



Rosemary Care Home Enter and View Report

September 2018

healthwatch
Rochdale

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Introduction

About Healthwatch Rochdale

Healthwatch Rochdale is the independent consumer champion for children, young people and adults who use health and social care services in the borough.

- We work to ensure consumer's views about services are represented both locally and nationally;
- We focus on local voices being able to influence the delivery and design of local services;
- We have statutory powers that enable local people to influence health and social care services under the Health and Social Care Act 2012.

Healthwatch Rochdale listen to the views and opinions of local people concerning health and social care services such as hospitals, GPs, care homes and pharmacies. These views and experiences are used to improve the way services are designed and delivered.

Healthwatch Rochdale has statutory powers to enable visits to be undertaken at publicly funded health or social care premises, these visits are called 'Enter and View'. Enter and View visits are undertaken when Healthwatch Rochdale wishes to address an issue of specific interest or concern, but equally they can occur when an organisation has a good reputation. Enter and View visits allow fully trained Authorised Enter and View Representatives the opportunity to find out about the quality of services and to obtain the views of the people using those services.

Our Enter and View policy is available to view at www.healthwatchrochdale.org.uk

You may also wish to look at The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 available to view at http://www.legislation.gov.uk/uksi/2013/351/pdfs/uksi_20130351_en.pdf

Acknowledgements

Healthwatch Rochdale would like to thank Rosemary Care Home management and staff members, residents, family members and all those who took part and took the time to speak to us on the day.

Disclaimer

Please note that this report relates only to the service observed at the time of the visit. This report is not a representative portrayal of the experience of all service users and staff and is only an account of the views of those who met with the Enter and View team at the time of the visit. Enter and View visits are not inspections but are an opportunity for patients to share their views on the care they are receiving. It is not the role of Healthwatch Rochdale to see evidence of policies, procedures, care plans or any other written evidence.

Care Quality Commission rating

At the time of the Enter and View visit, Rosemary Care Home was rated as Good by The Care Quality Commission (CQC). To read the latest inspection report from the CQC please visit www.cqc.org.uk

Visit Background & Purpose

Background

Healthwatch Rochdale visited Rosemary Care Home on Thursday 20th September 2018 at 2pm - 4.00pm as part of a programme of announced Enter and View visits to care homes in the Rochdale borough. The visit was based on eight care quality indicators developed by Independent Age. According to the indicators a good care home should:

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

Methodology

This was an announced visit; therefore, Rosemary Care Home management and staff were expecting us. Enter and View representatives who took part in this visit were:

- Alex Leach
- Claire Birch
- Karen Kelland
- Irene Jackson

We were greeted on arrival by the manager and given a tour of the home. Questionnaires and observations were conducted based on the eight care quality indicators. On the visit we spoke to:

- The manager
- Three staff members
- Four residents
- Two family members

After the visit was completed, the lead representative spoke with the manager to give a summary of the visit and inform them a report with recommendations will be written and sent over. An opportunity for the provider to comment on the recommendations will be given.

Results of visit

A good care home should have

1. Strong and visible management

The manager told us she has “worked as a carer from a young age and experienced examples of poor care and decided that care should be of a higher quality”. The manager told us she enjoys her job and that she enjoys helping to improve “resident’s well-being and quality of life”. The manager also told us that she has worked as a “trouble-shooter to lead improvement of failing homes”.

All staff members we spoke with felt that they received support from the manager with one staff member saying the manager was “professional and approachable”. All staff members felt supported and that it was easy to talk to the manager when wanting to ask a question or raise an issue telling us the manager is “fantastic” and “support is there”.

Three out of four residents we spoke with told us that they knew who the manager was and told us that the manager is “a lovely person”, “very fair”, and one resident told us that they “feel like I can talk to her”. The fourth resident told us she was new to the home and “think I know who (the manager is) but not sure”.

Both family members of residents knew who the manager was and confirmed she was friendly and helpful describing the manager as “lovely”.

2. Have staff with time and skills to do their job

The manager told us that she has “developed her own training programme which runs over monthly periods focused on a particular subject”. The manager also told us that all staff are provided with a “comprehensive induction”.

All staff members we spoke with said they were encouraged to continue to develop their skills, telling us there is “always training”, “training is encouraged” and there are “eight mandatory sessions” and “peer to peer support”. All staff members we spoke with felt that they had enough time to care for residents overall, but this was sometimes impacted when other professionals came into the home.

One staff member spoke to us enthusiastically about how they try to make life in the home as good as possible telling us “it’s amazing here at Christmas, we decorate the home and have a lovely big tree. We try to make Christmas as special as possible for the residents”.

All four residents we spoke with felt that staff had time to stop and chat with them. One resident told us that “staff are great. Very, very sociable and very very helpful. I think they are great” and a second residents told us that “staff look after you well”.

One family member we spoke with said they felt that the home “sometimes could do with more staff on shift. Sometimes it seems really well staffed and sometimes less so” although the family member told us that she had “no concerns but I just think another staff member would be useful”.

On the visit we observed staff talking and chatting with residents and family members and using resident's name in conversations. Staff were seen to be patient, friendly and respectful towards residents and each other.

3. Have good knowledge of each individual resident and how their needs may be changing

The manager told us that all residents have a "pre-visit" before coming to the home and have an "individual assessment". Before admission the manager creates a care plan which includes a photo, likes and dislikes. Residents also have an "It's about me" pack.

The manager told us that "All staff read the pre-admission assessment" and that "new residents are flagged on the system for all staff to see" and that "the assessment is a live document that is evaluated monthly or as required and is available for all staff to see".

Staff members told us that they get to know individual residents when they first arrive at the home through reading the care plan. One staff member told us that they got to know residents through a "combination of resident, friends and GP".

Staff members told us that information on a resident's tastes, health and care needs are "updated on the care plan daily" and at "handover". Staff members told us that there is a "paperless system" and that changes are recorded on the "computer"

Three residents confirmed that the staff know what they need and like with one resident telling us that they "get me up in the morning and seem to know what I want".

Two family members we spoke with said they felt staff knew their relative well and noticed and responded if relative's needs change. One family member told us that "(resident) is deteriorating quite quickly and is regularly seen by the Dr. I have every confidence that if (resident) needs anything they will advocate on his behalf".

We observed that staff seemed to know residents well. One staff member spoke to us in the company of a resident and told us about the cultural origins of the resident's surname and another staff member told us about two residents who enjoy dancing which was confirmed by the two residents.

We also observed that the home had a calm, relaxed atmosphere and residents appeared content. Canvas pictures were displayed on the walls and a large butterfly mosaic was displayed on the lounge wall. The home also had a pet dog that came with one of the residents, all factors that help contribute to feelings of belonging and feeling at home.

4. Offer a varied programme of activities

The manager told us that the home has a "member of staff who works as an activities co-ordinator for 30 hours per week" and that the home has set activities which include exercise classes, craft and music activities. The manager told us that "nursery children come into the home to visit residents weekly" and that sometimes the activities are set by "resident request".

The manager told us that the home has also taken part in The Social Hen Homes Project, which is an initiative to help tackle loneliness and depression in older people living in care

homes whilst providing a sense of purpose which can help improve wellbeing. The chicken coop was observed in the rear garden.

Staff members told us that activities available in the home included both inside and outside activities. Inside activities included exercise classes, pamper days, jigsaw, quizzes and visits from the nursery and outside activities included day trips out to various places.

Residents told us that activities they like in the home are “armchair exercises outside in the sun” going to “Rochdale Link 4 Life gym once a week with a staff member”, “visiting the Cenotaph”, “having a shandy at the pub”, “going to Rochdale every Saturday” and “books, magazines and games”. One resident told us that they “go to some show at Butterworth Hall”.

One resident told us that there were no activities in the home for her but that she has “been to Rochdale” and was “supposed to be going to the Mayor’s Tea”.

All residents said that it was easy to join in the activities in the home with one resident telling us that they “used to like going to the market but people in the home don’t have time to take me to the market”.

One family member told us that their resident previously “went to the pub and did drawing and painting” but is “sleeping most of the time now and doesn’t have capacity”. Another family member told us that activities are “ok, dependant on if you are able”

On the visit we observed an armchair exercise session taking place with music being played from 1950s/60s era. We also observed a small dog who lives in the home with one of the resident’s which brought much delight and happiness to residents when it came over for a stroke. There was also pictures on the wall of residents taking part in activities, photos were displayed on a tree mosaic.

5. Offer quality, choice and flexibility around food and mealtimes

The manager told us that residents can choose to eat their meals in the lounge or dining room and that there is a “long breakfast period” and “flexible lunch and dinner” with “chippy tea provided if requested”. The manager also told us that residents can choose to take meals in their room and “can access snacks if required” with “high risk assessed residents having second sittings meal with staff assistance”.

The manager told us that mealtimes are sociable and “friendship groups are encouraged” with the dining room being a “friendly tea room environment”.

Staff members told us that mealtimes consist of “Breakfast, dinner, tea and supper” and that mealtimes are “semi structured” and “worked around residents as it’s their home”. Staff members told us that there is a “set menu of two choices” and at “breakfast (there is) a variety of choice”.

Three residents we spoke with said the food was “ok”, “quite good”, “alright, but not the same as my wife’s home cooked food” and a fourth resident said, “I don’t like it, it could be more interesting, used to home cooking”.

One resident told us that the food is “excellent” with “plenty of choice” and a second resident said that there was “a couple of choices and if you don’t like it they will do something else”.

A third resident stated that the food is “not good” and that they did not enjoy mealtimes but that there was enough choice of what and when to eat.

Three residents told us they enjoyed mealtimes with one resident saying they were “quite pleasant”. A fourth resident told us that they “hate sitting at the table next to people who need to be fed so I eat my dinner in the lounge but have my breakfast in the dining room”.

Two family members we spoke with told us they were confident that their relative is supported to eat and drink as much as possible saying they “have total trust” and that they are currently “on pureed food but previously enjoyed the food”. One family member told us that they though mealtimes were sociable and that they were able to stay and eat with their relative if they wanted to.

On the visit we observed napkins and condiments on the dining room tables and plants on the dining room windowsill.

6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists

The manager told us that the home is taking part in the local oral health initiative and has “two oral health champions”. Staff have all received “training regarding good oral care to prevent aspiration and hospital admission” with a dentist having assessed “resident’s in the home and identified oral needs”.

Staff members told us that residents have access to regular, preventative dental and optometry with optometry “coming into the home” and resident’s having “dental screening”.

Two residents told us that they see the dentist that “comes in the home” with a third resident saying they “go to their own dentist” and a fourth resident saying they “don’t need one (dentist)”

All four residents said they see the optometrist who comes in the home, with one resident telling us that they have their eyes tested “every twelve months”.

Both family members we spoke with seemed to be aware that the home had taken part in the oral health initiative with one family member saying “staff have done dental training and a second family member saying their resident has had “two eye tests since they have been in here. (The home) is part of the oral health scheme”.

7. Accommodate residents personal, cultural and lifestyle needs

The manager told us that resident’s “care plans are created around assessment of cultural, religious and lifestyle needs” and “relatives are included in the assessment”. The manager said that “staff undertake training” which includes the “end of life passport” including raising staff awareness of cultural beliefs.

One staff member told us that a vicar from a local church comes in to see three residents and a second staff member says that staff members “offer to take residents to the local church” and that a “priest comes in weekly”.

Two residents told us that there is respect for their religion in the home with one resident saying they “have communion every month” and a second resident saying they “have communion in the home” and “if I wanted to go to the church the home would help me”.

A further two residents we spoke with felt that the question of religious and cultural issues was not applicable to them.

Two family members we spoke with felt that the question of religious and cultural issues was not applicable to them.

On our visit we observed a priest in the home who told us that she had come into the home to give holy communion to residents who wished to receive it.

8. Be an open environment where feedback is actively sought and used

The manager informed us that she has an “open door” policy, with their being a “monthly resident’s meeting, a quarterly relative’s meeting” and that the “staff meet monthly to discuss operational issues” with an “information session with relatives to be commenced”.

The manager told us that “feedback is displayed in a you said we did” and the home also has a “grumbles book, with feedback being written up and fed into the governance system”.

All three staff members felt that they and resident’s and family members could have a say in how the home is run with one staff member telling us that there is an “open door policy” a second staff member saying there is a “good environment and culture” and a third staff member saying the home is “like a family (you can) have a laugh and joke” with their being a “yearly questionnaire”.

Two residents said that if they needed to make a complaint about the home they would “Go and see (manager’s name) and she’d sort it out for me” and “go to the manager but I’ve not needed to do that yet”. A third resident said that they “can only really complain about the food” and a fourth thought the question was not applicable.

When residents were asked if there was anything they would like to change about the home, comments included “no everythings great”, “quite happy, children come into the home, it’s nice”, “a couple more toilets” and “I’m just in for respite care but I can’t find fault”.

Two family members we spoke with said that they felt a welcome participant in the home and that “every month there is a meeting for family and residents”. Both family members said they knew how to make a complaint if they wanted to with one family member saying “there is a recognised procedure” and a second family member saying they would “go to (managers name) or the CQC”.

Observations noted a ‘you said we did’ displayed on the wall in the hallway.

Other observations noted that on entrance to the home paint was missing from the front porch and the carpet at the front door was slightly wrinkled. This was raised as feedback with the manager as it felt that the initial first impression of the home let down the quality of care and good work that was going on in the home. This feedback was positively received and taken on board by the manager.

Recommendations

The findings in this report are based on eight care quality indicators. The Enter and view visit showed that Rosemary Care Home met the requirements of the indicators. However, it is the aim of Healthwatch Rochdale to work with providers to help continue to raise standards of care. Therefore, the following areas of improvement have been identified.

Therefore, considering this visit we recommend:

Recommendation ID	Recommendation
1	<p>Our findings evidenced strong visible management and quality of care. Therefore, in accordance with the eight care quality indicators we recommend:</p> <p>“To continue to share the positive work and good practice with other care homes in the borough”.</p>

Response from Provider

Thank you for visiting Rosemary care home, the experience was positive, and this view was shared by my residents, staff and relatives.

Each day is different in any care home and we are trying to make our residents home a real home from home. Rosemary as a building is over 100yrs old but we welcomed the feedback about the crack in the wall at the front door, this has been attended to as has the carpet and looks nice once again. The entrance to the home does have a beautiful original tiled floor underneath which we would love to display.

Our dining experience is high on the agenda and there have been meetings with the residents and staff about what they would like to see on the new menus. Unfortunately, it is difficult to please everyone, and my kitchen staff do try and accommodate everyone's wishes. Our dining room can be a real hub in the home we are planning an extension of the dining room that will feature a conservatory and French doors opening onto the back. This will create a positive environment for people to eat and socialise.

The home couldn't be what it is without the staff we have, we strive for a warm friendly atmosphere where everyone is welcome. Recognition to the staff for there hard work and dedication is an essential value of the home.

The recommendation received about sharing good practice has been noted and we do share with other homes in the area and the Caring together group. However, we will look at what other platforms we could share good practice.

Kind regards
The Rosemary care home team

Contact us



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