

Enter & View Report

Hunters Lodge Care Home
January 2024

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Report details

Details of Visit	
Service Address	26 Berridges Lane, Lutterworth, LE17 6LE
Service Provider	Maven Healthcare Leicester Limited
Date and Time	Monday 15 January 2024, 11am
Authorised Representatives undertaking the visit	Kim Marshal-Nichols and Debra Watson

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 29 August 2018.

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 August 2018 report.

1. Carry out a fire safety review.

We were told that fire safety reviews are carried out every year.

2. Carry out a review of activities and how they are planned, this could include activities encouraging family or carer involvement.

There are open events held in the home, such as BBQs and parties for relatives and the local community. Activities are tailored toward resident's individual needs.

3. Undertake a review of staff training and that qualifications or certificates be displayed within the building and on their website.

Training is up to date. Staff qualifications or certificates are not displayed as there is not enough space.

4. Update the complaints procedure, with current contact information and be made available in the home and on their website.

The complaints procedure is up to date with the correct information and is made available within the home.

5. Ensure notices, signs and information regarding the home's inspections are kept up to date.

Notices, signs and CQC reports are displayed within the home and are up to date.

Results of the visit

External

The entrance was easily accessible. Access to the home was by the doorbell. There was not a clear sign at the front door.

The outside of the building was well maintained. There was an internal courtyard for the residents to use.

There is no dedicated parking for the home. There is on street parking.

There was no CCTV.

Internal

Upon entering the home there was a visitor's book to sign. The home had no odour. There was a decorating programme in place. Each room was decorated with the individual resident in mind.

The soft furnishings appeared in good condition, with comfortable sofas available. There was a sensory room in use. The corridors were free of clutter. Areas appeared clean with cleaning in progress during our visit.

There is a lounge which staff use for activities with the residents.

The garden area is small however residents can go to the garden, residents have to be taken out by staff to the garden area.

In the home, there are stairs and the corridors are narrow. There are two floors and resident rooms are located on both floors.

Residents

The care home has the capacity for 17 residents. It has a total number of 13 residents. Resident rooms are not very spacious and there are no en-suite bathrooms in resident rooms.

Residents at the home did walk around with the representatives. Residents observed are non-verbal due to medical conditions.

Notices

There are notice boards in the care home. The notice boards consist of a complaints board, staff boards, CQC report and activity board of the activities that have taken place.

Staffing

During the day there are 5 care staff, 5 care staff in the evening and 2 care staff awake at night.

The home also has a domestic staff member, contract maintenance staff member, administration staff member and management staff member. All carer staff take the responsibility for catering. Agency staff are used ad hoc.

There are no nurses, however there is a district nurse who visits the home as and when needed.

Quality Indicators

Quality Indicator 1: Have strong, visible management.

During our visit, we observed that the manager was extremely interactive with the residents that we saw. It was clear that they felt able to approach the manager and that there was a good relationship with them.

One of the challenges spoken about is that the home is in a very rural setting which has led to difficulty in filling vacant rooms and recruiting staff. Although the staffing levels are now 25 per cent above what is required. There is very little public transport.

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

As some of the residents have lived in the home for many years it is clear that the staff knew them well. We spoke to one member of staff. They were very happy working at the home. They had worked there for many years and had expressed the view that they would continue working there until they retired. They felt that they could approach the manager with any problems or concerns.

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

The manager informed us that individual care plans were in place. Interaction between staff and residents seemed well.

Staff interaction with residents observed was good.

Quality Indicator 4: offer a varied programme of activities. Activities are provided for residents.

There is no dedicated activities coordinator. However, there are residents who attend a local Go Learn group regularly.

There are events, such as BBQs and Christmas parties held within the home. Birthdays are celebrated. Activities are tailored towards resident's individual needs.

We saw staff sitting with residents doing activities. Residents do help with food preparation. The manager felt that the residents should be able to choose their activities rather than have them set for them.

The home has a minibus which is used for outings as well as taking the residents to appointments.

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

The residents do have a choice over food, dress, drink and clothing. Residents can choose whether and if they wish to get dressed. (One resident seemed to prefer being in a dressing gown). There is a 4 weekly menu in place with two choices available. Special dietary needs were catered for.

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

The home has a very good relationship with the local GP in the village, the GP will visit the home once a week. There is a 6 weekly appointment with a GP associate.

It is a challenge to get dental appointments. Staff have to accompany residents to appointments. The dentist is in Westcotes.

An optician will visit the home.

The local hairdresser visits and a Chiropodist who will visit 6 weekly.

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

Residents appeared well cared for. Their privacy and dignity was maintained.

The resident's religious preferences were taken into account. For example, a Muslim resident had their particular needs catered for in terms of space and dietary needs.

It was evident during our visit that the residents we met during our visit felt safe and at home. Residents can go out. The home has two wheelchair accessible vehicles for transport. At least two residents are out most days.

Residents can bring personal items.

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

Relatives are made to feel welcome in the home. Some relatives visit regularly and can be updated by staff when they wish.

There are open events held in the home, such as BBQs and parties for relatives and the local community. The relatives who live further away receive an annual quality assurance form and are updated by staff when asked.

Residents who are able can also complete the quality assurance form with someone independent from outside the home.

Relatives can sit in a resident's room.

Summary

The home is based in an old house, it had a very homely feel. Staff did not wear formal uniform which also added to a more homely atmosphere.

The home had a family feel as told to us by staff. For several long-term residents, it has been their home for many years.

A small friendly home where we were made welcome.

Service provider response

The report was agreed with the service provider as factually accurate. They did not provide a response.

Distribution

The report is for distribution to the following:

- Hunters Lodge Care Home
- LLR Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- Leicestershire County 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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