

Enter And View

Leighswood Residential Home
Enter and View visit. Carried out
21st August & 13th September 2019.



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improving local
health and social care**



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Provider Details

Name: Leighswood Residential Home

Home Capacity: Licensed up to 23 residents. Single occupancy rooms .11 being Ensuite.

Address: Lichfield Road
Walsall
WS4 1ED

Leighswood Residential home is owned by Quality Homes(midlands) /Registered manager Ms Edwina Roughton-Powell.

Service Type: Residential Care Home

The last CQC inspection was.16th January 2019

Link: <https://www.cqc.org.uk/location/1-116445305> . The report stated that the home is overall rated as "Requires improvement". Is the service Safe? and Well-led? was rated Required improvement, Caring? and Responsive? was rated as "Good".

Authorised Representatives

Name: Lynne Fenton - Role: Healthwatch Insight Senior Lead Advocate/ Authorised Representative

Name: Tom Collins - Role: Engagement and Information Lead/ Authorised Representative.

Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents.
- To listen to, observe and capture the experiences of service delivery from the residents and relatives.
- We carried out the visit at the request of Adult social care on their intelligence.

The methodology to be used is to;

- Talk to residents about all 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.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- 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 staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

Access is from the road to the frontage of the property. There is a small car park at the front. There was a room adjacent to the front porch that was full of hoists, and the first thing noticeable as you enter the car park.

The building exterior appeared to be in decent repair with no obvious maintenance issues. This a two-storey property. Access was via a front porch door and doorbell, there was no sign of CCTV.

There is a small garden to the rear with access from lounge area with evidence of a vegetable area that we were informed a resident had planted. A seating area, and brick-built sheds, which we were informed housed freezers for food. We did not observe any residents using the garden during our visit, although the weather was good.

Internal

Entrance to the lobby is accessed via doorbell. We were signed in and a visitor pass given to us by a member of staff. The reception area on the window displayed 3 food hygiene certificates, all 3 stating a rating of 5.

The central lobby accesses a wraparound lounge. Partly used for a small dining room area, and lounge. There was a table and chairs in the dining room area that we were informed had been donated to them, the table appeared to be very unsteady and was tipping when moved, we were informed by a member of staff this would be repaired. When we returned on the second visit, this repair had not been completed, so staff were advised again of this. We noted that the lift was out of order. We asked staff who informed us that residents on the upper floor had mobility, we did not observe this.

When we entered the main area of the property there was a slight odour of urine on the first visit, but not on the second visit. We requested a tour of the premises. We viewed bedrooms, number 18 (empty room) had no ceiling light, we were later informed it had been taken for another room. Some Bedrooms appeared to have been painted. Bedroom number 16 had no hot water in the tap, it was very lukewarm.

We noted no menu was present for people to view, we were informed the cook went around to ask people in a morning what their preference was for the day.

There was an activity Schedule in the back lounge, we asked about an activity that was due on the afternoon of the day we first visited, and no staff we asked understood the activity. staff spoke to their area manager who said it was a sensory activity. The nominated activity coordinator for that day said she did not know what the activity was.

We asked if there was a dedicated activities coordinator every day, we were informed a member of staff is designated each day for this, along with laundry, and cleaning, so there is always one care staff working on other duties.

The interior was OK but did appear tired in places. Poor cleanliness on mirrors and windows in the back lounge.

Resident Numbers

At the time of our visit there were 18 residents, plus one person in hospital although capacity is 23.

Agency Usage.

We were informed agency staff are not used.

Staff Numbers

On the first day of our visit the registered Manager was on sick leave we were informed. There was an area manager present on the first visit, who asked us to return on another date as she was unfamiliar with the home, and was there only for the day, so she felt unable to support us with answers we may need. The second visit the deputy manager was there, she informed us the registered manager was still off work ill.

- Mornings - 3 Carers 1 senior Deputy/or manager
- Evenings - 3 Carers.
- Afternoons - 2 Carers and 1 Senior
- Nights - 3 Carers/ Senior on call.

Resident Experiences and Observations

Healthwatch visits are linked to the 8 principles of care:

- Essential services.
- Access.
- A safe, dignified quality service.
- Information and education.
- Choice.
- Being listened to.
- Being involved.
- A healthy environment.

We spoke with three residents, one relative Three Staff members who were: The Cook, Deputy Manager, and Carer.

We chatted with three residents at the home on our visit. We observed that the residents appeared cared for and appropriately dressed. But, appeared in need of a hairdresser. We were informed they did not currently have a hairdresser visiting.

We asked about choices that they have, including: what they wish to wear for the day? food and drink choice and availability? when they wish to go to bed? and their personal care choices? All three residents felt they were given choices, in day to day life.

We asked the three residents if they had access to a GP, Optician, Dentist and Chiropodist. All three said that they did.

Resident comments:

“I cannot say a bad word about the staff here, they treat me very well”.

“I would rather be at home, but they are ok here”.

“I go to bed when I want, if you don’t like the food you can have another choice”.

“I am Happy with the staff, when you ring the bell, they come to you as quickly as they can”. “We don’t seem to have a hairdresser anymore”.

Family and Carer Experiences and Observations

During the visit we spoke to one relative about the care and support of their mother, resident. We were informed that she felt the home looked after her mother well, she had no issues at all with the home and they cared very much for her mom.

The same relative went on to say that she had not been consulted by her mother's GP who had discussed with staff at the home, that her mother was now palliative. But the relative had not been consulted by the GP. There had been errors in prescribing and lateness of medication. We were able to offer her leaflet to formally complain about the GP services, to POHWER Advocacy NHS Complaints Service. During our visit the relative had a planned meeting with her mother's GP.

One other relative was present in the home but declined speaking to us. We were informed by staff that most people who live there, do not have relative visits, if they do it is very rare.

Activities

There was a TV on in the front lounge, people were in their chairs and a lot of them were asleep on both occasions of our visits. We did not observe any activities being delivered during both our visits.

We were informed that a couple of people like to go for short walks to see the donkeys in a nearby field, and there are pub outings, we did not observe this during our visit. We were informed by staff that activities could be expanded with more staff.

Catering Services

The home has a food hygiene rating of five out of five. Link to Food Standards Agency website:

<https://tinyurl.com/y29m69jm>

We were informed that residents are offered a choice of menu, although no menus are displayed. The cook had a list and asked people their preference. We were informed that people have drinks every two hours throughout the day. We did not observe this other than lunch time, cold drinks on tables.

Before lunch was served, we entered the kitchen area. Which appeared to be clean and well organised. Food was kept in a pantry and fridges. We did not observe any fresh vegetables, except potatoes, in the pantry but frozen vegetables are available. We asked the cook if fresh fruit was available daily for residents, she said they had run out the day before and would not be purchasing anymore until the following week. Making it 4-5 days without fresh fruit. We were informed people can have tinned fruit if they wish to.

We observed lunch time dining, on our first visit. We were informed there was 2 main meal choices. But we only observed 1 meal type being served. Which appeared to be pre prepared rather home cooked. We observed frozen or tinned vegetables being served on our first visit. But only tinned baked beans on the second visit. Cold drinks were available on the table, but no condiments were available for residents to use if they chose to.

We were informed that on Tuesdays people do not have a cooked breakfast due to pressures of putting away shopping deliveries, unless kitchen staff started their shift earlier than usual. We were told Residents dietary needs are recorded on a form kept in the kitchen and updated by staff when necessary. We observed this.

We observed the cook's daily menus and what people had had chosen. We noted one day on a weekend that only sandwiches had been served all day, with no cooked meal. No one was sure why we were told.

We asked if there is any input from the dementia team in terms of specialised equipment such as: crockery for people with dementia. We were informed that they had ordinary plates not dementia specific.

We asked to see the food hygiene certificate for the cook, this was not available as it could not be found.

Fire safety equipment was in date. We observed that are 2 clinical fridges in the dining room with a side table next to it and in front and side of a fire extinguisher, making it possibly hard to reach if needed in an emergency. We pointed this out to staff on the first visit and second visit.

Staff Experiences and Observations

We were able to speak with a Carer, Cook and Deputy Manager.

We met with the Deputy Manager who informed us that they receive ongoing training delivered by an external trainer. Most staff having NVQ level 2 or working towards it. They felt, since the new Manager was appointed the home is run far better than it used to be years ago, staff are more relaxed and

motivated. We were told care/ support plans were in place and staff are aware of SALT assessments, which would be handed over each change of shift if any changes arose.

Summary, Comments and Further Observations

- The registered Manager was not present at time of either visit. We were informed that they were on Sick leave.
- On the first visit the Area Manager from a sister home was on duty. She asked if we could return on another occasion. They felt that they may not be able to fully answer all questions. She allowed us to speak to residents but felt that we should return and speak to the Deputy Manager.
- We observed that a stand hoist remained in the same position on both occasions we visited in the back lounge and was not removed to a storage.
- Some décor is dated and showing signs of tiredness, we observed the front lounge chairs appeared to be newer than some of the mix of furniture.

Recommendations and Follow Up Action

- We would suggest that the home has dedicated staff for roles within the home, carers dedicating their role to caring for the people that live in this home.
- We recommend that the table in the far lounge is repaired, to make safe or disposed of.
- Relocate the stand hoist from the lounge to storage when not in use.
- Produce a menu for display with the addition of pictorial meals to assist residents to visually choose aiding residents with dementia.
- Identify a new hairdresser for regular use to visit home.
- Reposition fridges and table in main dining room to allow full access to fire extinguisher.
- Contact Dementia team for advice on aids for people who have dementia i.e. Crockery, cutlery and other aids.
- We recommend that residents are supervised inconspicuously at mealtimes in the least restrictive manner by staff, with the availability of condiments that can be placed on their table.
- To obscure the room with the hoists from public view, perhaps blinds being drawn if available.

Provider Feedback

Provider did not return a response to the report.

If you have any NHS or Social Care service experiences that you wish to share, you can visit our online 24/7 Feedback Centre . Whether it's a: compliment, concern or complaint.

Link: <https://healthwatchwalsall.co.uk/services/>

The screenshot shows the Healthwatch Walsall website interface. At the top, there is a search bar with the text "Find your service by name or location" and a magnifying glass icon. Below this, the main content area is titled "Find a service" and "Walsall". A search result for "Walsall Manor Hospital" is displayed, including the hospital's logo, name, address (Manor Hospital, Moat Road, Walsall, WS2 9PS), phone number (01922 721172), and website (www.walsallhospitals.nhs.uk). To the right of the search results, there is a "Browse" section with a "View All" link, listing service categories: Hospital, GPs, Dentist, and Social Care, each with a corresponding icon. A "Sort by" dropdown menu is set to "Last Reviewed". A star rating system is visible, showing five stars and the text "Based on 1 reviews".

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



healthwatch
Walsall

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