

Enter & View Report

Kingsfield Court Care Home

December 2022

Contents

Report Details.....	2
Acknowledgements.....	2
Disclaimer	2
Purpose of the visit.....	3
Methodology.....	3
Results of Visit.....	4
Quality Indicators.....	5
Service provider response.....	8
Distribution	8

Report Details

Details of Visit	
Service Address	40 High Street Earl Shilton Leicester LE9 7DG
Service Provider	Acacia Care (Nottingham) Ltd
Date and Time	Tuesday 6 December 2022, 10am
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

The care home was easy to locate and there are clear signs before entering. There is car parking outside the home with plenty of parking space including accessible car parking spaces. At the main door entrance there are automatic doors, the entrance is wide so very good in terms of accessibility and for wheelchair users.



Internal

When arriving at the reception desk, we were asked to sign in, identify ourselves and had our temperature checked before entering the home. The reception area was spacious and clean. There was a cleaner at the front door when we had arrived.

The home has three floors: ground floor, first floor and second floor. There are two staircases and two lifts which residents use. Each floor has lounges and dining areas. There is CCTV inside and outside the home. On the first floor there is a garden room, hair salon, cinema room, medical room and accessible bathroom. The residents who have more complex needs have rooms on the second floor. Resident access each floor via the lift.



The décor of the home is modern with neutral colours, clean and no unpleasant smells. The furniture is clean and cosy. The corridors are wide and free of clutter. On the ground floor there is a medical room, accessible bathroom and residents' rooms.

We noticed residents can move around freely as they wish if they are able to do so without assistance. Staff are readily there if residents need assistance.

The dining area is spacious and attached to one of the lounge, it was clean, easy to move around, no clutter and on the tables, there were menus. There is also a small kitchen in the dining area. Residents can help themselves; they can make their own breakfast if they wish to do so, they can take this back to their own room or dine with other residents.



The garden area is big with seating outside. Residents on the ground floor can easily access the garden area as resident rooms have patio doors.

Residents

The home can accommodate **70** residents. The home currently has 60 residents. We spoke to a resident and they told us, *"I love it. Been here ages, this is my second house."* We asked whether relatives visit much, *"Not very much."*

We asked about planned activities and the resident said, *"I join in anything that's going and I enjoy whatever it is."*

Notices

There was a noticeboard which had information from the residents meeting, complaint procedure, safeguarding adults' information, how to use hand sanitiser and identification and management of outbreaks of Covid-19 in care and residential homes.

Staffing

All staff have worked on all the floors. We were told that the staffing throughout the day is as follows:

AM – four staff, care manager and one senior

PM – two staff, care manager and one senior

Evening/Night – Care manager and senior and two staff on each floor.

The home has their own maintenance staff, three cooks and three cooking assistants. There is an administrator who manages front of house. There are four lifestyle coordinators.

The staff told us that during the pandemic, agency staff have been used. To minimise covid exposure to residents, covid rules were maintained and the staff while working at the home were able to get changed into uniforms at the home, and before leaving they could get cleaned up.

Quality Indicators

Quality Indicator 1: Have strong, visible management.

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

We spoke to three staff members. The staff told us that they are happy and commented they feel supported by their manager.

During the visit we observed the manager attending to residents and making the residents tea.

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

There is in house training and external training such as first aid, mental health and online training.

Staff training is up to date, all new staff have two-week training, training is always ongoing. The staff told us that they feel supported by their manager with any type of training.

We noticed positive interactions between staff and residents. We were present during a song activity, the residents seemed happy to join in. The session was very interactive as the residents were able to get up and dance if they wished to do so.

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

Each floor usually has a care manager, on weekdays there are three care managers and on weekends there is one care manager. Staff have worked on all floors so staff are familiar with all the residents.

When planning activities, residents have choices and activities get tailored to their needs.

When speaking to the manager we asked about resident care plans. The manager said, *"It depends on resident, family are involved in care plan. During the pandemic relatives were kept up to date about residents."*

We asked the manager how interactive they are with the residents. The manager told us that, *"I speak to residents, 5-10 minutes talking to them, very hands on the weekends."*

Quality Indicator 4: offer a varied programme of activities.

There are four lifestyle coordinators who work together to have a monthly plan of activities for the residents. There are activities planned every day, activities are planned with residents needs and likes in mind. All residents have the choice to join in an activity. Activities are held on all floors, each floor will mix, all residents have the choice to participate in activities on any floor

The home has community links such as with the church and local nursery. The children come to visit the residents in the home and the residents visit the nursery. The home has a bar and a gentleman's club. Trips are arranged for the residents but if for any reason they are unable to go on the trip there are alternative activities planned. The home has a volunteer that helps during outings and can provide one-to-one support.

The lifestyle coordinator mentioned it would be useful for the home to have their own transport for outings.

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.

The district nurse will visit the home on Tuesdays and Fridays but can come in if needed. There is a GP allocated to the home, different GPs will visit the home and they will call the home daily.

Trying to get a dentist to come in to the home has been difficult. Staff have maintained residents' oral health.

The manager had stated that the GP is fantastic. The dentist is an issue, they are going through the process of organising a dentist to come in. Trying to register residents as NHS patients is also difficult so it must be paid and some families are reluctant.

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

We viewed a residents' room. It was clean, spacious, own tv and ensuite bathroom. The room has a call bell to alert staff if the resident needed assistance. Residents can bring their own furniture if they wish to do so.

Residents' artwork is displayed in the home which can be bought by relatives and that money goes in the resident fund.

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

During the visit we did not speak to any relatives but we saw relatives coming in and out.

The manager told us that, *"General meetings are held, set slots after writing every second Monday, residents and relatives can bring up any concerns."*

On the noticeboard the complaints procedure was displayed. We did not see a visitor or residents comments book or box. There was resident artwork on display in the home which can be bought by relatives.

Summary

The report reflects good practice that we had observed.

The staff and managers are very attentive to the residents, the residents seemed very happy and comfortable.

The home is very welcoming of family and carers who can visit at any time. There is a full programme of varied activities available for the residents.

The home has good community links which allows the residents to visit various places such the church and local nurseries. The home has a volunteer who gives the residents one-to-one time and also accompanies residents on outings.

We have noted one challenge which is finding a dentist willing to visit the home, the home is in the process of trying to get a dentist to visit, however trying to register the residents as NHS patients has been difficult.

Service provider response

The report was agreed with the Service Provider as factually accurate.

The home had no additional comments to add.

Distribution

The report is for distribution to the following:

- Kingsfield Court 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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