



# Enter & View Report

Hunters Lodge Residential Care Home

29 August 2018

# Report Details

## Details of visit

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| <b>Service Address</b>                                  | Hunters Lodge Residential Care Home<br>26 Berridges Lane<br>Lutterworth<br>LE17 6LE |
| <b>Service Provider</b>                                 | Maven Healthcare Leicester Limited  |
| <b>Date and Time</b>                                    | Wednesday 29 August 2018<br>2pm - 4pm   |
| <b>Authorised Representatives undertaking the visit</b> | 4 - Authorised Representatives<br>1 - Staff lead                                    |

## Acknowledgements

Healthwatch Leicester and 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 Leicestershire.

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## Purpose of visit

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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, which are as follows:

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](http://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.

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## Results of visit

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### External

Access via a large front door. There were no notices to say this was the main entrance.

On the window there was a notice to say CQC Report of 2015 saying 'Good', whilst the current CQC report, carried out in 2018, notes all areas 'Require Improvement'.

There was a small rear court yard with some chairs and tables outside, rubbish bins were housed here and a few dead flowers. The security door leading from the home into the court yard didn't close on exiting. The courtyard is shared by a bungalow, we were informed that this is currently occupied by the previous owners of the care home.

### Internal

There were two rooms off the main entrance, one with a step making access to this lounge difficult for wheelchair users or people with mobility issues. The step wasn't highlighted. We were advised by staff that wheelchairs were brought through the other lounge, into the kitchen and into the dining area and that disabled residents were also able to have access via the rear court yard.

There was a strong odour noticed, which seemed like ammonia and disinfectant.

One of the Fire Exit signs on the first-floor lead to a locked door. We brought this to the attention of staff who removed the sign immediately. Two door guards in use were not working, this meant the fire doors did not close.

There were a number of light bulbs missing in different rooms. An iron and ironing board was set up in one of the communal rooms, we were told a volunteer comes in to do the ironing.

The corridors on the ground floor were narrow, with handrails down each side.

Bedrooms on the ground floor, for disabled residents, had undergone refurbishment and were personalised and bright, a real plus point.

The bedrooms had en-suite facilities, which appeared very small and unlikely to allow wheelchair access.

There was a large bathroom downstairs, we could not see any emergency pull cord.

There was a lockable fridge in the corridor, it was unlocked at the time of the visit.

Authorised Representatives were not asked to sign in. At the end of the visit an Authorised Representative asked for the sign in or visitors' book. It was noted that there was no evidence that family members sign in, only professionals and contractors.

### **Notices**

Notices in the dining room gave details of the complaints procedure and who to contact at Bond care. On subsequent checking we noted that the company website does not currently display a complaints procedure.

### **Residents**

There are 15 residents, at the time of the visit seven were at home, the others were out at day centres. Residents range in age from 22 to 70 and have a wide range of disabilities - learning and physical. Some residents need a high level of support.

Able bodied residents were accommodated on the first floor, with access via steep stairs. Residents on the ground floor appeared to use wheelchairs or walking frames.

There were photos identifying staff and residents in the dining room, to indicate key workers. There were photographs of each resident outside their room.

### **Staff Numbers**

There were 4 members of staff present at the time of the visit. We were told that there were 2 members of staff on duty at night. Staff shifts were 12 hours long. There was 1 cleaner working at the time of the visit.

We were told that general duties such as cooking, laundry and resident activities were shared amongst the staff on each shift.

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## Quality Indicators

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### Quality Indicator 1 - Management

We were met by the Deputy Manager, and the registered manager joined us later. We noted that staff and managers did not wear uniforms or name badges.

A member of staff was observed sitting on the floor supporting and interacting with a resident in the living room.

### Quality Indicator 2 - Staff skills

The Manager stated that she has NVQ level 2/3. When asked the staff were unsure of their qualifications, they said that training was online. The staff reported that they issue medication to residents, including drips and feeding tubes.

Conflicting information was provided on the training given to new staff. The Deputy Manager was not clear who the provider was other than it was online. One member of staff said training was provided by 'Careshield'. The Deputy Manager reported that all staff were given an intense three-day induction to allow them to cover all necessary training. The Deputy Manager advised that new staff are supernumerary until their references and DBS check are finalised, they will shadow staff in the meantime.

We were informed by a member of staff that they had 'level 2 medicines training', a new member of staff stated she had 2 days training then a couple of shifts shadowing other staff.

Four staff had left in the last year, one member of staff is on maternity leave.

Interactions between residents and staff appeared warm. Two members of staff were observed painting pictures with residents, they spoke to the residents with respect and encouragement.

### Quality Indicator 3 - Knowledge of each resident and their needs

We were advised by staff that the role of key workers was to escort residents when they needed to go shopping for clothes or to appointments, such as the dentist.

## **Quality Indicator 4 - Meaningful Activities**

We were told that no member of staff specialises in or leads in activities within the existing staff team. We were told that there is no an activities coordinator and an 'art lady' come in once or twice a month. There was no reference to whether this was relevant to residents' interests.

We were informed by staff that once a month various people visit the home, including a visitor with a snake, that they have a Christmas party and recently went out for tea as it was a resident's 70<sup>th</sup> Birthday. However, we did not see evidence of an activities plan.

There were photos displayed, including of residents during an outing at Christmas.

## **Quality Indicator 5 - Catering**

We walked through the kitchen and we did not notice hygiene certificates or menus displayed. We did not observe a mealtime or food preparation as the visit took place between 2pm and 4pm. We cannot comment on preferences and choices offered.

As stated earlier, staff indicated that all duties, including food preparation, are shared.

## **Quality Indicator 6 - Access to health services**

The Deputy Manager told us that doctors came to the home to see residents, who are registered with different GP Practices. We were told residents do go out to the dentist.

Feedback received outside of this visit from a resident's relative indicated that they had concern about the frequency of dental visits for residents.

## **Quality Indicator 7 - Residents' personal, cultural and lifestyle needs**

Rooms were decorated according to different residents' tastes and styles. We did observe in several ground floor bedroom walls and shelves with cultural and lifestyle personal belongings, including posters, mementos and ornaments.

## Quality Indicator 8 - Feedback is actively sought and used

There were no family members present at the time of our visit.

We did not see evidence of relatives' groups or meetings taking place. Staff said there were few relatives visiting. We were told that some residents had regular family visitors, others did not. There was no evidence of family visits in the signing in book or elsewhere. The Manager told us that she liaised with residents' families.

We observed a notice in the rear room which gave details of the complaints procedure and contact details at Bond Care. Outside of the visit we were told that the contact at Bond Care was no longer available. On subsequent checking we noted that the company website does not currently display their complaints procedure.

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### Additional findings

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#### Fire safety

There were three areas of fire safety concern: exits signage, fire doors not closing adequately and evacuation drills.

We asked what the fire procedure was and how often an evacuation was carried out. We were told that there was no evacuation drill carried out with residents, only staff.

We did not observe any visual fire indicators and we were told that there is one resident who is deaf.

The Authorised Representatives raised their concerns at the de-brief meeting on site on the day of the visit, as these were deemed urgent.

The care home was later contacted and asked how the concerns were remedied.

Below is a copy of the email conversation between the Healthwatch Engagement & Information Lead and the Care Home Manager, with responses from the Manager in bold:

1. That Fire Exit signage on the first floor lead to a locked door - **this was taken down during the visit, there is an alternative exit in place.**



2. That fire doors did not close completely, making them an inadequate for fire resistance - may I note this was not all of the fire doors, two of them were highlighted to me during the visit, I had our maintenance team check all doors following the visit and all now close correctly.
3. Staff reported that evacuation drills were carried out every six weeks with only staff evacuating the building, not residents. - our residents have very complex health needs, it would be extremely distressing for them to be fully evacuated every 6 weeks. This is not appropriate. Staff complete drills and discuss what they would do, following the PEEPs plans that are in place for each of our residents. We also carry out role play sessions where a team of staff are residents and another team of staff evacuate them and vice versa.

#### Other

We noticed that PAT testing on some equipment was out of date and had expired three months previously.

The Deputy Manager advised that residents clothing was all colour tagged to ensure each resident retained their own clothing after laundering, however the team observed some freshly ironed clothing without tags, instead the manufacturers care labels were marked with initials.

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## Recommendations

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1. Healthwatch will seek to clarify if the home's fire procedures are appropriate.

We recommend that the home:

2. carry out a fire safety review.
3. carry out a review of activities and how they are planned, this could include activities encouraging family or carer involvement.
4. undertake a review of staff training and that qualifications or certificates be displayed within the building and on their website.
5. update the complaints procedure, with current contact information and be made available in the home and on their website.
6. ensure notices, signs and information regarding the home's inspections are kept up to date.

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## Service provider response

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The report was agreed with the Care Home as factually accurate. They have provided the following responses to the report:

### External

This is a home, we do not feeling having a main entrance sign is appropriate, it's quite clear where the entrance is by the means of a front door, just like you and I have a home, we do not use a 'main entrance' sign on our homes so why should our residents have signs like that displayed on their home.

### Internal

Both lounges are fully accessible by wheelchair users, there are two accessible entrances to the building. The Step is highlighted by black and yellow tape. The corridor is wide enough to fit adapted wheelchairs without any issues.

### Meaningful Activities

There are photos of residents on display from Christmas but also from their holidays, the sessions with the art lady, parties etc.

### Catering

Menu are displayed on the notice board in the kitchen. Also, food hygiene scores displayed in the window.

### Access to health services

All residents visit the dentist at least annually. One resident had missed their last dental appointment due to an extensive stay in hospital and it had already been rescheduled prior to your visit.

### Feedback is sought and actively used

Quality audits are sent out to family, friends and professionals annually to gain feedback. Last audits were sent out in February.

Residents meeting are held monthly to gain residents views. Last meeting 26 September 2018.

In regards to the complaints procedure the contact on the displayed complaint's procedure is in post.

### Fire Safety

There are 3 visual fire indicators. None of our residents are completely deaf.

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## Distribution

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The report has distributed to the following:

Hunters Lodge Residential Care Home

Care Quality Commission (CQC)

Leicester City Council

Leicestershire County Council (LCC)

Adults & Communities Directorate

Health & Wellbeing Boards (HWBB)

Overview & Scrutiny Committees (OSC)

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

Published on [www.healthwatchll.com](http://www.healthwatchll.com)

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### Hunters Lodge Residential Care Home

29 August 2018

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