

## Enter and View Visit Final Report

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**Name of Service Provider:** Care UK Community Partnership Ltd

**Premises visited:** Kenilworth Grange Care Home

**Date of Visit:** 29th November 2015

**Time of visit:** 9.45am

**Registered Manager:** Mrs Sheridan Farish

**Authorised Representatives:** Chris Bain, Jennifer Gilder, Jacqueline Prestwich and Jarina Rashid-Porter

### 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, their relatives and staff, only an account of what was observed and contributed at the time of our visit.

### Summary of findings

- Kenilworth Grange is a purpose built 60 bedded nursing and residential home located in Kenilworth, Warwickshire.
- There are on average 70 members of staff who work at Kenilworth Grange in a range of management, care and ancillary roles. Most are permanent staff. Bank staff are used as required and are mainly sourced from a pool of skilled personnel who are familiar to and with the home.
- The Registered Manager has been in post since 2002 and the Deputy Manager since 2004.
- The residents with whom we spoke were very happy with the care and service they received at the home.
- The visitors of residents with whom we spoke were also very happy with the care and service their friends/relatives received at the home.
- We observed the interaction between staff, residents and relatives and found them to be respectful and friendly and consent was gained from residents when needed.
- We observed the physical environment of the home which we found to be maintained and cleaned to a very high standard. Parts of the home had been refurbished since Care UK took over in 2011. Where refurbishment had been undertaken it had been done so to a high standard. Parts of the home were still in need of refurbishment.

- Overall, staff at Kenilworth Grange were very positive about the home and the support they received. They all clearly expressed pride and enjoyment in their role. One person said the home could benefit from further refurbishment. There were no other suggestions from the staff that we spoke with that they identified which could improve the quality of the service provided to residents.
- We observed the service user experience, dignity and respect during our visit. From our observations there were no concerns identified.

## Recommendations

*Please use bullet points for the recommendations and if needed any reasoning behind the recommendations.*

- Staff to ensure that water is made available to residents at the dining table at all mealtimes.
- A timescale be given for the remaining refurbishment work that needs undertaking, including:
  - The lounge/dining room in the left wing of the ground floor Cedar (residential) Unit.
  - The communal corridors of the ground floor Cedar (residential) Unit.
  - The communal corridors of the lower floor Pine (high dependency) Unit.
  - The second bathroom (currently not in use) in the first floor Willow (dementia) Unit.
  - The visitor's toilet in the reception.
- The noticeboard in the entrance area be reviewed on a regular basis and decluttered.
- The number of staff available at lunchtime in the lounge/dining room of the Cedar (residential) Unit be looked into with a view to increasing the speed of service.

## 1. Report Overview

*Provide a short summary of the visit, including a brief description of the service visited (please include the name of the person who conducted the visit if different to the home manager):*

The visit to Kenilworth Grange was unannounced, which means that no one at the home knew we were coming.

On arrival at the home we were met by the Deputy Manager, Mrs Letta Motelle, who was our main point of contact for the visit. Mrs Motelle facilitated our visit and provided access to all relevant areas of the home. We also met Mrs Farish, the Registered Manager, who had been in a meeting at the time of our arrival.

We met again with Mrs Farish at the end of our visit to provide initial feedback. Both Mrs Motelle, as well as Mrs Farish, both offered a warm and friendly welcome.

Kenilworth Grange is a purpose-built home across three floors. There are a total 60 rooms at the home. 45 residential and nursing care beds are split into three units: Willow Unit (dementia care), Cedar Unit (residential care), and Pine Unit (nursing care).

All rooms are single bedded with their own toilet and wash facilities. There is one communal bathroom with bathing facilities in each unit.

The home operates according to the Gold Standard Framework for End of Life Care. We were shown the system that is in place to carefully and considerately manage end of life care.

At the time of our visit there were 40 residents and five vacancies. The home also has 15 Discharge to Assess beds. These beds are supported by two local GP Surgeries.

We conducted an in-depth interview with Mrs Motelle on arrival at the home.

We were advised that there were on average 70 staff in a range of management, nursing and ancillary roles. At the time of our visit there were no residents requiring 1:1 care.

There are at least two Registered Nurses on duty at any one time. Additionally, both the Registered Manager and Deputy Manager are Registered Nurses.

We were informed of the staff handover system which is in place to ensure that there is a comprehensive handover between day and night nursing staff. This takes place in the presence of the Registered Manager and/or Deputy Manager.

Each unit of the home has its own domestic team who are all overseen by a housekeeper. Domestic staff work 9.00am to 2.00pm. Rooms are cleaned on a daily basis. Deep cleans and refurbishments take place when a room has been vacated or during longer stays. We observed one vacant room being refurbished at the time of our visit. There is also one laundry assistant who works in the in-house laundry.

In the kitchen there is one Chef and one Assistant Chef, as well as two catering assistants and one person who is contracted between the kitchen and laundry.

Activities are undertaken by two Activities Coordinators who are based at the home. Daily activities are advertised on noticeboards throughout the home. At the time of our visit these included: mobility, arts and crafts, spooky fun (for Halloween), singing and 1:1 time. We observed that the lounge in the dementia unit had been decorated with a seasonal Halloween display. The activities team are also supported in delivering some of the activities by volunteers who run singing sessions and a quiz at the home.

We were told by the Deputy Manager that the home takes a person-centred approach to meet the needs of each individual. By way of any example she told us of one lady who always like to wear make-up. The Activities Coordinators go shopping and buy make-up for her so that she is kept fully supplied.

Visiting specialists provide additional health and social care services including dentistry and optometry. A private hairdresser runs a small salon at the home and private Chiropodist visits on a regular basis.

Mrs Motele advised that a Resident's/Relative's meeting takes place every 2-3 months and is Chaired by relative of a previous resident. Residents and relatives are encouraged to attend these meetings. We were advised that the biggest challenge is engaging relatives of Discharge to Assess residents as they spend less time at the home.

## **2. Purpose of Visit**

*Put in a small paragraph about why the visit was undertaken*

The visit to Kenilworth Grange was to ensure that residents are treated with dignity and care.

## **3. Approach Used**

The approach used e.g. direct observation; talking to Staff; talking to Patients/Residents; talking to Relatives/Carers/Visitors; evidencing written procedures etc.

The Authorised Representatives observed the activity taking place in the communal areas of the home, including the period over lunch.

The Authorised Representatives also spoke with residents, visitors and members of staff throughout the visit.

## **4. Observations/Findings**

*These should be summarised under the following headings:*

### **Physical Environment**

Kenilworth Grange is situated in a residential part of Kenilworth. Set in its own grounds the home has a large, well maintained car park to the front. We were advised during our visit that the car park does get used by local residents at the weekend but that this was being looked in to. A well maintained garden is situated to the rear of the home with a smoking shelter for staff located away from the building.

Entry to the home is through a secure door with a buzzer that alerts members of staff to people wanting to gain entry to the building. In the immediate entrance area a noticeboard provided lots of useful information, although it was a bit cluttered.

Once into the main building there is a large airy reception area with an unmanned sign in desk. On the walls of the reception are noticeboards displaying staff rotas, thank you cards, CQC certificates, feedback, activities, and leaflets. Light music was playing in the background. The overall reception experience was found to be relaxed and welcoming.

Since Care UK took over a programme of redecoration work has taken place. On the day of our visit new chairs had been delivered for one of the lounge/dining rooms in the Cedar Unit. Where refurbishment had taken place it had been done to a high standard.

There are still areas throughout the home that are tired and in need of refurbishment. These include:

- The lounge/dining room in the left wing of the ground floor Cedar (residential) Unit.
- The communal corridors of the ground floor Cedar (residential) Unit - peeling wallpaper and bashed handrails.
- The communal corridors of the lower floor Pine (high dependency) Unit - peeling wallpaper, bashed handrails and water marks on the ceiling near the lift.
- The second bathroom (currently not in use) in the first floor Will (dementia) Unit.

A visitor's toilet located just off the reception was also found to be clean but the decoration tired.

The home was observed to be maintained and cleaned to a high standard and all equipment stored away. Good practice was observed in regard to ongoing maintenance/domestic requirements in the form of a log in the reception area which can be freely accessed and written in by staff, residents and relatives if they notice/know of any area(s) that need to be addressed.

Photos of staff and noticeboards were observed throughout the home as well as working hand sanitisers.

Shared bathrooms were found to be clean and in a good condition. The bathroom in the left wing of the Cedar (residential) Unit was observed to have a small puddle of water on the floor.

In the Willow (dementia) Unit reminiscence objects were displayed in one of the corridors. Residents also had memory boxes outside of their rooms in which they could place familiar items. Resident's names were displayed on all rooms throughout the home.

Each Unit is accessed via a locked doors. The passcode for each door is located next to the keypad so as not to restrict movement about the home.

### Staff

Our Authorised Representatives observed interactions between staff, residents and visitors during the visit.

We saw friendly but respectful interactions. Staff called residents by their preferred name and demonstrated an understanding of individual preferences and interests. We observed the staff requesting resident's consent before acting.

We witnessed the Deputy Manager interacting with residents and she clearly knew them individually. One resident when talking to the Deputy Manager said: "You are a lovely fellow you. You put everything so nicely."

The members of staff we observed all wore name badges and uniforms. Staff names and photos were available in each unit to help residents and visitors to identify staff.

### Service User Experience, Dignity and Respect

We were advised that when a new resident arrives at the home the whole staff team, including administration staff, are briefed on the individual's requirements and preferences. Where applicable appropriate staff are supplied with detailed information, for example on dietary requirements.

If a resident's needs change from residential to nursing care the home, where possible, the home strives not to unsettle the resident by moving them. Instead nursing staff will come to them.

We observed residents in three of the four communal lounge/dining rooms. The residents appeared comfortable, clean and suitably dressed.

The lunch period was observed during our visit. Residents have the choice to eat in their bedrooms or in the communal lounge/dining rooms. Residents were supported to get to the dining table from their rooms if required.

A choice of meals is available to all residents with menus displayed throughout the home and on the dining tables. We were informed that fresh ingredients are used as much as possible.

We observed lunch being served in the lounge/dining room in the Cedar (residential) Unit on the ground floor.

The table was laid nicely with serviettes and flowers. Food was brought hot from the main kitchen and served from the small kitchenette area of the communal dining room/lounge. With only two staff working in this room, and taking meals to residents who chose to eat in their rooms, the service was a little slow. This was in comparison with the four staff observed serving in the lounge/dining room of the right-hand wing of the Cedar unit.

Residents were offered a choice of drinks including wine and soft drinks. It was observed that there was no water on the table or offered to residents.

We observed meals being served to residents with the option to change their choice of meal at the time of service, for example: “xx you ordered shepherd’s pie, do you still want this?” One lady appeared reluctant to eat. The staff member gently encouraged her to make a choice of meal and then to eat.

Staff members in this lounge/dining room made friendly but polite interaction with residents around the dining table. They appeared to know each individual in terms of personal preferences but did not assume they knew a resident’s choice. Residents were asked about portion sizes, if they would like help to cut up their food, and if they wanted seasoning.

The overall environment was very cheerful and relaxed with staff attending to each person’s needs and residents making light conversation with one another.

We also briefly observed lunch in the dementia unit. There was a chatty, relaxed atmosphere with music playing in the background. Most residents in this unit were sat around the dining table. One was being given 1:1 support. Three residents were sat eating in the lounge area and were also receiving 1:1 support.

#### **Staff Feedback**

We spoke with a number of staff throughout the home including nurses, care staff, and cleaners. All members of staff were willing to freely engage with our Authorised Representatives. Many had worked for the home for a long time.

All members of staff were very positive about the home and the support and training that they received from the management. One staff member said that they “enjoy working at the home and that the e-learning is good.”

When asked if could change anything most couldn’t think of anything. One member of staff said that they felt the home could benefit from further refurbishment.

## **5. Feedback from Patients/Residents/Relatives/Carers/Visiting Professionals**

*Please ensure anonymity at all times*

### **a) Patients/Residents**

We spoke to three residents during our visit to Kenilworth Grange.

One resident said that the home was “very comfortable with nice beds and nice bedrooms” and that it is a “very good place to live - all of the people who work here are lovely.” She went on to say that it “all works very well” and when asked if she felt able to give feedback she reported “oh yes”. Another resident asked about the food said that it was “excellent.”

A further resident told us “I enjoy it” and “my room is comfortable.”

### **b) Relatives/Carers**

We spoke to two visiting relatives during our visit to Kenilworth Grange.

One had a relative that had been living at the home for five years. The relative told us that staff always knock doors and introduce themselves and that they feel happy to leave their relative at the home. They reported finding the manager and staff approachable and open to discussion and said that they are kept informed of their relative’s condition. They also spoke of good preventative care.

Another relative said: “It’s brilliant. Sheridan and the staff are excellent. If you want to mark it, it’s an 11 out of 10 - care with a capital “C”. Speaking about his wife’s fall he said they were straight on the phone to let me know and reassure me.

### **c) Staff/Other professionals**

We spoke with the Discharge Coordinator from South Warwickshire Foundation Trust who said that the home was a ‘safe, calm place that she would be happy for her relatives to be resident in.’

## **6. Follow Up Visit : YES / NO (delete as appropriate)**

*Authorised representatives to state whether they feel a follow up visit should take place, the purpose of visit, and an approximate timescale for this.*

A follow up visit is recommended in 12-18 months.