and comfortable. The home is very welcoming of family who can visit at any time. There is a variety of activities for residents to do in the home.

We have noted the challenge the home is facing with trying to get support from other health professionals. GPs are not supporting the home with end of life care and it is getting difficult to get GPs to visit the home.

Recommendations

Recommendations made from findings	
1	Ensure that all corridors, walkways and fire doors are free of clutter.
2	The main entrance porch to be visually accessible with signage directing to point of entry.
3	Review the food choices for residents with a range of choices alternating weekly. Ensure residents are asked about the food choices given, ensuring residents are happy with the choices.
4	Consult with NHS England to discuss the issues with the availability of doctors and dentists for residents.
5	Manager to explore with other care provisions on how end of life care is administered and to seek additional support from local services.

Service provider response

The report was agreed with the Service Provider as factually accurate. They have provided the following responses to the report.

We are happy with this and are not aware of any inaccuracies and have nothing to add.

Distribution

The report is for distribution to the following:

- Agnes House Care Home
- LLR Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- Leicester City Council
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network
- Published on www.healthwatchll.com

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