

Enter & View Report

Fernleigh Care Home

November 2022

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Report details

Details of Visit	
Service Address	37 Tamworth Road Ashby De La Zouch Leicestershire LE65 2PW
Service Provider	Avvism Care LTD
Date and Time	Wednesday 23 November 2022, 9am
Authorised Representatives undertaking the visit	Chris Bosley 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 visit

External

The care home is in a large, converted house with a purpose build extension.

There is another house next to Fernleigh Care Home and upon arrival it was a little confusing on where the entrance was as there is a low wall surrounding the building with a gate entrance.

The outside garden has seating area with benches, table and chairs.

We noted that there is a pod in the garden which we were told was installed during the pandemic to allow relatives and residents to have time together without encountering other residents.

To enter the home, visitors must ring the doorbell and there is CCTV.

Visitors and staff are to wear masks while in the home.



Internal

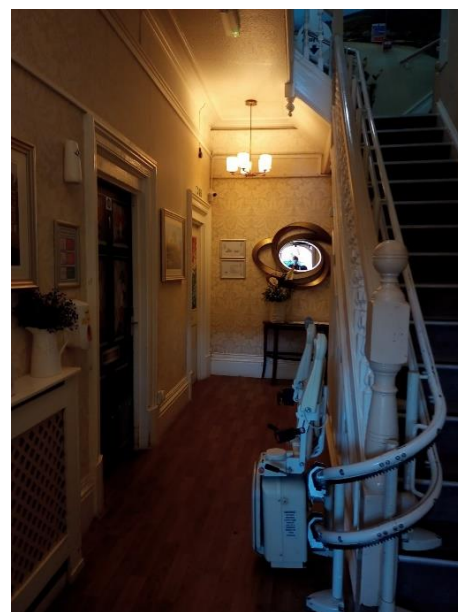
Upon entering the home there is hallway to the left, stairs with a stair lift to the right and a door entrance to the one of the lounges. There is also another set of stairs with a stair lift.

There is a table with a visitor signing in book, which was up to date.

The hallway was well lit and free of clutter.

The home has four floors. There are two lounges, one dining area and visitor toilets.

We noted that the decoration is Dementia friendly with each floor having a décor theme and each resident's door having a distinct appearance. The initial ground floor corridor was theatre theme. The next corridor has an outdoor theme with bird song and a sky-like ceiling. The corridors are narrow but free of clutter and easy to manoeuvre around. There are sensors on the stairs which alert staff if anyone is on the stairs.



The lounges are a decent size with cosy seating. They are well lit, free of clutter and with easy walkway. There is a television where the residents will watch either a movie or a TV show. In one lounge there is another screen which looks like a fish tank, there is also a scent diffuser which gave out a nice smelling scent.

Residents with dementia use the lounge near the dining area. There was a TV with a movie on and in the corner a bird cage with bird.

In the dining area there is an activity board on the wall with information about daily activities. There is a visual weather board with the day and date. The kitchen is attached to the dining area.

Notices

There are various notice boards with information. There is a staff notice board which shows all the staff with their photos. We were told that most of the staff have worked there for a long time and have kept stable during lockdown. Residents and relatives are familiar with the regular staff who are there.

Residents

There are 26 residents in total, the maximum capacity is 27 residents. There are single rooms and rooms which residents share. We were told by the staff that compatibility is thought through before residents are put together. There are four companion rooms.

In one of the resident's room, we saw a copy of the complaint's procedure and a guide to the home. There are resident meetings every two months.

Residents Feedback

We spoke to two residents.

We asked what do you like about the home. One resident said, *"Just everything, just nice."*

We asked about choice of food, one resident said, *"two choices, roast dinners I like most,"* another resident said, *"Fine, suits me. No complaints."*

We asked if residents are allowed outside by themselves. One resident said, *"Not allowed on your own, have to have someone with you."* Another commented, *"Staff are very nice" and "Staff are helpful."*

One resident said about the evening, *"We go to bed when we feel like."*

Staffing

During our visit, the staff present were the chef, the activity coordinator, head of care and care home staff. The home has contracted maintenance staff who are regular and get to chat to residents. There were two maintenance staff present during the visit.

We were told that at night there are two members of staff at the home and two managers are on call. Agency staff have never been used.

Quality Indicators

Quality Indicator 1: Have strong, visible management

We were met by the registered manager who gave us a tour of the home. We later sat down with the manager.

Staff told us that they are happy and commented they feel supported. The staff commented that the manager is very accommodating if they have any issues and the staff support each other.

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

On the staff notice board it had shown all the staff who currently work at the home, how many years of service they have done and their level of qualification. The home has an oral health champion who has had training, can monitor dental health and help with hygiene but cannot give treatments to residents.

We observed staff being attentive to the residents; they would sit with them either in the lounges or in the dining area. A resident asked to use the toilet and was attended to very quickly by a member of staff. Interactions between the staff and residents seemed warm and friendly.

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

Residents have started 'my life story book' which family members fill in and includes residents' likes, dislikes, previous job, family and friends, what they have done etc. The activity coordinator will sit with residents and look through the book and talk about it. The manager recounted detailed knowledge of individual residents' current situations and needs

Quality Indicator 4: Offer a varied programme of activities

The activity coordinator plans activities for the month, weekly activities are displayed on the notice board in the dining area. Special events are celebrated. Activities are tailored to resident's needs. We were shown pictures of the activities the residents had done and a detailed log book of daily activities. There are board games, bingo available and outdoor activities such as gardening. There is an activity chart in resident rooms. A hairdresser comes every Friday. During our visit there was an entertainer at the home.

The home has hello cards in the dining area and lounges – they are made by children who had visited the home. The home does have nursery children visit days.

Quality Indicator 5: Offer quality, choice and flexibility around food and mealtimes

The kitchen was clean and there was information on the wall of residents' dietary needs.

The chef gets to know the residents and their dietary needs. There is one chef who maintains the kitchen area.

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

While at the visit, in the morning there had been a district nurse who regularly attends the home to see the residents. The staff told us that all other outside help and specialist care (physiotherapy, chiropody etc.) is fine, but the biggest difficulty for the home is finding a dentist to register with who will come out to the home.

The manager had stated that it was difficult trying to register with a dentist and difficult to get a dentist to come in. The Oral Health Champion has had training in managing the resident oral health.

One member of staff said, "During covid it was difficult as help from outside would not come, everything was over the phone."

Quality Indicator 7: Accommodate residents personal, cultural and lifestyle needs

We viewed one resident room, the resident was able to paint the room how they liked, they had their own bedding (the home does provide bedding, the resident and relative chose to bring their own) and have personal artifacts with them such as photos, furniture etc.

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

We spoke to a relative, who comes every day to visit a resident. The relative said, *"staff are wonderful, they look after us. They keep resident calm, relaxed, the nurse comes in. Feels like home from home."* They also said, *"During covid, can come and go as we wish, had to sit outside, not allowed inside, after Covid relaxed, we were allowed to go in."*

Another relative we had spoken to had said, *"B has been here 18 months and is always looked after, has clean clothes, clean bedding all the time. The staff give one to one, doctor wanted to take to hospital but we said no, we wanted to keep at home as B is cared for."*

Summary

The report reflects good practice that we had observed, there is stability and loyalty of staff. The home has distinctive dementia friendly décor.

There is individualised care with personalised rooms, 'my life story book,' and staff understanding individuals' needs and personalities.

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.

We have noted one challenge which is finding a dentist willing to visit and treat residents who are unable to travel to a practice.

Service provider response

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

The manager and staff at Fernleigh would like to thank the Healthwatch representatives for their time and for providing positive feedback about our home and service.

Distribution

The report is for distribution to the following:

- Fernleigh Care Home
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
- Integrated Care Board (ICB)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network
- Published on www.healthwatchll.com



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