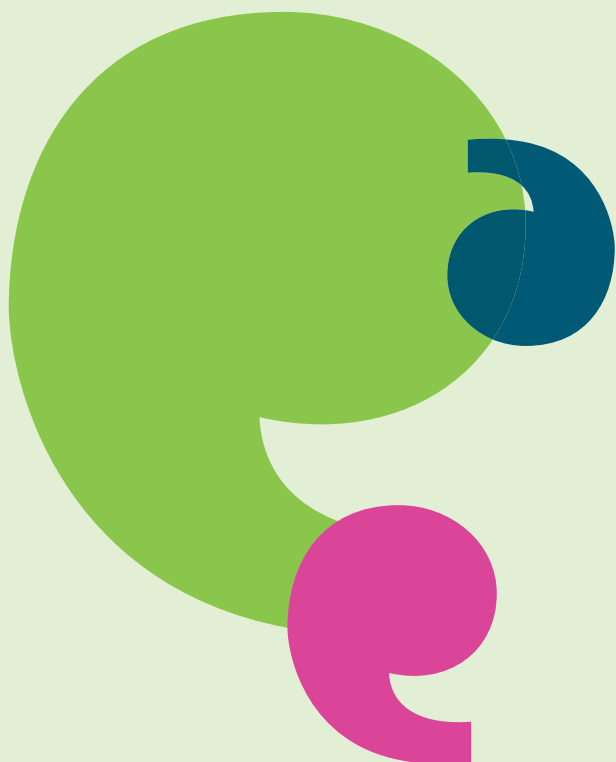




## **Enter & View Report**

Lutterworth Country House  
Care Home

28 July 2014



## Report Details

<b>Address</b>	<b>Lutterworth Country House Care Home</b> <b>2 Ashby Lane</b> <b>Bitteswell</b> <b>Lutterworth</b> <b>LE17 4LS</b>
<b>Service Provider</b>	<b>Normanton Lodge Limited, part of the</b> <b>My Care Group</b>
<b>Date and time of visit</b>	<b>Monday 28 July 2014</b> <b>2pm - 5pm</b>
<b>Type of visit</b>	<b>Announced visit</b>
<b>Authorised representatives undertaking the visit</b>	<b>1 - Team Leader</b> <b>1 - Authorised Representative</b> <b>1 - Staff lead</b>

## Acknowledgements

Healthwatch Leicestershire would like to thank the service provider, residents, visitors and staff for their contribution to the Enter & View Programme.

## Disclaimer

Please note that this report relates to findings observed on Monday 28 July 2014. Our report relates to this specific visit to this service and is not representative 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 Leicestershire.

# What is Enter & View?

Part of the local Healthwatch Programme is to carry out Enter & View visits.

Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvements.

## Enter and view is the opportunity for Healthwatch Leicestershire to:

- Enter publicly funded health and social care premises to see and hear consumer experiences about the service
- Observe how the service is delivered, often by using a themed approach
- Collect the views of service users (patients and residents) at the point of service delivery
- Collect the views of carers and relatives
- Observe the nature and quality of services
- Collect evidence-based feedback
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

## Purpose of the visit

- To engage with service users of Lutterworth County House Care Home and understand how dignity is being respected in a care home environment.
- To observe the care provided at this home, looking at a number of key themes; Food and Drink, Safeguarding, Staffing, Personal Care and Medication.
- To observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.

# Methodology

## **This was an announced Enter and View visit.**

We approached a member of management before we spoke to anyone in the care home who advised us that we had access to all the residents, staff and relatives during our visit.

Authorised representatives conducted conversations to informally ask residents about their experiences of the home and spoke with ten residents at the care home. They also spoke to three family members, two friends visiting a resident and to a visiting District Nurse. They explained to everyone they spoke to why they were there and took minimal notes.

A large proportion of the visit was also observational, involving the authorised representatives walking around the home and observing the surroundings to gain an understanding of how residents engaged with staff members and the facilities. There was an observational checklist prepared for this purpose.

## **Summary of the Findings**

- Residents told us they were generally happy with the food menu and that they received plenty of drinks.
- Staff interacted well with the residents and in general, staff reported that they enjoyed their work.
- Relatives told us that the home was often short staffed and they did not always know who were the new members of staff.
- Residents told us they liked the programme of activities during the day but some relatives said that they would like to see evening activities.
- Residents with limited mobility would find it difficult to access the communal bathroom facilities.
- Relatives told us that medication was not always administered on time and charts not always updated.



## Result of Visit

### Environment

This is a purpose built two-storey care home with a central area. It is located in a rural setting surrounded by fields and a farm. There are gardens to the front and back; the residents use the back garden. We noticed that Healthwatch posters were on display throughout the building. The home was clean and free from any unpleasant smells. The residents' rooms are situated off corridors on the ground and first floor. The rooms we saw were light and many have good views overlooking the countryside or gardens. The corridors were a little dark but this was offset by the many pictures displayed on the walls and the brightly coloured front doors to the rooms. The central communal area on the first floor is open plan and is used as a dining room and recreational/ lounge area. To the rear there is a light and bright conservatory/ garden room with plenty of seating and good views of the garden and open countryside.

We observed residents being served afternoon tea and that there was a good interaction with the staff indicating that there was a good rapport between both.

### Food and Drink

Although we did not observe the food, most residents spoke highly of the food and there was a choice of dish for their main meal on the menu. The visitors of one elderly resident expressed concern that she was dehydrated and although they had been giving her fluid, it was noted that her mouth was dry and her lips cracked. The friends were reluctant to report this as felt that it would be ignored, as they were not relatives. The residents told us that they receive plenty of food and drinks. The residents assured us that they were given extra drinks when required.

We observed that water jugs (uncovered) were provided in the rooms; however some were not in reach of the resident. We were told that these were delivered in the morning so by mid afternoon were now warm.

### Safeguarding, Concerns and Complaints' Procedure

Staff uniforms and name badges enable them to be easily identifiable to residents and relatives. The team observed that none of the members of staff wore name badges and that one staff member did not have a uniform and they told us that they had been employed for three weeks and was waiting for a uniform.

A central notice board, with photos of the staff, title and lead responsibility was absent and would have been useful for residents, relatives and friends for reporting safeguarding matters.

On asking a sample of staff members, they told us that they understood safeguarding, the reporting procedure and would report concerns to their Manager. Most staff said that they had been given safeguarding training, although some were less confident with their reply.

The team did not observe any 'comment, complaint or concern' signs in the communal areas in the home. There was no complaints policy and procedure in evidence or organisational charts.

## **Staff**

Staff seemed to interact well with the residents and in general staff reported that they enjoyed their work. The staff team on duty during our visit comprised of a mix of senior care assistants and care assistants. The staff we spoke to all stated that they were supported in their roles and had regular training. We noted that some residents and relatives mentioned a high turnover of staff.

## **Promotion of Privacy, Dignity and Respect**

The rooms and corridors were clean, spacious and bright. Each resident has their picture and name in a frame outside their room and each door had a doorknocker. Room doors were either shut or open on the request of the resident. It was noted from a relative's feedback that the door was closed when any personal care was carried out. A relative commented that the linen and duvets were kept clean and regularly changed. Residents were asked about arrangements at bedtime and those spoken to said it was their choice when they went to bed.

Most residents appeared clean, well dressed and cheerful. There were some less able residents where attention to mouth care and oral hygiene would be helpful.

The en-suite facilities included a sink and toilet. We were told that sink plugs were on order and bowls were provided during the interim.

In the bathroom on the first floor, it was observed that although clean, there was mould around the shower unit. There was a shower rota on display and we noted there was a step into the room, which would have made it harder for residents with limited mobility to access.

We could not find the emergency pull cord for the toilet and noticed that the light switch was outside the room in the corridor and the lights when on were flickering. The toilet was unclean and there were visible holes in the wall.

## Recreational activities

There is an Activity Co-ordinator who runs events to involve the residents. She was enthusiastic and she appeared to be well liked by all the residents. She had arranged a wide range of activities and had implemented an activity calendar, which was displayed near the main entrance. There was a range of activities including one-to-one sessions with the residents. The Activity Co-ordinator communicated well with the residents and asked them what they liked doing. We observed pictures from a recent resident and family event that had taken place.

There was a garden with a large summerhouse that had settees, television and a DVD player inside. There were plenty of chairs and tables for the residents to use and the residents had planted the flowers in the outdoor containers.

There was a new aviary in the garden, which the residents told us they really liked. We observed that residents all had Call Bells with them that were being used in the garden and were answered. Whilst in the garden, we observed that the residents were offered cold drinks.

Relatives told us that although were planned activities in the daytime there was no themed activities planned in the evening.

## Medication and treatment

A local GP visited regularly once a week and although residents are registered with different practices, the Manager confirmed that they were able to ask about any general concerns and they discuss medicines management. Residents were asked if they received their medication regularly and on time and the majority spoken to said that they did.

We heard contrasting experiences with access to medication - one relative reported a 48-hour delay in obtaining a prescription and a further delay in administration, another told us that medication was given on time and there were no delays in getting prescriptions. Another relative told us that medication had not been given on time and prescribed medication and treatment had not been written in the chart.

We spoke to a visiting District Nurse responsible for the delivery of End of Life Care to a resident supported by a local GP Practice. With regard to general care she told us that she had noted the improvements that had been made over the last six months.

## Residents

We spoke to over ten residents who all were happy with their care and treatment with none of them having been at the home longer than 4-5 months.



## Relatives and Friends

We spoke to three relatives and two friends during our visit. One mentioned concerns about how a relative was being cared for which the relative had raised with the staff concerning the administration of medication and communication about their relative from the home.

Two relatives were very satisfied with the care given and told us that the rooms were cleaned and kept immaculate.

Relatives commented on the staffing levels and said that the home was often short staffed.

One relative told us that they were given no information on how to raise a complaint or who to go to.

## Recommendations

This report highlights the good practice that we observed and reflects the appreciation that residents felt about the care and support provided.

1. The findings did indicate a review of the bathroom and toilet facilities so that all parts of the home are easily accessible.
2. The home to consider how to make it easier for residents to know who the staff are so that residents and relatives know who the management are and the staff delivering care.
3. We further recommend that the complaints procedure with contact details is clearly visible in the communal areas for residents, relatives and friends.
4. The findings suggest that access to medication, obtaining prescriptions and treatment was not consistent. We recommend a review of the administration process and procedures and inform us of the actions taken in this regard.

## Service Provider Response

This report was agreed with the Care Home as factually accurate. They have provided the following responses to the recommendations:

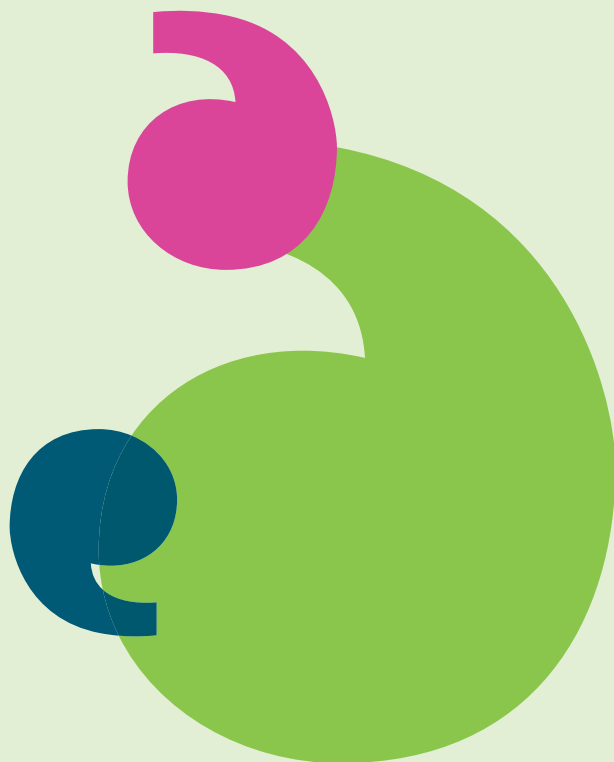
1. All the bathrooms and toilets have yellow doors, this makes them easily identifiable. We have five bathrooms and one shower room with construction under way to create another wet room. All bedrooms are en-suite and we have two communal toilets on each floor and these have yellow doors also.
2. The home provides uniforms for staff once they have completed induction training and passed their probationary period. We are having their names embroidered on the uniforms. On admission and at the pre admission the staffing structure is discussed with prospective residents. Both the manager and deputy manager carry out assessments and meet families on enquiry level, right up to admission to provide constancy and create a point of contact on a personal level.
3. The complaints procedure is currently being printed in Arial, font size 14 and this will replace the current signs in the foyer and residents rooms.
4. As a company we use Boots, they provide training and support regarding medication. Interim prescriptions can be collected from the local pharmacy.

## Distribution

The report has been distributed to the following:

- Lutterworth Country House Care Home
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
- LCC Health & Wellbeing Board
- Overview & Scrutiny Committee (OSC)
- East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)
- West Leicestershire Clinical Commissioning Group (WLCCG)
- Leicester City Council
- Leicester City Clinical Commissioning Group (LCCCG)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network

Published on [www.healthwatchleicestershire.co.uk](http://www.healthwatchleicestershire.co.uk)



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