

Report of Enter and View Visit

The Langleys Care Home

Published 20 June 2016



Care Home Visited	The Langleys Care Home
Date and Time of visit	Friday 1st April - 10.00am - 2.00pm
Address	12 Stoke Green, Coventry, CV3 1AA
Size and Specialism	Up to 15 residents. Adults 65+ requiring residential and or respite care. Mixed Gender.
Authorised Representatives	Angie Haselock and Nana Mintah

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.

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What is Enter and View?

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe and report on service delivery and talk to service users, their families and carers in premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. This is so we can learn from the experiences of people who interact with these services at first hand.

The Healthwatch Coventry Steering Group has agreed that Enter and View Visits to care homes for older people form part of the current Healthwatch work programme.

Healthwatch Authorised Representatives carry out these visits to find out how services are being run and to gather the perspectives of those who are using the service.

From our findings we look to report accurately a snapshot of users' experiences, highlight examples of good practice and make recommendations for improvements.

Reasons for the visit

To gather information about the experience of living in care homes in Coventry including quality of life factors such as activities and choices. To look at homes from the perspective of 'would I wish my relative to live here?'

Methodology

We collected our information by speaking to 3 of the 15 residents and 3 members of staff.

Information was recorded on semi structured questionnaires asking open questions to establish what people liked most and what people felt could be improved.

Before speaking to each person we introduced ourselves by name, explained what Healthwatch is and why we were there. We established that the resident or staff member was happy to speak with us. We confirmed that their name would not be linked with anything they told us and that they were free to end the conversation at any point. We wore name badges to identify who we were and provided the care home manager with a letter of authority from the Healthwatch Coventry Chief Officer.

We made observations throughout the visit and made notes of what we saw around the home.

Before and after the visit we had a look at the website¹ for the home and the most recent CQC report² to see how it compared with our findings.

Summary of findings

There is capacity for up to 15 residents; the home was not at full capacity at the time of our visit. On the day of our visit there were 9 residents: 7 men and 2 women.

During the Enter and View visit, we spoke to the Manager, 3 other members of staff and 3 residents. We did not see any visitors to speak to.

We found staff to be friendly and welcoming. Staff and residents told us that they were happy working and living at The Langleys and we felt the atmosphere in the home was relaxed and calm.

There was no designated activity worker; the Manager told us that they were hoping to recruit one. Residents told us they would like to go on outings and arranged trips but staff told us they do not have time.

Residents said that their dietary needs are catered for and they liked the food.

There was an area outside which consisted of a concrete patio area with empty plant boxes. Around the home décor, furnishings and fittings needed replacing because they were tired and worn. We noticed odours in some areas of the home.

¹ <http://www.carehome.co.uk/carehome.cfm/searchazref/10002502LANA>

² <http://www.cqc.org.uk/location/1-151242134>

Most of the residents required minimal care and could get around independently meaning that they could go out for a walk or into the back yard when they wanted to.

Impressions

The home was located away from the main road with a grassy area at the front. There was a large car park at the back of the building.

There was a secure entrance to the building and we were greeted by the Manager and asked to sign in. As we entered we noticed an odour of urine in the entrance hall.

We found that the staff to be welcoming and friendly and the general atmosphere in the home relaxed and calm.

Facilities and environment

The Manager was knowledgeable about the residents and told us that most of the residents were physically mobile. She also said that there were two wheelchair users and two residents who had early onset Dementia. On the day of our visit there were 9 residents: 7 men and 2 women.

We were told that there were three (shared) double rooms, but that these were not currently occupied and were usually used for residents requiring short term respite care. The rest of the rooms were single and at the time of our visit each resident had their own room.

The home had three floors; the top floor is for staff only. We saw one communal bathroom on the ground floor and 2 toilets. We were told that there is also a staff toilet on the first floor and the Manager has her own toilet on the top floor.

There was a chair lift which was secured against the wall with a rope, the chair lift looked old. We did not see it being used during our visit but were told that it was working.

We were shown some of the rooms and were told by the Manager that all of the bedrooms had a toilet cubicle and a sink. The en-suite toilet cubicles we saw were not large enough for use by people requiring assistance or with mobility issues. We saw that one toilet cubicle had ill fitting floor covering which was curling up at the edges and needed replacing.

As the Manager showed us around the home we noticed that the décor was dull and outdated, the chair lift looked very old and carpets were worn and would benefit from being replaced. Curtains were thin and worn and we noticed unpleasant odours in some of the bedrooms. In one of the bedrooms we noticed a brown stain on the floor which was dry and looked like it had been there for a long time. The Manager told us that it was coffee and explained that the cleaner's mother was ill

so she had not come in to work and it was therefore taking staff a little longer to clean up.

There was one large lounge with a television at one end and high backed chairs around the edge of the room. There was a dining room, which led off into an open plan kitchen. The home was kept at a comfortable temperature throughout.

Residents we spoke to told us that they have their own room, we observed residents interacting with each other. Residents we spoke to did not identify anything that needed to be changed or improved.

Residents' bedrooms were located on the ground and first floor. Bedroom doors had brass plates on them with the names of trees e.g. maple. At first we thought that this was the resident's name. There was also a small paper label with the resident's name. We would have preferred to see bedroom doors more personalised with a laminated name and/or photograph of residents on their doors rather than the brass plates which did not relate to anything to do with the resident.

Bedrooms had bare walls and were sparsely furnished with a bed and a wardrobe; there were no belongings or items personal to the residents. The manager told us that this was because the current residents were mostly men and ***"men tend to arrive with very little baggage"***. We asked the Manager if residents could choose to change the décor in their rooms and were told they could if they paid for it and ***"residents might like it this way"***.

There was a small room which was being used by the visiting chiropodist. We were told that this room was also used by the hairdresser who visits.

The Manager explained that residents were free to come and go as they pleased as this was a residential home and not a secure unit. The rear door opened onto the back yard which consisted of an uneven concrete patio area, a table and chairs and some empty plant boxes; gates led from the yard to the car park. We were conscious that the uneven patio could make accessing the garden difficult for residents who have walking difficulties. The Manager also showed us that there had been a new laundry facility built outside

Staff

The Manager told us that she had been on post for almost a year but had previously worked there for two and a half years. She told us that there are 12 staff plus the manager, 2 care staff during a morning, 2 care staff during a late shift, 1 waking night carer and 1 sleeping night carer.

We were concerned that if a resident was to have a fall or be unwell there would not be enough staff on duty at any one time to assist them as well as ensuring the care of other residents, especially during the night.

Staff told us that they like working at The Langleys and do not mind that they have to multi task. They said they like the fact that it is small and friendly and every day is different.

Staff said that they have received training in house via Butterfield Training which involves the use of training boxes which are provided and sent off to be verified. Staff told us that they have received dementia awareness training and also attended other external training sessions at a local venue.

We were told by staff that they had supervision every 3 months with the Manager but that with the home being small, they felt able to communicate with each other at any time if they had any concerns.

During our visit the owner of the home called in and introduced himself briefly to us before carrying out some paperwork and then leaving again.

Food and drink

Lunch was served in the dining room, two residents preferred to eat in the lounge so their meal was served to them there.

We observed that residents ate all of their meals which were prepared on site by care staff; the home did not have a cook. Staff told us that there was a choice of two main courses each day followed by a dessert. On the day of our visit residents ate fish and chips with mushy peas and some residents chose to have potatoes instead of chips. We tried the food which we found was not warm and looked unappetising but residents seemed happy with it and cleared their plates with no complaints.

There were drinks of water or juice being offered with lunch. Residents told us that food and drinks were served at set times but they could request a drink at any time. Some residents said they "*loved the food*". We noticed that there was a fruit bowl containing fruit in the dining room, but this was not in easy reach for residents to help themselves. We did not see any drinks available for residents to access themselves.

Residents said that if they miss a meal for any reason the staff have one waiting for them to have when they want it.

We observed staff carrying out various duties around the home such as food preparation, caring and cleaning tasks.

Dignity and Care

The Manager told us that most residents are quite independent and do not need much help from staff; some residents go out regularly by themselves. Staff said that they encourage independence where possible. We observed residents walking

around independently and others who required help with walking or who used wheelchairs.

Whilst we were there a community nurse visited, she told us that she was there to attend to a resident with a pressure sore. We did not see any residents who were confined to bed. Staff told us that the Manager takes residents to hospital appointments when they need to go.

Staff told us that they cover residents when carrying out personal care. Residents told us that they had not felt embarrassed or uncomfortable and that they can ask for pain relief and staff would provide it. One resident told us they feel that they can talk to staff about anything and ***"the care we get is very good, they can't do enough for us"***

Activities

During our visit there was loud music playing in the lounge which could be heard around the home. One of the residents was singing along; we were told that this was a 'sing-along' activity but there was no one leading or encouraging the activity.

The Manager told us that carers do some activities with them, mostly in the mornings, which consist of bingo, quizzes, skittles, pamper sessions, movies, seated exercise and knitting. Residents we spoke to could only think of bingo when asked what activities take place. One resident seemed frustrated that they were not taken out and said that they do not go on any arranged outings or trips. A staff member told us that they would like to take the residents on outings but they do not have enough time.

Residents told us that someone comes in and does their feet and hair. A staff member told us that residents can take part in chair exercises, bingo and quizzes. Another member of staff said that there are activities every day and they do 1-to-1 personal life stories.

The Manager told us that they were hoping to replace the Activity Worker who had recently left.

Residents told us that they enjoyed sitting out on the patio when the weather permitted. They said that there are not many organised activities but that they are happy living there.

Dementia Friendly Design

There were no dementia friendly signs around the home. The signs that we did see were small and difficult to read.

Not all taps were labelled hot and cold or red and blue.

Healthwatch Recommendations

Following our visit Healthwatch recommends:

1. Although staff said that they were happy to multi task and the home is small, we were concerned that there wouldn't be enough staff to effectively undertake all of the things which were required. Therefore, there should be more staff so that it is possible to have designated staff for duties around the home such as a cleaning, cooking and activities:
 - a. Replace the Activity Co-ordinator as soon as possible
 - b. Develop the daily programme of activities and ensure that residents who are not as physically mobile have things to do
 - c. Introduce arranged outings. Residents expressed that they would like more opportunities to go out (some homes have made links with local community groups and recruited volunteers to help with this type of activity)
 - d. Ensure that staff assist residents with walking difficulties to access the back yard when they wish.
2. A programme of updating all décor, damaged floor coverings, carpets, curtains and furnishings around the home should be put in place
3. Make the outside area more user friendly by covering or replacing the concrete patio with a more even non-slip surface and introducing some plants and flowers to make the area more appealing (this could form part of a gardening activity with residents)
4. Make resident's rooms more personalised and make laminated signs with residents' name and photos which can be put on their doors (with their agreement).
5. As dementia is a progressive illness and there were already 2 residents in the home with dementia - dementia friendly signage and features should be installed throughout the home:
 - a. There should be clear signs to indicate what each room is so that residents can be more independent around the home where possible. These signs are simple to produce and should contain large print text and a picture on a coloured background.
 - b. All taps should be clearly labelled '*hot and cold*' to enable those with memory difficulties to use the bathrooms more independently.

Response from Care Home Manager

Following your recent visit we would like to comment on the recommendations listed.

- 1a. We are still trying to replace the activities coordinator but until such time activities are still continuing on a daily basis in the home.
 - 1b. As the activities in the home are varied we feel we cater for all abilities.
 - 1c. Residents go out on regular trips to the shops and into town.
 - 1d. All residents are encouraged to use the outside area of the home when the weather permits and those who are less able are assisted to do this.
2. We are in the process of hiring a handy man for the home and repainting and maintenance jobs will be completed in a more timely manner.

Over the past year there has been extensive refurbishment of the home:

- The new laundry area has been completed
 - Dining room and main bathroom have been redecorated
 - A new bath hoist has been installed
 - A dishwasher and new cookers have been purchased
 - New lounge, bedroom and dining room furniture has been purchased
 - New curtains and blinds have been put up and rooms are refurbished when they become empty
 - A new larger television has been put in the lounge area.
3. The garden area has been developed, fencing erected and planters built. these are full of evergreen plants and herbs. Hanging baskets have since been added.
4. All residents' rooms have a laminated door name on them. I will ask residents if they would like their photograph on their doors and do this with their consent.
5. Dementia friendly signs have been laminated and put on communal and bathroom doors.

Acknowledgements

Healthwatch Coventry would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View visit.

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