

Enter & View Report

Rushey Mead Manor Care and Nursing Home
November 2023

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Report details

Details of Visit	
Service Address	30 Coatbridge Avenue, Leicester, Leicestershire, LE4 7ZS
Service Provider	Care Home Consultancy Services Limited
Date and Time	Thursday 30 November 2023, 11.30am
Authorised Representatives undertaking the visit	Dervis Duygun Fethi, Kim Marshal-Nichols and Dulna Shahid (Staff Lead)

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: www.independentage.org/policy-and-research/our-8-care-home-quality-indicators

To focus on recommendations from our previous visit which was conducted on 26 February 2019. On the previous visit, Rushey Mead Manor Care and Nursing Home was run by Midland Healthcare Limited and now the home is run by Care Home Consultancy Services Limited.

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.

Review of previous recommendations

We reviewed the previous recommendations listed in the February 2019 report:

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.

The home has an activity coordinator and individuals engage in activities such as cards and board games. Activities are tailored to individual needs. Outings are arranged for the residents, such as going to the shops, bar, library, etc. Special events such as Diwali is celebrated.

The home has external people come in to provide activities such as sports activities.

The home also has a mini library which residents can access.

There had been a technological interactive game, but was removed as residents did not like it.

2. Ensure residents residing mainly in their rooms are visited regularly and where possible dispel fears and anxiety.

Residents who are bedridden or chair-bound will have regular checks by staff, usually hourly. We were told the residents who are bedridden or chair-bound are doing a lot of therapy.

3. Remind staff of the need to be aware of and understand the fire and evacuation procedures.

We were told there are two staff inductions, one being the job induction and the second being Fire and Health and Safety. We were told that the induction goes through everything and is very thorough. It is separate from regular training. We were told a lot of the fire doors have been changed and there are regular fire drills.

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.

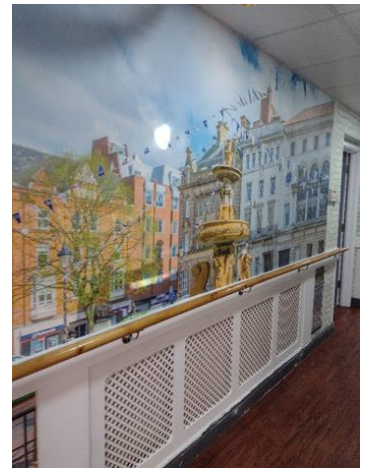
The home has cleaning staff from 8am-4pm. One staff for laundry. During our visit, we observed cleaning staff cleaning resident rooms and areas. We were told night staff would clean communal areas. We did not notice any unpleasant odours, the home had a very pleasant fragrance through the home.

5. Improve safety awareness, including locking the cupboard in the reception.

We were told the doors have number locks, the moment the doors close, it locks it. Any doors that require key locks will also have a number lock.

6. Continue to re-decorate.

The home is run by Care Home Consultancy Services Limited, which they acquired around March 2020, during COVID-19. The home has gone through a big change. The ground floor has dementia-friendly decoration, the second floor has hotel-style decoration, and the third floor has a street theme which has yet to be completed. The portion that has yet to be decorated looks clean and well-maintained.



7. Provide information showing staff names, roles and photos, with an indication of those on duty.

We were told the home did have information showing staff names, roles and photos, but was taken down as there were issues with the residents taking them down from the board. We were told the home is looking to see if they can get staff information on the app – Person Centered Software (PCS) that is used to store all residents' information and care plans. It would be used to update and track daily activities for residents such as what they have eaten and drank, and whether there are any issues.

Results of the visit

External

The exterior of the home is well-maintained. The entrance of the building is brilliantly signposted. There are no steps at the front of the building which gives easy access for wheelchair users. The reception could be accessed by a button which is found outside of the building. Before entering the reception area there is a small entrance where visitors sign in using the e-visiting book.



There is a small car park which is easily accessible.

The garden is well-maintained and easily accessible to residents. There is a new decking that has steps and a ramp making it very accessible for residents who may be wheelchair-bound. We were told there is a big garden at the back of the home which is currently closed and will be open for residents once the maintenance has been done in the garden.

There is CCTV outside and inside of the home.

Internal

We were welcomed by the directors of the home, and we signed in using the electronic board near the reception, which facilitates visitors to sign in easily once they arrive at the care home. There is an e-visiting book found inside the building.

There is a waiting area with seating for visitors. The home has three floors, the second and third floors can be accessed via stairs that go to the residents' rooms, and the stairs have railed door gates. The staff and manager could access this by using their electronic card to get in or the floors can be accessed via the lift. We observed residents using the lift independently.

The ground floor has dementia-friendly décor. The corridors were free of clutter, and there are resident rooms on all floors. There are sanitiser gel stations located along the corridors of the building. The areas are clean and tidy.

On the ground floor there are two lounges, one lounge is big and spacious and the other is smaller and is the quiet lounge. Furniture and soft furnishing are all well maintained and in good condition.

The dining area is large with tables and chairs, there is a kitchen attached. All areas in the dining area and kitchen were clean.



The second floor has hotel-style decoration, and the third floor has a street theme and has yet to be completed. The portion that has yet to be decorated looks clean and well-maintained. All floors have lounges which residents can access.

There is a shower room, which is spacious, clean and accessible. The home has shower beds for residents who are bed-bound and/or residents who prefer using the shower bed.

Residents

The care home has a capacity of 50 rooms. It has a total number of 42 residents. Within the care home, there are 49 bedrooms. 48 of these bedrooms are single and one of the rooms is shared. In the building, there are 10 rooms which have both toilet and shower located within them.

One resident said. *"I am happy here, my sister and niece visit me. Everything is fine here. I walk to Melton Road every day, I go by myself. I use my bus pass. I have a choice to choose food and do activities."*

Notices

All the information related to the care home is on a notice board which is enclosed with a transparent cover. It displays a great amount of information such as the Care Quality Commission (CQC) and safeguarding report. The manager said that a TV is planned to be installed in the reception area soon, to give essential information about the care home.

Staffing

In the AM there are ten carers including a senior member of staff, in the PM there are nine carers including a senior member of staff and at night time, there are five carers and one senior member on duty. There are two domestic staff and one person who is responsible for the laundry. Two activity coordinators are working alongside the care home. There are two maintenance staff.

During our visit we did meet with the care home manager who was very welcoming.

Quality Indicators

Quality Indicator 1: Have strong, visible management.

Staff have a WhatsApp group and can speak freely to management, both the directors are on the WhatsApp group.

The director said all staff and management are here with the residents, "We're a house and we're a family."

We were told when residents are taken to the hospital, the home gets updated and will reassess the needs of the resident. Residents will be visited if suitable but if a resident is taken to a hospital that is further out and far away, staff are unable to go and will get updates via phone.

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

The training of staff is completed by the care home. Staff are given training in-house. Agency staff is used and training will be given to the agency staff. We were told agency staff are at the home almost every day.

We observed good interaction between staff and residents. We observed one staff member helping a resident who was using a walker to walk across the corridor.

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

Staff have good knowledge of residents, their needs and how their needs may be changing. Staff will update each resident's daily activities on the app called Person-Centered Software.

Residents' care plans are on the app and staff will familiarise themselves with each resident's care plan, understanding each resident's needs and how they may be changing. Carers will talk to residents and get to know their preferences. When using the app carers can update on the app and are not able to change any details of the residents.

Quality Indicator 4: offer a varied programme of activities.

Activities are provided for residents.

The home has an activity coordinator and individuals engage in activities such as cards and board games. Activities are tailored to individual needs. Outings are arranged for the residents, such as going to the shops, bar, library, etc. Special events such as Diwali is celebrated. When we entered the care home, there were remains of decorations from Diwali. The home has external people come in to provide activities such as sports activities.

The home also has a mini library which residents can access.

There had been a technological interactive game, where the residents were able to play board games, via touch screen but was removed as residents did not like it.

During our visit we observed staff doing a ball game activity with the residents in the dining area. The residents seemed happy to be joining in as there was a sense of fun and laughter from the residents during the activity.

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

The home offers quality, choice and flexibility around food. The home caters to all cultural needs and will work around cultural beliefs. They have separate pots and pans and use different areas of the cooker for vegetarian and non-vegetarian residents. There are 2-3 choices residents can choose from every day.

Both nutrition and hydration are monitored through the PCS. The PCS application grants information on nutrition and hydration. It records meal times about how much amount of food and drink has been consumed, gives prompts to staff and highlights major health risks of residents.

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

Residents can see a Chiropodist, District Nurse or Pharmacist whenever they are in need. However, we were told that NHS Dentists and GP surgeries were a challenge to seek.

Residents were told that if they had an NHS Dentist, to keep with them and if not, they should consider the private dental care route. The care home provides transport for GP and hospital visits. Where the resident is not capable of going to the hospital, a health professional could visit them in-house. Staff accompany residents to the GP.

Staff do manage residents' oral health, however access to a dentist would be better.

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

Residents can go out. For instance, to do their shopping. Whilst they are outside, they could be accompanied by a staff member if needed.

Outside resident rooms, there is a picture of the resident and conversation starters e.g. residents' likes and dislikes. Residents can bring their own furniture.

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

The home welcomes family and visitors. We were told staff do ask visitors to call beforehand to manage capacity but visitors are allowed as and when they like.

Resident meetings are held, the last meeting was 3 months ago with 5-6 residents, however it was explained there is not always capacity to hold the resident meetings but most residents will tell staff their needs.

Summary

The report reflects good practice. The staff and residents were all welcoming. Residents looked well cared for and happy. There are a variety of activities planned for residents, as well as residents can visit the local libraries and shops independently.

Interactions between staff and residents were friendly. The home has an open-door policy and welcomes family and relatives.

Service provider response

The report was agreed with the service provider as factually accurate. They had no further comments to add to the report.

Distribution

The report is for distribution to the following:

- Rushey Mead Manor Care and Nursing 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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