# healthwatch Leicester healthwatch Leicestershire

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# **Enter & View Report**

Clarendon Mews Care Home November 2024

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# **Report Details**

Details of Visit	
Service Address	156 Grasmere Street, Leicester LE2 7FS
Service Provider	Clarendon Mews Care Limited
Date and Time	Tuesday 05 November 2024, 10.30am
Authorised Representatives undertaking the visit	Kim Marshal-Nichols, Moraig Yates and Dulna Shahid (Staff)

## **Acknowledgements**

Healthwatch Leicester and Healthwatch Leicestershire would like to thank the service provider, residents, 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 resident's personal, cultural and lifestyle needs.
- 8. Be an open environment where feedback is actively sought and used.

For further information: <a href="https://www.independentage.org/policy-and-research/our-8-care-home-quality-indicators">www.independentage.org/policy-and-research/our-8-care-home-quality-indicators</a>

## 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 entrance is well signposted and easily accessible. The outside of the building is well maintained. The garden is large and is well looked after. The garden is accessible for residents. In the garden, there is a mini car and a bus stop which residents can use, also a basketball hoop and a "beach". There is a shed which is turned into a fish and chip shop during the summer months. There is a brick BBQ which is used every Friday during the summer. There is a greenhouse in the garden area.

There is CCTV and visitors are digitally signed in and out of the home.

There is a small car parking space outside the home with one accessible parking space. At the front entrance there is an ambulance parking bay.

#### Internal

The home consists of three floors, each floor has a different theme with feature walls. The home is clean and the furniture and soft furnishings are in good condition. The corridors are free of clutter. We observed one interior wall looked damp and the paint was crumbling. Hand railing was observed being sticky to touch.

All floors have lounges, the lounges are various themed, cosy lounge, and one lounge has bar, game area. The dining area is spacious with ample seating for residents, one side of the dining area leads to the main lounge and the other side leads to the garden area.



In the main lounge there is a hydration station, where residents are able to help themselves to drinks if they wish. We also observed a drinks trolley going around with residents being offered a drink. All floors has a wet room, only one bath, they are spacious, clean and accessible with cords and hand rails. All floors have a hoist.

The home has a hairdresser's room, medication room and laundry room. All floors have accessible toilets.

Hand sanitisers and hand cream are available throughout the home. Areas that are supposed to close were closed, access to these rooms are via inputting a code in the keypad. There is CCTV in all communal areas.

During our visit we observed cleaning was in progress. The reception and front office is located on the ground floor, the manager's office is located on the second floor.

While on the visit there was an alarm going, we had asked about it and were told that staff were already aware and are with the resident, also doors within the home have door sensors if a door is left open for too long the alarm will go off and alert staff, we were told this feature is only applicable to the main entrance door leading to the car park. It is specifically in place to limit any residents from absconding. The home has a lift and stairs which residents are able to use. The home has a pet cat.



#### **Residents**

The residential home has a capacity of **47** residents, with **44** residents currently residing at the home. There are single rooms, with 1 double room. All rooms have ensuite except for two rooms. Resident rooms are personalised with pictures and other belongings that they are able to bring. Each resident room has 'Conversation starter' on doors, it shows the resident's likes, dislikes and has a picture of the resident.

Rooms have door sensors, if a door is open it will alert staff, also there is a room sensor near resident beds that alerts staff if a resident has had a fall.

The two residents that were spoken to, though very charming, were unable to communicate with us. We were told that all residents, except for seven residents, are living with dementia.

#### **Notices**

There is a visitor notice board which has information on the complaints procedure, CQC report, family and friend's feedback information, handwashing etc. Additionally we were taken around the area where staff only have access when moving around the home, there were information boards for staff on walls.



## **Staffing**

There are 13 carers, 1 chef, 2 cleaners, 1 maintenance man, 2 managers plus an assistant manager.

We were told agency staff are used but not always. The same staff member from the agency is used as training and an induction has been given.

# **Quality Indicators**

## Quality Indicator 1: Have strong, visible management.

The management team are very approachable and are always interacting with the residents. They will go down on the floor and chat with the residents.

One care staff expressed genuine happiness in their roles and felt well-supported by both their manager and colleagues. They were confident in approaching their manager with any concerns and knew they could request additional training if needed.

The management team highlighted staffing challenges, noting that while recruitment had been difficult, it has since shown improvement.

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

There is regular staff training both in person and online; moving and handling, safeguarding etc. This has to be completed in 12 months or employment is ended. New staff members get observed in daily care. There is a training matrix which is updated regularly. Training is outsourced with some training given in house.

One staff member said "I have worked here for 8 months, I did shadowing for 2 days, before that I was shown around. I have frequent training and I can always request further training."

Staff appeared to be highly attentive to the residents.

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

Staff demonstrate an understanding of residents, their needs and any changes that may occur. They update each resident's daily activities using the electronic system.

Residents' care plans are accessible through an app, and staff are expected to familiarise themselves with these care plans to ensure they understand each resident's needs and any evolving requirements. Carers engage with residents to learn about their preferences. While staff can input updates into the app, they cannot modify any details within the residents' care plans.

One staff member said "We use a system, it has all information of residents, care plans, from that we interact with residents, learn from staff as well."

## Quality Indicator 4: offer a varied programme of activities.

Residents enjoy regular outings to the cinema, memory café, museum and scenic walks. Some residents are permitted to go out independently and are provided with a card displaying the home's name and contact number for assistance if needed. Special occasions are also celebrated.

Although the home does not have a dedicated activity coordinator, there are activities planned every day. We were told each staff member has the opportunity to plan activities. There is a timetable of activities, we were told residents enjoy taking part in singing activities and other activities. Residents are also given the choice if they would like to take part.

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

Residents are offered a choice of meals and appear well cared for. Assistance with eating and drinking is available when needed, and nutrition and hydration are tracked digitally. Residents have the choice of choosing whether they would like to sit at eat food in the dining area or in their rooms or lounge areas.

Special dietary needs are catered for such as vegetarian.. Support is given to residents who require help with eating and drinking, we were told staff members will be allocated.

Nutrition and hydration is monitored via the electronic system, it will flag up if a residents is not eating or drinking well.

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

De Montfort Surgery provides medical care for residents, which was expressed being very good as GPs will do ward rounds every Tuesday and Wednesday, and the home is able to register new residents to the practice. Dental services are accessed in Loughborough for some residents. Challenges expressed by management was that it is hard to get seen on a NHS Dental referral unless a resident is in pain. We were told the home is looking at getting a private dental practice to come in to see residents.

Annual eye tests are conducted, and an in-house physiotherapist is available. However, there is no district nurse, there is a team that the home can access and they will come out when needed. Transport is arranged for all these services if needed.

A chiropodist will visit the home every 6 weeks. A staff member from the hearing services from Leicester Royal Infirmary will visit the home and is able to do referrals and will fast track if required. Care staff have been provided with training from staff from the hearing service.

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

In the dining area, there are placemats which are tailored to each resident, residents have chosen a picture of importance and there is an explanation as to what it is.

Residents appeared well cared for. A hairdresser comes in to the home on Mondays and sometimes on Thursdays. A sports company come to the home on Wednesdays and Fridays.

Special events are celebrated, we were told all staff know in advance if it is a special birthday.

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

Resident meeting are held monthly, feedback is given by residents regarding activities, food menu etc. We were told one resident had asked for a basketball hoop and the home provided one that is placed in the garden.

Families are able to have access to the electronic care system to view the resident information such as what the resident has eaten, drank etc.

Surveys are sent electronically to family of residents which is open all year round, families are encouraged to provide feedback. Feedbacks forms are also available and can be filled out via the signing in/out tablet.

## Summary

The report reflects that the care home has a welcoming environment, good staff-resident interactions, and facilities catering to residents' personal and cultural needs. Notable findings includes, strong and visible management with supportive staff. Tailored care plans accessible via an electronic system. A variety of engaging activities and special event celebrations. Regular health professional visits, including GP rounds and chiropodist services. Thoughtful dining options catering to dietary and cultural needs. Active feedback mechanisms for residents and families.

## Recommendations

We recommend	d that Clarendon Mews Care Home:
1	Look to repair the damp interior wall and repaint crumbling areas.
2	Clean or replace sticky hand railings for better hygiene and usability.
3	Consult with NHS England to discuss the issues with the availability of dental treatment for residents.

# Service provider response

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

"We observed one interior wall looked damp and the paint was crumbling," I would like to clarify that this issue resulted from a recent leak caused by a storm only a couple of days before your visit. The affected plaster has since been removed.

## **Distribution**

## The report is for distribution to the following:

- Clarendon Mews Care Home
- LLR Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- Leicester City 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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