healthwatch
Leicester and
Leicestershire

Enter & View Report

Five Rivers Living

April 2026

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Report Details

Details of Visit	
Service Address	12 Sangha Close, Leicester LE3 9SW
Service Provider	Richan Care (Midlands) Limited
Date and Time	Wednesday 29th April 2026, 10am
Authorised Representatives undertaking the visit	Chris Bosely and Dulna Shahid (Staff)

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 residents 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.

Purpose of the visit

The purpose of the Enter & View visit was to speak with residents, relatives and staff, and to observe the care being provided within the care home. The visit aimed to understand people's experiences and look at key areas such as dignity, respect, safety, the environment and overall wellbeing. It also identified examples of good practice as well as areas where improvements could be made, to help support ongoing quality assurance and improve the experience of people living in the home.

Methodology

This was an announced Enter and View visit.

We contacted the care home management team in advance and had access to communal areas during our visit.

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 or complaints.

Speak to staff about training, turnover, support and staff levels.

Observing interactions between residents, staff, manager and visitors.

At the end of the visit, we gave our initial findings to the management team.

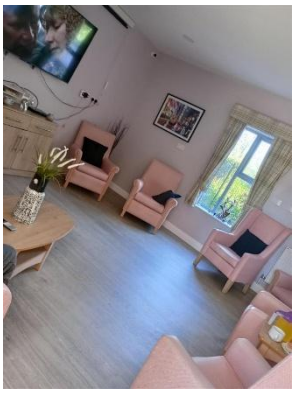
Results of the visit

External

The care home is a three-storey building with a hard paved courtyard. The courtyard includes car parking spaces and open space. At the rear of the building is a grassed corridor and a high fence with woodland beyond.

The entrance to the home was well signposted and easily accessible, with ramps available on both sides of the building. The outside of the building was well maintained, and although garden space was minimal, it was in good condition. The manager told us that there are plans to develop a garden area at the front of the home. Gardens were accessible for residents via the dining area, with ramp access in place to support mobility needs. CCTV is in operation at the home. Entry systems include a bell, keypad and intercom.

Internal



The care home appeared smart, welcoming and well maintained throughout. The reception desk was located directly opposite the main entrance, making it easy for visitors to access on arrival. The office was situated further along the corridor. CCTV was in operation throughout the home, covering all corridors and communal areas. There are cords and panels in rooms so that residents can call for help or attention. TV screens in the office and corridors display rooms and if someone attending.

The visitor book was clearly being used, with recent entries recorded. There were no unpleasant odours noted during the visit. Décor was well maintained and furniture and soft furnishings were all in good condition. Corridors and communal spaces were free from clutter and all areas observed were clean and tidy.

A range of information was displayed throughout the home. Noticeboards included information about activities, resident meetings, seasonal displays with thank you cards, the latest Care Quality Commission (CQC) inspection information and the home's newsletter. Health promotion materials, including breast cancer awareness information, were available, alongside information for staff regarding the emergency buzzer response time policy. Information about dementia, feedback, complaints and compliments was also displayed, with feedback and complaints information clearly visible on the entrance door. Safeguarding information displayed.

Corridors all have handrails. Some parts of corridors are wider giving communal space for chairs and wall sized pictures. A quiet 'sensory' room with artificial vegetation, hanging decorations and caged birds. (An interesting innovation that could be recommended to others.) We were told the sensory room is well used by residents.

Spacious communal rooms (2 on each floor) were furnished and decorated in different styles. On the ground floor a communal room had a door to the grassed area at the back of the building. The dining room was uncluttered, smart and well lit in the daylight. There was dementia friendly decoration. Toilets within the home were spacious with alarm cords and handrails. Bathrooms spacious and odour free. There are lifts and stairs to access each floor, residents use the lifts.

Hand sanitisers and gloves are accessible at convenient points in the corridors and communal areas.

Residents

The home has a capacity of 50 residents and at the time of the visit, was supporting 48 residents. Accommodation is provided in single bedrooms throughout the home, although two rooms are large enough to accommodate double occupancy if required. All rooms have ensuites.

Each resident room door has a name plate and an illustrated notice with pictures and brief notes about the resident's interests and life history.

There is a wide range of residents catered for and any age. About 80% have a degree of dementia. Other have physical disabilities and some are end-of-life care.

Staffing

We were told the homes staffing levels consisted of 12 care staff during the day and 7 overnight, including 2 staff providing one-to-one care support. The home has 2 Activity Coordinators. Domestic services were provided by 4 staff members. Maintenance support was provided by 1 staff member, available Monday to Friday. The management team consisted of a Home Manager and Deputy Manager.

Catering services were provided by a Chef supported by 3 catering staff.

Agency staff are used to provide cover for annual leave and sickness absence when required. The home aims to maintain consistency by regularly using the same agency staff which helps to ensure continuity of care and familiarity for residents and staff.

Staff interaction and quality of care

We were told residents have choice over food, drink, clothing, personal care and bedtime routines, with individual preferences supported within daily care. We were told that care needs were being met, with individualised care plans in place that were tailored to each resident's needs. Residents appeared well cared for, during our visit the hairdressers was at the home. We were told the hairdresser visits every 2 weeks. We

were told privacy and dignity were always maintained and residents were supported to feel safe. We were told that religious and cultural preferences were taken into account within care planning and daily practice.

Residents were able to call for help using a handheld device, providing reassurance that support could be accessed when needed.

During our visit we spoke to one resident who said that he was very happy at the home despite his physical disabilities. He was happy with the food and activities.

Residents have access to a range of health professionals including GP, optician, chiropodist, district nurses and pharmacy support. GP services were described positively, with the GP visiting the home weekly and staff reporting that appointments are generally easy to arrange once relationships were established over time. District nurses also attend the home twice weekly and a community dietitian provides input as required. Dental care is accessed through Anstey Dental Practice, with residents attending appointments supported by staff or relatives.

However, feedback highlighted ongoing challenges in communication and coordination with hospital services, particularly Leicester Royal Infirmary, with staff reporting frequent contact due to delayed or incomplete information transfer, including issues around referrals, discharges and medication management.

Residents are supported to go out into the community and can be accompanied by staff when needed.

Staff were observed to be welcoming, approachable and informative. Staff were considered to be appropriately trained, with training delivered through a mix of in-house and outsourced provision on site. We were told that training is up to date, with staff regularly enrolled in further learning opportunities. Staff are supported to develop additional skills and qualifications and feel well supported by management.

Interactions between staff, management and residents were observed to be very positive, with staff being respectful and caring towards residents. Staff also expressed feeling supported by their manager. Overall, staff expressed satisfaction in their roles and those spoken to stated they were happy working at the home and with the service provided.

Staff meetings are held on a monthly basis, providing opportunities for information sharing, service updates and future planning. These meetings also allow staff to raise any concerns and contribute ideas for service improvement, supporting open communication and continuous development within the home.

The manager told us she creates all care plans and risk assessments; we were told the manager is very interactive with residents and family.

Social engagement and activities

There is a daily schedule of activities provided within the home, with activities also tailored to meet individual needs and preferences. Outings are also arranged for residents, including recent trips such as a boat trip on the River Soar. Special events are celebrated, including birthdays.

Additional engagement opportunities are available on a daily basis, including a 'News' sheet featuring historical events linked to the date, as well as quizzes. In communal areas, residents had access to colouring activities, word searches and a bookcase in the lounge with books available for use. Music from past eras

was playing in corridors and most communal areas.

Residents' meetings are held monthly with the minutes of the meeting displayed. Relatives can visit at any time in rooms or communal spaces. We observed relatives visiting. We spoke to one family visiting, who said the home was lovely, staff are helpful. We were told they get updates from the home and are able to ask anything.

Family are invited to have meetings every month for anything they would like to raise or share.

Dining experience

Residents are offered a varied choice of meals, with special dietary, medical, religious and cultural requirements catered for. There is high level of hygiene standards observed in the kitchen. A notice displayed in the kitchen provided staff with clear information about each resident's dietary needs and preferences, helping to ensure meals were prepared appropriately. There is a 4 weekly menu with 2 meal choice at each main meal and dessert and it is changed every 4 months. There are menu requests forms which are sent out and residents will choose what they would like and inform of any changes. There is a folder with each day's menu include pictures of each option.

We were told that nutrition and hydration were monitored by care staff and recorded using the Mobile Care Monitoring (MCM) system. This system was used to document food and fluid intake, monitor nutritional needs and record any updates or changes in a resident's condition. Food choices and nutritional support were tailored to individual needs, with information recorded and reviewed through the MCM system to ensure personalised care.

Residents have a choice of where to have their meals. We were told that residents prefer having meals in their rooms but are still given the option to dine in the dining area if they would like to.

Choice

Residents have the choice to get up and go to bed when they wish (personal care plans include time windows for their usual daily pattern). Residents can ask for things they wish to have, during the visit we observed a very large TV in the home, we were told a resident had asked for a TV for their room and it was ordered.

Residents can personalise their rooms as they wish.

Summary

The home provided a clean, welcoming and well-maintained environment for residents. Staff, residents and relatives spoke positively about the service, highlighting the caring approach of staff, the positive atmosphere within the home and the range of activities and opportunities available to residents.

The visit identified several examples of good practice, including the use of personalised information on bedroom doors, the sensory room, strong engagement with relatives and a varied programme of activities and outings. Staff demonstrated a good understanding of residents' needs and spoke positively about the

support they receive from management.

The home has good relationships with various healthcare services such the GP, dental practice, district nursing team, however there were concerns were expressed regarding communication and coordination with hospital services.

Service provider response

The report was agreed with the Service Provider as factually accurate. The report was shared for comments – no additional comments received from the service provider.

Distribution

The report is for distribution to the following:

- Five Rivers Living
- LLR Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- Leicester City Council (LCC)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network
- Published on www.healthwatchll.com

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