

## Enter and View Visit Final Report

---

**Name of Service Provider:** Kenilworth Grange Care Home

**Premises visited:** 4 Spring Lane, Kenilworth, Warwickshire, CV8 2HB

**Date of Visit:** 27<sup>th</sup> April 2023

**Time of visit:** 10:00am

**Registered Manager:** Ms Margaret Ann Farish

**Authorised Representatives:** Robyn Dorling, Jackie Prestwich, Alison Wickens, Sue Roodhouse.

### 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.

### Approach Used

Four Authorised Representatives made an unannounced visit to the home and observed the care being given in the communal areas of the home, including the period over lunch. We spoke to the Registered Manager, were shown around the home and then observed the care being given in the communal areas, including the period over lunch. We spoke to members of staff and residents.

### Summary of findings

Kenilworth Grange is a purpose built 60 bedroomed residential nursing home in a central location in Kenilworth.

It is home to a mix of people that include older people, wheelchair users and people with Dementia.

The home cares for up to ten people who have left hospital and are waiting for an assessment to see if they can go home.

The Registered Manager told us the home is good at looking after residents who have quite complex needs and that, at the end of a person's life, their care needs can be met in the home, so that they do not have to go into hospital to die.

The Discharge to Assess unit has enabled the home to get extra nursing, including a tissue viability nurse.

The home has a call bell system. During our visit we observed the call bell being answered quickly on three occasions.

The décor in many areas is of a high standard.

The housekeeping team keep the home very clean and there were no noticeable odours or obstructions anywhere.

Residents told us they were happy living at the home.

Residents appeared to be friends with each other and chatted together.

### Recommendations

- Willow kitchen and dining room looks tired and could benefit from refurbishment.
- Ask residents if they would like on their doors to help them identify them.
- The Covid Pod to be made into a summerhouse for residents to use.
- The patio from Pine dining room to be extended to improve wheelchair access.
- Maintenance, a resident raised that his toilet had taken a few weeks to fix, we spoke Manager, and this was being fixed the next day, but he had waited a while.

## 1. Interview with the Registered Manager

The Registered Manager of Kenilworth Grange is Margaret Ann Farish, also known as Ms Farish. When we made our unannounced visit to the home Ms Farish met us and spent an hour telling us about the home and answering our questions.

Kenilworth Grange is a purpose built 60 bedroomed residential care home in a central location in Kenilworth. There were forty residents on the day of our visit.

It is home to a mix of people that include older people, wheelchair users and people with Dementia. Some residents require assistance with mobility and personal care.

The home has four units, nursing can be provided for thirteen people and more intense nursing needs for fifteen, with ten of these being for 'discharge to assess' which means the home is used for respite care and assessments, after people are discharged from hospital but, before they go home. Downstairs can accommodate twelve people for residential or nursing care and upstairs there are rooms for twenty people with Dementia.

Staffing: The home has ninety employees and is fully staffed. They do not use agency staff but do have bank staff. Interviews are carried out by the Registered Manager and are face to face, rather than online. Some of the staff have worked there a long time.

One nurse and three carers work on each unit, one being a senior carer who can give medication.

Training: New staff complete a 'competency book' which is a twelve-week induction program with support. Training for all staff is provided both in-house and externally.

There are 3 Activities Coordinators.

There is a Dementia Care Coach who works with the residents in the Dementia unit. People with Dementia can receive nursing care, if they start to need it, without changing rooms.

Some residents have Independent Mental Health Advocates from Voiceability.

Shifts are from 8am to 8pm, with handover at 8am.

Views of residents & relatives & complaints:

Satisfaction surveys are carried out twice a year for residents and families and yearly for staff. The results are displayed in the entrance hall.

History: there are books in residents' rooms with their life histories, which helps staff get to know them.

Nights: Ms Farish told us that the management team carry out unannounced visits at night. At night residents can use the call bell and there are hourly safety checks for residents unless they say they do not want them. Call bell information, on whether calls were answered, can be seen by the Manager.

Falls: To keep mobile residents can have gait analysis to see if they would benefit from a stick or a 3-wheeler, some residents pay for private Physiotherapy.

Nutrition and Hydration: Hydration is recorded on charts for everyone in the discharge to assess unit. When people are first admitted they are weighed weekly until their weight settles.

GP's /Dentists / Opticians / Podiatrist/ Physiotherapy:

GPs from Abbey Medical Centre and Castle Brook provide weekly Zoom calls on a Monday and Tuesday. Staff make a list of residents' concerns for the GPs before these meetings. GP's can then refer to District Nurses who will come not the home to see residents, send paramedics or refer to the appropriate professionals e.g., Phlebotomy or Physiotherapy.

People in the 'Discharge to Assess' unit who have come out of hospital are with Doctor's at Rother House surgery who hold an online meeting, to discuss their progress with outside professionals, every Thursday.

Medication: Medication is given out by Nurses and senior carers and is dispensed using the EMAR electronic medication machine, with counting checks performed by the next person, to check medication is being dispensed correctly. Information is recorded at the Nurses station. The senior Nurse and another Nurse are responsible to training staff on medication.

An accredited Dentist comes to the home, extractions go to the NHS. Some residents pay privately for this service.

Glasses and hearing aids are marked for identification.

Physiotherapy is accessed through referrals from the GP. Some people pay privately.

The Registered Manager told us that the Speech and Language Therapists from the Community Team are very good at visiting residents in the home for issues such as coughing, nutrition and speech.

Hospital visits: The home uses the (National) Red Bag Scheme for transferring standardised medical information, medication and personal property of individuals when being transferred between the care home to hospital. This initiative is to improve communication between care homes and hospitals at all points of the resident's journey.

Pressure sores: People are checked for pressure sores when they come out of hospital which are then reported to safeguarding.

We discussed supporting people with managing their Diabetes and were provided with a flow chart for treating hypoglycaemia that carers can follow. We informed Ms Farish about further training that is available from Warwickshire County Council if needed.

End of Life: Nurses are all trained in end-of-life medications and syringe driving. Ms Farish told us that they try not to send people back into hospital at the end of their life, and that one of the best things about the home is that they are good at meeting people's needs at this time, finding out what peoples wishes are and having discussions with their family.

After answering our questions and telling us about the home we were given a tour of the building and introduced to staff and residents. We then split into pairs and spent time in different areas talking to residents and staff, and stayed for the lunch period before giving our feedback to the Registered Manager at the end of the visit.

## **1. Observations / Findings**

### **Physical Environment**

The building:

The outside of the building is well maintained with parking for a number of cars.

The entrance is clean and tidy, with noticeboards displaying a variety of information such as information on Dementia, Satisfaction Surveys, Diversity and Pride. Hand gel is available.

There is a large welcoming reception area which is clean and bright with a reception desk where visitors sign in.

The reception area has a Dementia information station with information leaflets. A book titled 'your wish come true' is on the coffee table, with photographs of residents doing the things they had wished for.

There were no obstructions in the hallways or bathrooms. There are handrails in the corridors.

The environment:

The home is very clean with no unpleasant smells.

The home felt safe and secure with a calm atmosphere.

How to get help:

The home has a call bell system. During our visit we observed the call bell being answered quickly on three occasions.

Décor:

The home is decorated to a high standard with plain carpets and walls creating a calm environment.

Willow kitchen and dining room looks tired and could benefit from refurbishment.

The rooms are of a similar size and décor and they all have an ensuite with a toilet and washbasin. Bathrooms and shower rooms are shared by residents.

Doors:

At the moment, following a refurbishment the doors have recently been painted are very plain with a number on them. Evacuation procedures are recorded on doors with a coloured dot in red, amber, or green.

We discussed with RM asking residents what they would like on their doors to help them identify them. We also asked if residents had problems finding their way back to their rooms and were told this was not a problem at the moment, but that she could see how it could be, and would talk to residents to find out if they would like things on their doors.

The garden has grass, seating, and planting with raised beds, it looks to be a safe and secure area which is easily accessed through the dining room doors.

There are plans to:

- Extend the patio from Pine dining room to improve wheelchair access.
- Make the Covid Pod being into a summerhouse for residents to use.

Food:

Food is freshly cooked on site including sausage rolls and cornish pasties. There is a full breakfast, the main meal at lunchtime with supper later being a choice of hot food or sandwiches. Food is prepared and made available in the evening. for people who want to eat at other times.

We saw fruit and drinks on all the tables, with wine available at mealtimes. The menu was varied and appetising.

The staff at lunchtime were very kind and respectful and the atmosphere around the tables was happy and jolly, with residents talking to each other.

Staff appeared to know the residents well taking time to talk and listen, helping people choose the food they wanted by offering a choice of the meals on plates, in addition to the menu.

We spoke to the chef who told us how they encourage people to eat by preparing the food people want and making it available at the time they want it. Residents' meetings had been held to look at the menus' where residents asked for some changes, which the cooks were implementing.

Activities: In the morning staff support residents with personal care and in the afternoon, residents can get involved in activities.

Hairdressing: A hairdresser comes on a Tuesday and at other times by appointment. Residents looked well groomed, with nice haircuts.

There are three Activity Co-ordinators, we spoke to one Activity Coordinator who told us they have worked at the home for six years and have a qualification from NAPA, The National Association of Activity Providers and an NVQ2 in life science pathways and are also trained in manual handling.

Activities include, amongst other things, chair exercises, arts and crafts, bingo, singalong and karaoke, reminiscence, and chat. Residents were invited to celebrate the King's Coronation through activities in the home.

The Activity Coordinators take people into town and had organised a trip to Kenilworth Castle the day before our visit. Residents have also been taken

to Butterfly Farm in Stratford upon Avon. On the day of our visit four residents had gone into town.

Residents told us they liked the activities and one person said they would like 'more of them with more facilities.'

Private transport is booked if needed, for residents to go out.

Residents throughout the home appeared to be friends with each other and chatted together.

Pets: A local cat visits the home from time to time, which some of the residents really like.

Smoking arrangements: One resident smoked outside.

Housekeepers: The housekeeping team consist of eight staff; we spoke to a housekeeper who has worked at the home for fourteen years. The home is very clean with no noticeable smells or odours. Clothes are all labelled, and carers return them to residents after washing.

Maintenance: We spoke to the person in charge of maintenance who told us they have an agenda of things to do with a book for staff to write in things when they notice them.

A resident raised that his toilet had taken a few weeks to fix, we spoke Manager, and this was being fixed the next day, but he had waited a while.

Feedback and complaints: One way residents can feed back their views and complaints is through the residents and relatives' group meetings which are held every six to seven weeks. These are chaired by a local volunteer. We saw the minutes of the last meeting on a noticeboard. This meeting was held on Zoom, but the Chair is looking at holding the meetings at the home again.

The Registered Manager told us how they were helping a resident to deal with a complaint they had made about an external service.

### **3. Feedback from Residents/Relatives/Carers/Visiting Professionals**

#### **a) Residents**

"I like it here, the food is good, I have been here a long time, I am well looked after, I get taken out into town."

"I like it here, I feel safe. The food is generally very good. I know how to make a complaint if needed. I go into town once a week with the activity's girls. I do exercises out in the garden every day".

"I have nothing to complain about I feel well looked after."

"I have been here a while, I eat ok, I know how to use the pull cord, if I use the call bell staff come quickly, I have a wheelchair which I use when I go into town."

"I feel safe here, I am happy with the service."

"It's lovely, it's a beautiful place to live in, I've been here a long time.

#### **b) Staff**

"The best thing I like about working here is seeing residents happy".

"The best thing about this home is that we can cope with resident who have quite complex medical conditions and we don't have to send them into hospital at end of life".