



Enter & View Report

Silver Birches

December 2024

Contents

Report details.....	2
Acknowledgements.....	2
Disclaimer	2
Purpose of the visit	3
Methodology	3
Results of visit.....	4
Quality Indicators.....	5
Recommendations.....	7
Service provider response.....	8
Distribution	8

Report details

Details of Visit	
Service Address	85 Lutterworth Road Aylestone, Leicester LE2 8PJ
Service Provider	Pine View Care Homes Ltd
Date and Time	Tuesday 17 December 2024, 10am
Authorised Representatives undertaking the visit	Kim Marshal-Nichols, Chris Bosley and Riyaadh Mussa (Staff)

Acknowledgements

Healthwatch Leicester and Healthwatch 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 Healthwatch Leicestershire.

Purpose of the visit

Independent Age, a national charity, supported by Healthwatch, have developed a set of eight quality indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators.

A good care home should:

1. Have strong, visible management.
2. Have staff with time and skills to do their jobs.
3. Have good knowledge of each individual resident, their needs and how their needs may be changing.
4. Offer a varied programme of activities.
5. Offer quality, choice and flexibility around food and mealtimes.
6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.
7. Accommodate resident's personal, cultural and lifestyle needs.
8. Be an open environment where feedback is actively sought and used.

For further information: www.independentage.org/policy-and-research/our-8-care-home-quality-indicators

Methodology

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/ complaints.

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

Observing interactions between residents, staff, manager and visitors.

Results of the visit

External

The home is a large converted 2 storey house with additional single storey wings at the back. There is a tarmac car parking area at the front. There is a high hedge separating the building from the busy main road.

The entrance to the building is well signposted, with a board placed at the entrance to the car park. It is easily accessible and situated on flat ground. Additionally, the exterior of the building is well maintained.

There is no garden, only a small internal courtyard featuring artificial grass and seating, but it lacks plants, bird feeders, or any decorative elements.

There is CCTV at the front of the building and access to the home is via doorbell.

Internal

The reception/ office is located within a short distance of the communal areas and the front door. CCTV is in place within the communal areas and a visitor book is actively being used. There is no noticeable odour in the building.

The soft furnishings are in good condition and appear clean. The corridors are generally free of clutter, aside from some temporary materials. There has been recent redecoration in the home and we noted areas with chipped paintwork. While the corridors are just wide enough for wheelchairs, the layout is limited and includes bends that follow the original house design.

Handrails are installed along most corridor walls, but there are no pictures or decorations on the walls or doors. Overall, the areas are clean.

The dining room was clean and well-lit, with four chairs arranged around each table and colourful pictures on the walls. The main lounge was divided into two sections, each with a large TV screen positioned opposite rows of chairs, most of which were occupied. In one section, the TV played a daytime programme, and residents were watching the TV. In the other section, Christmas songs were playing, and some residents appeared to enjoy the music. Another small communal area, with a TV, served as a through route to the annex rooms.



The home has two lounges one main lounge and the second lounge is for residents that like to have quiet times. The property featured two staircases, typical of a household in steepness, with low gates at the top and bottom, but neither was wide enough to accommodate a stair lift. Additionally, a small enclosed lift was available.

Residents

The residential home has a capacity of 18 residents, with 17 residents currently residing at the home. All resident rooms are single rooms. We were shown an empty room. The doors displayed only the resident's name without any personalised information.

The manager was unclear about the range of needs of current residents, i.e. proportion living with dementia, physical disabilities, mobility difficulties, high dependency etc. The manager said that some residents had learning difficulties.

One resident we spoke to expressed significant unhappiness. He was unable to move independently and appeared frustrated. The resident did not have access to a wheelchair. He became irritated by the repeated loud Christmas music on the TV, although we noted that other residents seemed to enjoy it. He felt that this was not the right place for him and was hoping to leave soon. He mentioned that he tends to have conflicts with some staff and other residents.

Notices

During the visit, we did not see a staff board, activity board, Care Quality Commission (CQC) report or complaints procedure. The information board displayed food menus, general information and safeguarding information. The manager said policies could be found online.

Staffing

The home is staffed by three carers in the morning, three in the afternoon, and two in the evening. In total, there are 15 carers, along with one domestic staff member, one catering staff member, one management staff member, and a part-time maintenance staff member who has been with the home for many years.

Quality Indicators

Quality Indicator 1: Have strong, visible management.

The manager and staff appeared to be well-aware of the individual needs and personalities of the residents. When asked about any challenges, the manager was not able to identify any current challenges or any improvement projects.

Quality Indicator 2: Have staff with time and skills to do their jobs.

Training is conducted online. One staff member was observed demonstrating the use of the hoist to another carer. We were told training is always available for staff that require more training in certain areas and they have an open door policy, whereby if staff feel they need advice or support in areas, then this can be given.

Quality Indicator 3: have good knowledge of each

individual resident, their needs and how their needs may be changing.

We observed positive and caring interactions between the staff and residents. Residents appeared to have a positive relationship with staff members. All staff were pleasant.

Quality Indicator 4: offer a varied programme of activities.

There is no dedicated activity coordinator. A carer explained that daily activities are organised by the care team, including options such as bingo and singing. Occasionally, a visiting musician provides entertainment. Residents also go on outings to places like parks or garden centres, although the facility does not have its own minibus.

Activities are planned weekly but may vary from day to day. Each resident has their own social worker.

Quality Indicator 5: offer quality, choice and flexibility around food and mealtime.

The menu offers a variety of choices, with different options available each day and throughout the week. A small-print menu displayed on the dining room noticeboard was labelled as the 'spring 2024' menu.

Special dietary needs, such as vegetarian or medical requirements, are accommodated. The caterer mentioned that while some residents have specific medical dietary needs, no residents currently have religious or ethical dietary restrictions. The kitchen staff are informed of any special dietary requirements by staff members.

Nutrition and hydration are monitored and recorded using an app accessible to all staff.

Quality Indicator 6: ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists.

All residents are registered with the same GP practice. Staff provide updates to the doctor every Tuesday, and the doctor will visit if required. Other specialists, such as district nurses, chiropodists, and opticians, also visit. However, the manager stated that a dentist does not visit, and many residents are unable to physically travel to a dental surgery, so do not get any dental care. They have difficulty arranging dentist visits. It is the responsibility of the family to organise these appointments.

If a resident needs to go to a hospital appointment they rely on community ambulance service. A Staff member would go with them.

Quality Indicator 7: accommodate residents' personal, cultural and lifestyle needs.

Residents looked well and well cared for. One staff member is a trained hairdresser, so can cut and style residents' hair.

Quality Indicator 8: be an open environment where feedback is actively sought and used.

The manager was uncertain about the specific meetings but mentioned that she regularly communicates with visiting relatives to keep them updated on the residents' conditions. She stated that they typically speak with relatives at least once a month during visits.

Summary

The residential home is a well-maintained, converted two-story building and is easily accessible located away from the busy main road. The exterior is clean, with clear signage and a CCTV system in place. However, the property lacks a garden, and the small internal courtyard could benefit from additional decorative elements to enhance its appeal.

Inside, the home is generally tidy with well-maintained furniture and no noticeable odours. While corridors are spacious enough for wheelchair access, the layout is limited due to the original house design. The home could benefit from additional personal touches on resident doors and corridor decoration. The dining room and lounges are well-kept, though there is a lack of designated quiet areas and communal spaces are often dominated by TVs.

The home provides a variety of meals, dietary requirements are accommodated. Hydration and nutrition are monitored through an app. However, dental care remains a challenge, with residents relying on family to arrange dentist visits, as there is no regular dental service. GPs, district nurses and health professionals regularly visit the home.

Overall, we observed a caring environment, staff were welcoming but there are areas for improvement, such as enhancing communal spaces, adding more personal touches for residents and addressing the need for better dental care.

Recommendations

We recommend that Silver Birches:	
1	Schedule regular resident meetings to gather feedback, address concerns and share updates.
2	Look at ways to improve the outside courtyard so that it appears more inviting to residents to spend time outside.
3	Refresh the décor by repainting areas where paint is chipping to maintain a clean, welcoming environment.
4	Consider adding personalised information to residents' doors, such as hobbies and interests.
5	Consider appointing an activity coordinator to plan and deliver activities for residents.
6	Explore options with local charities or organisations to secure a community bus for outings.

7	Display information such as the complaints procedure, the latest CQC report and a staff board.
8	Consult with NHS England to discuss the issues with the availability of dental treatment for residents.

Service provider response

The report was agreed with the Service Provider as factually accurate. They have provided the following responses to the report.

"Silver birches is a residential home which prides in the wellbeing of residents ensuring that their needs are met to a high standard.

Staff do a marvellous job and we do at times have residents that want to be at home rather than being within a care home environment, this is expected but with the reassurance and good care given by staff, we can hopefully make the stay with us a pleasant one for the time that they are residing with us by carrying out activities that suit the needs of the residents, talking one to one."

Distribution

The report is for distribution to the following:

- Silver Birches
- 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.healthwatchhll.com



Healthwatch Leicester and Healthwatch Leicestershire
9 Newarke Street
Leicester
LE1 5SN

www.healthwatchll.com
t: 0116 257 4999
e: enquiries@healthwatchll.com



@HealthwatchLeic