

Enter & View Report

The Meadows Care Home

April 2024

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Report Details

Details of Visit	
Service Address	94 Loughborough Road Thringstone Coalville LE67 8LR
Service Provider	Visionary Care Ltd
Date and Time	Tuesday 23 April 2024, 11 am
Authorised Representatives undertaking the visit	Kim Marshal-Nichols, Chris Bosley and Dervis Duygun Fethi

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

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 the Visit

External

The entrance is well signposted and easily accessible. The outside of the building is well maintained. The garden is well looked after. The garden is simply accessible for residents. We observed a care assistant helping a resident in a wheelchair to access the garden, including ensuring the resident had appropriate clothes for the weather.

We did not see any CCTV internally and externally of the building. There is a bell in front of the door being used in order to access the building.

The building is purpose built. It is not spacious but adequate.

Internal

On the ground floor, there is one dining room with a small conservatory adjacent to one (an area in it is currently being adapted for hairdressing), a communal room with television and a quiet 'coffee shop' room. The location of reception is very accessible as it is adjacent to the main entrance.

There is an electronic touch screen within the reception, and visitors can sign themselves through the system.

There is no odour. The décor is well maintained. Furniture and soft furnishings are in good condition. Corridors are free of clutter and the corridors are wide enough for wheelchairs. There are handrails on both sides of the corridors. All areas are clean in the building.

The home has a lift and a set of stairs.

Some rooms have Wi-Fi alarms. But others have alarm buttons on the wall. We observed alarms sounding and staff attending. However, one staff member said situations can arise when there are many residents requesting assistance at one time which means residents at times have to wait for staff to be available.

Residents

The residential home has a capacity of 34 residents. There are 24 single rooms, quite small with nine larger double rooms and one ensuite. Resident rooms are personalised with pictures and other belongings.

There are 33 residents, (one room is out of use due to recent external damage from a vehicle). The home has mixed male and female residents. Most residents are non-mobile or have limited mobility. Some residents are bedbound. The least mobile and bedbound residents are residing on the upper floor.

Most residents that are at the home are discharged from the hospital, some residents are there for short term

recovery, others for long term, there are residents at end-of-life care.

The home does not take dementia patients as it is important that their older and end-of-life residents have a calm environment.

We spoke to three residents, and they said they were 'happy' at the home.

Notices

The notice board in the main foyer lists the staff members, nurse/ healthcare assistants (HCA) that are in on that day. It also states the hours worked and which floor staff members can be located. The CQC and safeguarding reports can be found on the notice board.

Staffing

The home employs 6 Nurses - 1 Nurse in the morning, 1 Nurse in the afternoon and 1 nurse at night on the first nursing floor. 4 Senior Care staff manage the residential ground floor with 1 Senior in the morning, and x 1 Senior in the afternoon.

There are 36 carers with an additional 13 zero-hour contracted carers that can be called on as and when needed for cover. In the morning and afternoon, there are 4 carers on the first floor with 2 carers at night. On the ground residential floor, there is 1 Senior carer and 3 care staff in the morning, 1 senior and 2 care staff in the afternoon and 2 care staff at night.

There is 1 activity coordinator, 2 part time maintenance staff, 1 manager, 1 deputy manager and 5 catering staff with an additional 4 zero hours contract staff that can be called on to cover.

Agency staff is occasionally used to cover vacancies. Usually, it is the same person who is familiar with the care home.

Quality Indicators

Quality Indicator 1: Have strong, visible management.

The manager said that the residents know all the staff as they had a low staff turnover, mostly locally recruited but with a few staff from overseas. We observed staff interacting caringly with residents.

Challenges which the manager had mentioned. The manager recognises that rooms without Infra-red wireless call points for requesting help could present dangers, e.g. if a resident trips or is unable to get to the button. They have plans to install more Wi-Fi systems.

Due to the pressures on the NHS hospitals, some of the information the home receives is not complete or correct. The home therefore does its own assessment of residents' needs when they arrive. Some residents are only at the home temporarily whilst waiting for social services assessment of care needs. Sometimes they prefer to stay at the home. Sometimes the assessment can be delayed for long periods, which adds to the difficulty of resettling them elsewhere or back to their own home. This is particularly unsatisfactory when a resident has more dementia than expected, as The Meadows is not registered for dementia patients.

Overseas staff are not proficient in the English Language and so need support to learn.

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

Staff welcomed us to the home. Staff feel they have been made welcome at the care home. Staff feel appropriately trained. There is a training matrix. Training is delivered in house but sometimes it is outsourced.

Staff are supported to acquire further skills and qualifications. The staff feel sufficiently supported by their manager. There is adequate support given to staff in terms of cover per shift. Staff/management interacts with the residents very well.

Staff have said that they feel happy to work within the care home. One staff member who had worked there for some years and felt well trained. The staff members feel confident in speaking to their manager about any issues that come about. They feel confident to ask their manager for further training.

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

Staff interact well with residents.

There is adequate support given to residents to eat and drink. Both nutrition and hydration are monitored on a system called Person Centred Software (PCS) by staff. Activities are tailored to individual needs and most activities are one-to-one.

Quality Indicator 4: offer a varied programme of activities.

The daily activities programme is listed on a notice board in the communal area. We observed a sing-a-long session to recorded music led by a staff member, visiting singer and musician.

A wide variety of activities is offered, that residents could participate in. There are games such as bingo and Jenga in which residents could involve themselves. In addition; there are activities like tea parties, singer events, dance events and church services which take place in the residential home. Outings are arranged. For instance; residents are taken to the garden centre, taking patients for a cup of tea in the garden and mystery tours.

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

There is a varied choice of menu and the residents have 2 options a day. Special dietary needs are catered for residents such as religious and vegetarian needs. There is adequate support given to residents to eat and drink.

Both nutrition and hydration are monitored on Person Centred Software (PCS) by staff. Dietary notifications from different patients make food choices and nutrition vary. When there is a special dietary need that arises,

Dieticians have to put into place specific diets in order to fulfil the needs of the residents.

We observed residents being helped to eat.

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

GP, Optician, Chiropodist, District nurse and Pharmacist can be accessed by residents in the home. Pharmacists will visit the care home for the reviews of medication. The district nurse comes in twice a week to the care home. Language and speech therapists will visit the home as required.

Dieticians visit the care home. Opticians do annual visits to the home. The care home works with Specsavers as their Optician.

The dental treatment provides service to residents in Shepshed and Westcoates. The residents who are registered with Shepshed, will go out of the care home to get their dental treatment. Whereas, those registered with Westcoates, will have dental professionals visit them at the home, so they can receive their treatment.

Hairdressers come in every Tuesday. The Chiropodist comes into the care home as required. Health professionals will either visit the care home or residents might go out to see them. The home provides transport for GP and hospital visits and staff accompany residents to GP appointments.

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

Special events are celebrated. In relation to special events, we saw the care home celebrate St George's Day. Birthday parties; one 100th birthday celebration recently and a 102nd due soon; craft session, although many lack dexterity; the most popular activities are bingo and dominoes.

All residents appear well cared for. On Tuesdays a hairdresser visits, so several residents had good hairstyles and some ladies had smart makeup.

Some residents go to church on Thursday mornings in the community supported by staff (reported by a manager). No other religions currently.

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

The Manager said that there are monthly residents meetings and bi-monthly relatives meetings. A few current residents have no next of kin or relatives that visit them so are dependent on support from social services to manage their affairs and visit regularly.

If we have residents within the home who have no immediate family or next of kin we support them to ensure they have their End of life wishes respected and acknowledged, this also includes funeral arrangements. Relatives are able to visit at any time and are kept well informed regarding the resident.

A relative we spoke to said they were very impressed with the home and the staff and would give full marks for the care they have given to the relative who was on end-to-life support.

Summary

The report reflects good practice at the home. Staff have a good understanding of individual residents and their changing needs. There are daily activities are listed on a communal notice board.

Activities include sing-along sessions, games, tea parties, dance events, church services, and outings such as garden centre visits and mystery tours.

Staff and management interact well with the residents.

Service provider response

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

“The Meadows Care home would like to thank the representatives of Healthwatch Leicester and Healthwatch Leicestershire who visited the home on 23rd April 2024 to complete the Enter and View visit at The Meadows.

I would like to thank them for their positive feedback given during the visit. The Meadows Care Home endeavours to put individuals at the centre of everything that we do and pride ourselves on offering the highest standards of person-centred, compassionate care for older people within a safe, comfortable and homely environment. Our home strives to deliver companionship, engaging activities and a sense of belonging to a community. The report from the visit emphasises this”.

Distribution

The report is for distribution to the following:

- The Meadows 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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