



Enter & View Report

Rushey Mead Care Home

26 February 2019

Report Details

Details of visit

Service Address	30 Coatsbridge Avenue, Leicester. LE4 7ZS
Service Provider	Midland Healthcare Ltd
Date and Time	26 th February 2019 10.30am - 2.30pm
Authorised Representatives undertaking the visit	John Bryant, Kim Marshall-Nichols, Mehrunnisa Lalani, Moraig Yates, Ana Goncalves, Nazmin Pirbhai (Healthwatch 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 & Healthwatch Leicestershire.

Purpose of visit

Healthwatch and Independent Age, a national charity, have developed a set of eight Quality Indicators for care homes, listed below. We were interested especially in indicators 4,5 and 6 of these quality indicators, which are in bold:

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.
- observe interactions between residents, staff, manager and visitors

The Enter and View Team wish to thank the staff for their assistance during the visit. It should be noted this report is merely a snapshot in time and is based purely on what was seen at the time of the visit.

Observations & Findings

The Care Home

Rushey Mead Care Home is a purpose built three floor building and is situated in the north west of Leicester City and is owned by Midland Healthcare. It caters for person with severe dementia, mental and physical needs. It has 49 single rooms and one double.

Currently there are 30 residents. The majority are of South Asian origin. Three residents are white British.

Staffing levels meet the requirements laid down by Leicester City Council. There is no Manager in post, until the vacancy is filled the Lead Clinician Adi Gohul is Acting Manager in addition to his substantive post.

Entering the Home



To entry visitors need to ring the bell and a member of staff will allow admittance. On entering the building, it appeared clean with no apparent safety hazard. In the main entrance were a series of appropriate notices including contact details and names of senior staff of the Company. Notes of a residents, carers' and staff meeting was displayed though outdated. There was no information on staff on duty although there was information in a room used by staff.

Decoration throughout the building was basic, white emulsion. There were no pictures, memory trees or pictures and items of yesteryear.

The Lead Authorised Representative was met by the Acting Manager, they discussed the level of information held on each resident. With a resident's prior permission, a comprehensive care plan was viewed. In addition to personal needs and support within the care home it gave details of pre assessment suitability and social background. We were assured by the Acting Manager that all care plans were to the same standard.

Internal Environment



The team observed the door on the back entry was not working correctly and not properly locked. People were seen entering by pushing the door and a third attempted to secure it. We reported this to the Acting Manager. In the entrance area was a cupboard under the stairs holding medical pads. It was unlocked and untidy.

We visited all three floors. The corridors were clean and tidy but once again with the walls being plain white there was nothing to take away the institutional feel. All secure areas were suitably locked and none of these were entered.

We spoke to cleaning staff who certainly carried out good work but felt communication between their level and those above could be improved.

One member of staff when asked about the fire drill and evacuation procedure could not sufficiently explain the emergency procedure other “than we congregate near the front door and residents have to be left in their rooms.” It was noted the process was clearly documented and was displayed on the wall outside the manager’s office.

Observations

- There is a small kitchen on the first floor which has washing facilities but no drying facilities. In a cupboard there were the ends and a bar of a broken towel rail
- In a first-floor toilet, on a window shelf, were two safety razors, one used one unused. We reported this to the Acting Manager.
- All toilet areas visited were clean and tidy as were those specialized washing and bathing rooms.
- In one toilet area the red alarm cord had broken and was placed on the window shelf.
- There was another room, the hoist room, containing more lifting and mobility equipment. it was untidy.
- A lounge on the second floor appeared unused. In that room within a drawer were sensory items also in the drawer where cleaning products.

Speaking to residents in their rooms

One resident visited appeared in a distressed state and was crying. The room was dark and they were curled up, covered by a thin sheet. We were not aware of a buzzer or pull cord in that room. This was reported to the acting manager whose response was that this is that resident's "normal situation".

Another resident had liquid spilt over the floor and the room smelt of urine. An interpreter who accompanied the team and often visited mentioned this room often smelt of urine and was wet. When asked the acting manager stated "he always throws his water on the floor".

A third resident we visited had a clean and pleasant room. He said he was happy, enjoyed the radio and tv but did not go out because of his medical situation preferring to stay in his room. During this time the team did not observe any interaction between staff and those patients in their own rooms.

Mealtimes in the home

At lunchtime the team visited the dining and kitchen area. Lunch was observed and appeared well organized. There is a choice of meals. A board on the wall listed dietary requirements of each resident.

There was no smell of cooking. Apparently, food is cooked early in the day then refrigerated. For the evening meal, staff on duty merely have to reheat food required.

The kitchen area was clean and tidy and a spill on the floor when mentioned was quickly cleared up. It was noted serving staff did not wear gloves when handling food.

Additional observations and feedback

The toilet adjacent to the kitchen was signed out of order.

The large conservatory off the dining area had a no entry sign apparently because there were problems with the roof.

The residents appeared cared for. One carer said that while her family member was well cared for, they were not aware she had been taken out for shopping visits or the like.

Speaking to a number of residents none could remember any external visits.

The activities observed involved only games which white British would be familiar rather than those more appropriate to residents' cultural backgrounds. Apart from the activities coordinator no other staff were seen to be involved in stimulating or interacting with those residents involved.

Some residents were in the lounge sitting in a row with a television on very loud. Although a member of staff was in the room, it appeared she was carrying out administrative tasks. The team observed no interaction between that member of staff and residents. No other members of staff were seen at that time.

Recommendations

We would therefore recommend that:

1. Measures are implemented to improve social interaction and quality of life of residents, which are appropriate to their cultural diversity, such as:
 - dementia friendly activities
 - cultural & faith activities appropriate to residents
 - the opportunity for external visits to shops etc.
2. Ensure residents residing mainly in their rooms are visited on a regular basis and were possible dispel fears and anxiety
3. Remind staff of the need to be aware of and understand the fire and evacuation procedures
4. Put in place suitable cleaning, for example where the spillage and smell of urine is likely, and where appropriate drinking vessels to be non-spillable
5. Improve safety awareness, including locking the cupboard in the reception.
6. Continue to re-decorate.
7. Provide information showing staff names, roles and photos, with an indication of those on duty.

Service provider response

Service Provider response 15.5.19

1. Rushey Mead Manor employs Activity staff who work towards providing a person centred Activity programme both for the group and individuals.

Currently the home is visited by various representatives of different faiths with residents assisted to make informed decisions as to which services they attend.

There is a robust programme of religious celebration throughout the year which is inclusive of all faiths.

In regards to dementia friendly activities – the home is currently working towards improving the current service provision and we take on board the recommendations made by Health Watch.

Residents wishing to attend external activities and/or visits are currently assisted in line with their choices and capabilities. We have recently been praised by Social workers for the efforts made in assisting one individual attend the community (DR) who has behaviour that challenges. He has attended the community several times and is supported to visit the bank, shops and places of interest which he chooses.

2. The home has a system in place by where individuals are checked and visited hourly during the day and two hourly overnight (minimise disrupted sleep). This frequency can be varied dependent upon an individual's need.

As a result of the Health watch recommendations the home will ensure that all visits are planned and recorded accurately.

3. The Health and Safety of our residents, staff and visitors is of paramount importance to Midland Health Care. In the last twelve months we have invested in new evacuation equipment plus training on how to use the equipment for our staff.

All staff receive Fire training twice yearly in addition to practising with the equipment. Naturally it is of concern to us that staff were seemingly unaware of the correct procedure during your visit.

We have requested the company training manager conduct additional training and complete competency assessments on all our staff.

4. Cleanliness of the home is a priority and we have increased deployment of housekeeping staff across the working day in the last twelve months. Local Authority reports were complimentary regarding the standards of cleanliness achieved within

the home however in light of your findings we are reviewing the performance and understanding of our staff group.

In regards to drinking vessels each resident is given a drinking vessel in line with their assessed need. The Area Manager will revisit this with the Nurses and Care Co-ordinator in order to ensure that all individuals have access to the appropriate cup /vessel.

5. The Management team are in agreement in regards to the reference cupboard. Staff have been made aware that the cupboard must be locked at all times when not in use.

6. Three of the main corridors are painted in bright, individual covers in line with recommendations made by Care First Consultancy.

In regards to the First floor the area was refurbished a two years ago and is indeed now due for redecoration. One of the Company's contracted maintenance men has been requested to assist on his return from leave w/c 27/5/19.

The ground floor was kept plain in order to differentiate the area from the bedroom corridor which is on the same floor. In light of your recommendations we will revisit this decision.

7. The Area Manager will take this up with the Acting Manager. In the main corridor there is a display case which housed all the staff names and photographs. In addition to this a white board situated in the entrance was utilised to display the names and positions of staff on duty. We will have both up and running by the first week of June 2019.

Distribution

The report is to be distributed to the following:

Rushey Mead Manor Care Home

Care Quality Commission (CQC)

Leicester City Council

Leicestershire County Council (LCC)

Leicester City Clinical Commissioning Group (LCCCG)

East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG)

West Leicestershire Clinical Commissioning Group (WLCCG)

NHS England (Leicestershire and Lincolnshire) Local Area Team

Healthwatch England and the local Healthwatch Network

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