

Enter & View Report

Amberwood Care Home

February 2023

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Report details

Details of visit	
Service Address	218 Aylestone Lane Wigston Leicestershire LE18 1BD
Service Provider	Amberwood Care Home Limited
Date and Time	Friday 10 February 2023, 10am
Authorised Representatives undertaking the visit	Chris Bosley and Moraig Yates

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

The care home entrance is well signposted and easily accessible. The home exterior is well maintained. The front is tarmacked and there were hanging plants by the entrance. There are car parking spaces available for visitors. To alert staff of visitors there is a doorbell. The doors are locked from the outside, but not for leaving the building.

There is a garden which is accessible for residents. The garden can be accessed from the dining room and indoor corridors. The garden is well maintained, it has seating, plants and bird feeders.

Internal

Upon entry, the main office is located near the entrance. There is a visitor book which was used while at the visit. The home did not have any unpleasant odours. The décor is well maintained and the home looked smart. The furniture and soft furnishings were in good condition. The corridors were free of clutter and all the areas were clean. The bath and shower rooms were clean, spacious and well equipped.

The home has a dining area which is light, spacious and easy to move around. It overlooks the back garden. The garden can be accessed via the dining room. The garden and birdfeeders can be viewed from the dining room. The home has four lounges which are located downstairs and one lounge is located upstairs. One is a quiet room where residents can go and enjoy quiet time. We were told that the residents decided that they prefer the chairs to be around the edge of the room. So that they can see and talk to each other and in the TV lounge can all see the screen.

There is no internal CCTV. The home relies on staff observation, residents' alarms and other sensing devices (pressure sensors in mats, beds or chairs) to alert staff of any problems.

The building felt well-lit with daylight due to many windows in shared spaces

Residents

The home can accommodate **44** residents. The home currently has 40 residents.

We spoke to one resident at length and the resident had nothing but praise for the home. Most of the residents had been there for quite a length of time.

Notices

There was a staff noticeboard by the door with names and photos of staff which included the maintenance staff and pool staff. The home has a complaints box. There was a large activities board with all the activities

for the week. The Care Quality Commission (CQC) report was not displayed but is on the website. We were told that the CQC report is included in information given to potential residents and is available on request.

Staffing

The home has **17** care staff, seven senior assistants, five catering staff, five management staff plus manager, one administration staff and two maintenance staff. There are two activity coordinators.

AM – Seven staff on duty

PM – Six staff on duty

Evening/Night – Three staff on duty

We were told that agency staff have never been used. The home has their own bank staff and they are mostly former employees.

Quality indicators

Quality Indicator 1: Have strong, visible management.

The manager and senior care assistant had stated that there have been recent developments with electronic equipment. All staff carried a tablet to record all the residents details (e.g., medication, daily checks, comment on health conditions) which had previously been on paper.

Staff found this not easy to manage, as a result very recently the tablets have been mounted on wall fixtures throughout the home and staff find this quick and easy to manage.

The staff members we had spoken to felt they were supported and that they could raise concerns which would be taken notice of.

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

Staff are welcoming to all visitors. Staff told us that they felt they are appropriately trained. We were told there is a training matrix. Training is delivered internally and external training is used. During Covid-19 online training was used.

All staff carry alarm buzzers so they can be called when assistance is needed.

Interactions between staff and residents were all friendly and caring.

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

Residents have individual care plans tailored to their individual needs and interest. We were told most residents have physical needs, with four to five residents living with dementia. There is a key worker for each resident who monitors the resident's needs.

Quality Indicator 4: offer a varied programme of activities.

The activity coordinators record the personal histories and interests of each resident, in order to plan appropriate activities. There are a range of activities, crafts, physical activities, quizzes and bingo. There is one to one activities for some residents.

Outings such as coach trips and boats trips are arranged. Special events are celebrated; the home will be celebrating one resident's 100th birthday. A Spring fayre is planned for all residents and families.

We did observe the Friday morning activity which included all the residents.

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

The residents have the choice over food. There are three choices each day and the residents could have other dishes to cater for individual dietary needs. We were told and read that the residents decide each day which of the three options for meals. The menu is on a four-week pattern. We were told special dietary needs are catered for. Care assistants assist residents that need help.

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

We were told that most of the residents are registered with the same GP in Wigston but if a resident prefers to stay with their GP (local to Wigston) then they have the choice to do so. District nurses attend the home regularly. Health professional such GP, dentist, optician, physiotherapist and chiropodist all visit the home.

The home does provide transport for doctor and hospital visits. Staff will accompany residents to GP visits.

Physical difficulties prevent most residents from going out with families or carers.

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

The residents have the choice over dressing, food, drink, bedtime and personal care. The residents can choose to have a bath or shower and when to do this, most residents require assistance. Residents can call for help easily, there are alarms in each room.

We were shown an unoccupied bedroom which was spacious enough and the residents are allowed to bring their own furniture. We also viewed some resident's rooms and each were personalised with décor, furniture and bedding.

The residents appear to be well looked after.

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

We spoke to a relative of a soon to be 100 year old resident who could not speak highly enough of the staff and the home. The relative was very pleased with the home, visits very often and compared it favourably with other local residential homes.

Relatives are welcomed in to the home, post covid-19 relatives can visit any time. We observed people coming and going.. During Covid-19, one room with outside door was converted with a screen dividing it to be the visiting room.

Relatives and carers are kept well informed regarding residents. Resident meetings are held.

Summary

The report reflects good practice that we had observed. Activity coordinators plan activities taking in to account the residents interest and personal histories, and a range of activities are planned. The home celebrates special occasions such as celebrating the 100th birthday for one resident.

The home is welcoming towards relatives and carers who can visit at any time. One relative spoke highly of the home.

Interaction between staff and residents were friendly and caring. The home has various health professionals visit.

Service provider response

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

We thank Healthwatch for coming to visit Amberwood.

We love what we do here at Amberwood, and thank our residents, their families & friends, our staff and the larger community for their support. We continually strive to make a difference to our residents and to give outstanding care.

Amberwood has a very happy atmosphere, and this is due to the amazing team work, by all the staff. They all put the residents at the centre of everything they do.....nothing is too much. We are a happy family and this is reflected by what Amberwood achieves each day!

Distribution

The report is for distribution to the following:

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

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