

Enter & View Report

Egerton Lodge Residential Home

February 2023

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Report details

Details of Visit	
Service Address	Egerton Lodge Wilton Road Melton Mowbray Leicestershire LE13 0UJ
Service Provider	Egerton Lodge Limited
Date and Time	Thursday 2 February 2023, 11am
Authorised Representatives undertaking the visit	Kim Marshal-Nichols 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

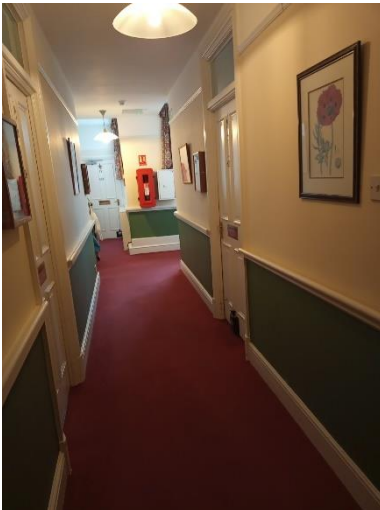
External

Egerton Lodge Residential Home was easy to find, near to the local park. The signage to the home was easy to read. There is a car park at the back of the home with plentiful parking spaces and one accessible car park space. The home looks like an old manor house and it is well maintained from the outside. At the front of the home there are steps to enter, there is a ramp for wheelchair access around the back where the car park is. CCTV is outside but not inside the home.



Internal

Upon entering the home, it is very large and spacious. There were no unpleasant odours. There are three lounges.



There is a big lounge as you walk in, with comfy seats on either side. We observed residents sitting in the lounge. We were told some residents like to sit in this lounge as they like to see who is coming and going. The lounge leads to the dining area.

There is a lounge where activities are held. We observed an activity while at the visit and there was a beauty technician providing a nail treatment for a resident.

There is a quiet lounge which was spacious. In this lounge there is a tv with a radio station on which played music which was not too loud. We observed residents reading books and newspaper. On the wall there were pictures of celebrations that have happened in the home with residents and also a memory tree for residents.

The dining area is spacious, very well-lit with natural light coming in. The dining room was clean and residents can look out in to the park. The furniture looked well maintained. There is a menu on each table

with choice of food with vegetarian option, we were told the menu changes every day.

There is a little room which leads out in to the courtyard, it is well maintained and clean, residents can go and sit outside. Weather permitting activities can be done outside.

There are three floors and there are resident rooms on all floors. Each resident room has their name on the door and a memory box next to the door. We observed pictures of loved ones in the memory boxes. The corridors are free of clutter and there is enough space for residents to move around. There are handrails on the walls in the corridor.

The home has wheelchairs available. There is a bathroom which was clean, spacious and accessible. There are separate toilets for visitors and residents. Hand sanitisers were available in all areas of the home. The home uses a call bell system, which alerts staff when a resident needs assistance.

There is a lift which residents mainly use. We were told there some residents who can use the lift independently and some residents will need assistance.

Residents

Currently the home has 33 residents, two new residents will be joining the home. The home can accommodate 44 residents. The home did accommodate for 46 residents pre-covid as there would be residents who would be at the home for the day but that was stopped during the pandemic and has not started back up yet.

Some residents are independent while eating but some residents need assistance with feeding. We observed a staff member sat with a resident and feeding the resident lunch, the staff member was patient and fed the resident the food nicely.



Notices

Outside the dining area there are noticeboards. One board lists the activities planned for the week. The other board had various notices, safeguarding Adults policy and procedure, complaints, service user

accident procedure, whistleblowing and health and safety. We noticed that there was a newsletter. The latest CQC report was displayed in one of the corridors.

Staffing

We were told that the staffing throughout the day is as follows:

AM – 8 care staff including senior

PM – 6-7 care staff including senior

Evening – 3-4 care staff including senior

The home has their own maintenance, kitchen manager who has been at the home for 30 years, manager and deputy manager, domestic staff, laundry staff, care staff and senior staff. There is an employee board which has little hearts with pictures and names of the staff.

Care staff who has been at the home for two years, told us that they 'love being there and feels very supported. It has been hard during covid, families not being able to visit, residents were feeling down and withdrawn because their families were not able to see them, staff supported the residents, but now it is better as relatives can come and go'.

Quality indicators

Quality Indicator 1: Have strong, visible management.

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

We spoke to two staff members. The staff told us that they are happy, they like being at the home and commented they feel supported by their managers. Staff have said they feel comfortable in asking for any other training they would like to do.

During the visit we observed the manager attending to residents and talking to them.

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

Staff training is all up to date. New starters have induction training for 12 weeks. Distant learning is also done with Loughborough college. Senior staff do First Aid training. Internal and external training is provided.

We were shown by the deputy manager an up to date folder with all the training completed by staff, it was very organised with future training in place for staff members. Staff members know when and what training they have and the staff Rota will be set so staff are relieved to attend training.

We noticed care staff wore tabards which said, 'do not disturb'. Care staff wear this when administering medication. Only senior care staff will administrate medication.

We observed the interaction between staff and the residents, it was warm, friendly and fun. The residents were smiling and seemed very happy. We observed when it was lunch, the residents sat together at the dining area, staff members were present helping residents. Staff set up a table in the lounge for some residents to have lunch there. Staff were very patient and kind towards residents when taking to the table to be seated.

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

Residents have care plans in place. New staff are encouraged to look at the care plans. Mini care plans are in resident rooms.

Residents have resident meetings once a month. During the meetings residents are asked how they are and if they would like any changes. We were told residents usually raise issues about food. After the meetings, the residents are heard and listened to, the home takes in what has been said.

We asked the manager how interactive they are with their residents. The manager told us, "very interactive, we support the residents. Residents can come in and have a chat with us, we have close relationships with

family and we are always out and about.” During our visit we observed the manager chatting to a resident.

Quality Indicator 4: offer a varied programme of activities.

Care staff plan all the activities. The staff will liaise with the office to ensure a variety of activities are planned. Once a month outside entertainment will come to the home.

Outings are also planned and residents have been to the theatre and tree festival. All residents are asked if they would like to go.

Sometimes in the morning staff will ask residents what

activity they would like to do. The staff know what residents like. All residents have the choice to join in, some residents like to sit and watch.

Residents are encouraged and have the choice to join in activities. There is a notice board displaying the activities planned for the week.



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

In the dining area there is a menu on each table with choice of food with a vegetarian option, we were told the menu changes every day. Residents have the choice to take the food back in to their rooms or they can dine in the dining room. While at the visit we observed staff offering different drinks to the residents such as juices, water etc.

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

The home is registered to one surgery, Latham House Medical Practice. We were told that 3-4 doctors do come out to see resident. When doctors are called, they make contact within 3-4 hours, it is more video calls. On Tuesdays, the managers have a meeting with Latham house to discuss any issues regarding residents.

We were told that when a new resident comes to the home the doctors are good at conducting health reviews for the new residents. The district nurse will come in to see residents and they have set days that they visit.

Oral health assessment are conducted every 3 months. Optician comes on in to the home as well.

Chiropodist comes in Tuesdays.

We asked about any challenges and the manager told us, "Out of hours have been excellent. GPs do video calls and GPs do come in; it is getting so much better now. We don't have any challenges; we have regular meetings with social services. First 6 months of Covid-19, it was hard and no support, we worked together as a team."

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

We viewed an empty resident room. The room comes fully furnished, there is an ensuite toilet which is accessible and the residents have the choice to bring their own furniture. Outside of the rooms there are memory boxes where residents can put pictures of loved ones.

Residents have their own clothes; they are given the choice of what they would like to wear. If there is not enough clothing, management are informed and relatives are contacted. There is someone who comes in and sews names in to the clothes. A hairdresser comes in Tuesdays and Thursdays.

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

During the visit we did not speak to any relatives.

The manager told us, “we have monthly newsletters and meetings are held every quarter. A copy of the minutes from meeting are displayed on the board. We always ask relatives whether they would like to raise anything. If there are any changes we email family to inform them.”

There were thank you cards from relatives in the lounges and they were very positive.

Summary

The report reflects good practice that we had observed.

Staff interaction with residents was very good and residents seemed very comfortable. Residents and staff can enjoy fun conversations with each other, it was very nice to see. Staff talk about residents with such kindness.

The manager and deputy manager are supportive of their residents and staff, they are also very attentive to residents. Staff have expressed they like being at the home.

There is a range of activities for residents to do, as well as outings being planned.

The manager spoke about the difficulties during Covid-19 but it's much better now. They feel supported by health care professionals.

Service provider response

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

At this time, we have no comments, just thank you for your feedback and your time whilst at Egerton Lodge.

Distribution

The report is for distribution to the following:

- Egerton Lodge Residential 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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