

Details of visit:

Service address:

Service Provider:

Date / Time:

Authorised

Representatives:

Contact details:

The Old Vicarage, Catterick Road, Catterick Garrison, DL9 4DD

Rosedale Nursing Home - Maria Mallaband Care Homes Ltd

29th July 2015 / 11am – 3pm

Adrienne Calvert (Visit Lead), Julie Midsummer, Elizabeth Trimble.

Healthwatch North Yorkshire, Blake House, 2A St Martins Lane, York. YO1 6LN

Acknowledgements

Healthwatch North Yorkshire would like to thank the service provider, residents, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

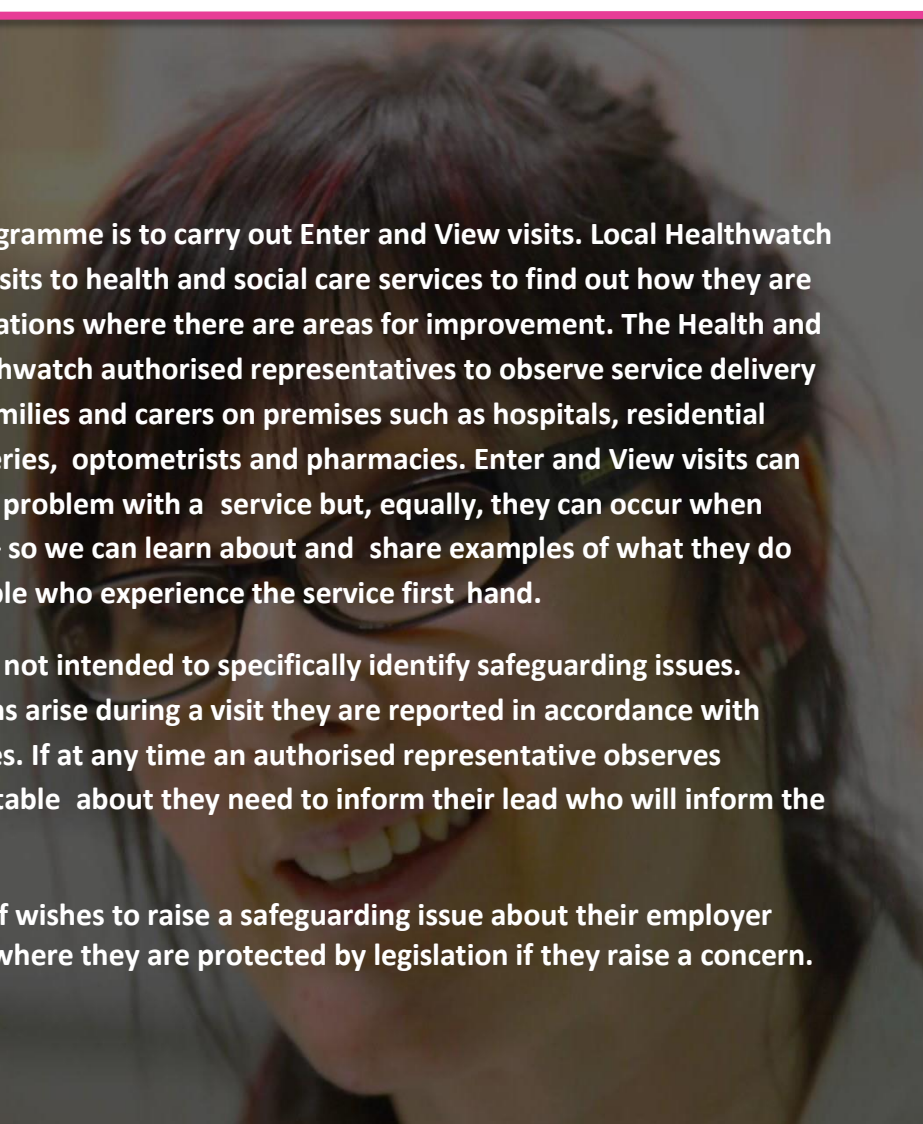
Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all patients, relatives or carers and staff, only an account of what was observed and contributed to at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



Contents

- Purpose of the Visit 3
- Strategic Drivers..... 3
- Methodology..... 3
- Summary of Findings 4
- Results of Visit..... 4
 - Environment (including premises) 5
 - Promotion of Privacy, Dignity and Respect 5
 - Promotion of Independence 5
 - Residents 6
 - Staff 6
 - Visitors and Relatives..... 6
 - Food 7
 - Recreational Activities / Pastoral Needs..... 7
 - Concern / Complaint Procedure 7
- Additional Findings 8
- Recommendations 8
- Service Provider Response 8



Purpose of the visit

- To gather the views of residents, relatives and staff in relation to their experiences and views of the services being provided.
- Identify examples of good working practice.
- Make observations as care is being provided to care home residents, and their interactions with staff and the surroundings.

Strategic drivers

- Contribute to our wider programme of work looking at the quality of care within care homes.
- The relationship between care homes and their local acute hospital, especially when it comes to admission and discharge.
- Responsiveness of Care Home to needs and concerns of residents and their relatives.

Methodology

This was an announced Enter and View visit.

Following the formal notification of the visit sent to the service provider, the visit lead arranged a telephone conference with the service providers' nominated person(s) in order to; complete a pre-visit questionnaire, explain the visit process, and answer any questions that the service provider may have about the visit. The visit lead also shared the visit plans with the service provider, including the areas of the service that the visit team planned on visiting, so that relevant staff would be notified in advance, thereby minimising or avoiding disruption to the normal day to day running of the service. It was also an opportunity for the service provider to notify relatives and residents of our proposed visit and the opportunity they had to speak with the visit team on the day.

The visit team of three authorised representatives (including the visit lead) visited different areas of the care home, including residents' rooms (supervised). The visit lead allocated each authorised representative specific staff and residents to consult in order to maximise the number of contacts engaged and avoid duplication of contacts. Authorised representatives conducted short interviews using semi-structured interview questions with members of staff at the care home. Topics such as quality of care, relationship with residents, support from NHS services and staff training were explored. In total we spoke to approximately 10 people, made up of residents, relatives, and staff.

A large proportion of the visit was observational, involving the authorised representatives observing the surroundings to gain an understanding of how the Home actually works and how the residents engaged with staff members and, the facilities and their surroundings. There was an observation checklist prepared for this purpose.

At the end of the visit, we communicated the key (headline) findings of our visit to the manager (Anna Masheter), and explained the protocol for "what happens next" following our visit, including timings and expectations. This allowed the manager to respond immediately to some of our findings, as well as ask the visit team any further questions.

Ethical consideration

On entry to any communal part of the Care Home we always introduced ourselves to the most senior member of staff present and informed them of the reason for our visit, and took their advice on whether there were any residents who should not be approached due to their inability to give informed consent, or due to safety or any other medical reasons. This protocol was strictly adhered to by each member of the visit team, and prior to any conversation being held with a resident, we introduced ourselves and obtained permission to continue. When we finished speaking to staff, service users or relatives, we left them with some information leaflet explaining the role of Healthwatch North Yorkshire.

Summary of Findings

At the time of our visit, our overall observations show that the home was operating to a very good standard of care with regard to Dignity and Respect.

- All residents seen appeared appropriately dressed and well groomed; we saw no evidence of dignity not being respected.
- We observed evidence of staff interacting with patients positively and regularly, including just checking they were okay if they had been sitting for a while.
- Residents have a nominated carer to look after their personal care and respond to concerns; some residents had photos of themselves and their relatives on their doors.
- Food is cooked on site and all dietary needs are met. The chefs work closely with a dietician and the Speech and Language Therapy team. Care staff were observed assisting residents with eating, and the food looked appetising.
- All medication is stored appropriately and the medical administration records (MAR) appeared accurate and up to date.
- We saw evidence of a variety of social activities. We observed one of the activities coordinators reading to a group in the lounge who appeared interested and involved. We later observed a gentleman who was confined to his room being read to one to one.
- Staff raised concerns about some referrals e.g. to the physiotherapist for equipment taking too long.

Results of Visit

Rosedale Nursing Home and Rosedale Lodge are situated near the historic North Yorkshire town of Richmond, located within walking distance of the local shops, hairdressing salon, doctors' surgery and pharmacy. Rosedale Nursing Home and Rosedale Lodge offer nursing, dementia care, residential/personal care, day care, palliative care, care for the physically disabled and respite care. The dementia unit and nursing unit are located in The Old Vicarage known as Rosedale Nursing Home. Rosedale Lodge is a purpose built unit offering residential and personal care. Rosedale Nursing Home can accommodate 47 elderly people in single en-suite rooms. Rosedale Lodge can cater for 21 elderly people in the purpose built wing. All rooms are en-suite.

Environment (including premises)

The main building is an impressive converted vicarage with a purpose built wing at each side surrounded by gardens and trees. There was a light airy feel about the place with plenty of natural light. Some ground floor rooms have French windows opening out onto lawned areas. We observed birds and squirrels playing and being fed by residents. There is plenty of garden seating available.

Resident's rooms are clean, light and airy, adequate in size with good storage space, able to seat two visitors and with en-suite facilities. Existing carpets are soon to be replaced with specialised laminate flooring. Residents can personalise their rooms with their own possessions and furniture. There was an unpleasant odour in areas that were still carpeted, though this wasn't overwhelming.

The corridors were free from obstructions, with dementia friendly decoration and brightly coloured signs, pictures, prints and textured pictures to encourage use of sensory skills.

Promotion of Privacy, Dignity and Respect

Each resident has an assigned member of the care staff as their 'key worker' to maintain continuity of care. Staff told us that they feel they get all the information they need to enable them understand each individual resident's needs. There is a white board in the staff room which contains coded information about each resident which is used as a Situation at a Glance (SAG) board and a well-documented 'hand over' sheet is completed for each resident which documents residents daily profile, and is given to the new shift staff. All staff knock on doors before entering. A menu for the day is on display but if residents wish to have something else they can. Each resident has a 'Me & My Life' report put together about their file.

Promotion of Independence

The residents are receiving Dementia, Palliative or High Dependency care and are therefore supported in most of what they do. Outings are arranged and a recent visit to a local cinema was popular. Those who could not go were treated to a film and popcorn at home to enable them to have a similar experience. One small area had been decorated with wallpaper depicting a library. This was done for one resident who as an ex headmaster missed his own library.

We observed able bodied residents moving around the home and visitors coming and going at will. Residents can choose to stay in bed if they wish. Recently residents had each been given a packet of seeds and a pot and encouraged to plant and tend the resulting produce.

Residents

With permission we spoke to residents in their rooms. One gentleman chatted about his family and happily showed us family photographs, even following us down the corridor to continue the conversation. He is fond of wild life and feeds the birds and watches the squirrels.

Because of the number of frail elderly residents with dementia, only 40% of residents could engage with Healthwatch representatives; and of the remainder, some were able to chat but the conversation may not be meaningful. Residents were mostly out of their rooms and able to interact with staff and wander safely.

There was a relaxed atmosphere in the home and all staff were friendly and welcoming. One resident's husband attends the home every day to assist in feeding his wife, and the home provides a hot lunch for him at a nominal fee of £1.

We observed much pleasant interaction such as smiles, appropriate touching etc.

Staff

The home has very particular staffing issues in that a large number of staff are linked to the army as the home is on Catterick Garrison. This means that if a battalion is redeployed the home can lose a large number of staff almost overnight. To mitigate against this, staffing level is always set at 120%.

Staff we spoke to said they enjoyed working at Rosedale. All the staff were smartly dressed in uniform. Care staff are recruited locally, there is a regular flow of CV's coming in and carers apply direct. There is a 3 month induction plan and training is done in house through e-learning and face to face. Agency nurses are used, currently for 12 shifts. They try to use the same agency nurses so that continuity of care and knowledge of the homes policies is maintained. This was confirmed by an agency nurse we spoke to.

Every 3 months competency checks are done on staff and refresher training offered if necessary. Staff have recently undertaken Huntington's training as the home currently has two residents with Huntington's. The home has overseas student nurses who go to university but work in the home and are supernumerary. All staff have a Personal Development Plan (PDP) and an annual appraisal. Nurse practitioner training is on offer, as is care practitioner training which is used to upskill senior carers. Person in Charge competency training is used for each team leader.

Visitor and Relatives

We spoke to one lady visiting her mother. She stated that she was happy that all her mother's needs were being met by the staff. Her mother had a profiling bed with padded rails for safety and a pressure mattress. The resident appeared comfortable and the room was clean and airy.

We spoke to a couple who were visiting their aunt. The relatives said they were delighted with the

care she received; they went on to say that a carer had sat with their Aunt holding her hand when it appeared her condition was worsening. Staff kept them informed of changes by telephone. We observed the lady and she appeared comfortable in a bed appropriate for her needs.

Resident and relatives forum meetings are held every 2 months with dates being advertised 3 months in advance. Improvements to the home are discussed and residents and relatives are asked for opinions on care provision, food, the homes presentation, social activities and any other issues. About 70% of residents have regular contact with their families. The remaining 30% have advocates.

Food

A daily menu is displayed in a number of areas. Hot and cold drinks are available on request (although the residents prefer a drinks trolley). There are two kitchens on site one in the main building which prepares all the food and a second kitchen in Rosedale lodge which keeps food hot from the main kitchen before being served in the lodge. The lodge kitchen also acts as a backup in case of emergencies.

The kitchens are deep cleaned every 6 months. The kitchens are graded as 5 (The highest grade) for environmental health purposes. Themed meals have been tried e.g. Italian but have not been popular. Coloured crockery is also available for dementia residents.

Recreational Activities / Pastoral Needs

The home has two activities co-ordinators who will do mobile activities if resident's are unable to join in any other way; and we observed a varied activities programme. The residents sent birthday cards and wrote to the Queen this year and received a reply from Buckingham Palace. Residents have recently written to Alan Titchmarsh to ask for advice on their gardens, and can undertake pursuits of their choice if they wish, although there are some associated costs.

The home assists residents to do on-line shopping and is currently having Wi-Fi installed throughout the building to assist residents to Skype relatives.

Concerns / Complaint Procedure

The home confirmed that they have a complaints procedure, although no resident mentioned having used it to us. Statutory Duty of Candour regulations are followed. The manager has an open door policy for staff, residents and relatives. The staff can sometimes encounter conflicts with residents who have capacity to make their own decisions but refuse the suggested care plan. Leading a resident's family through difficult care decisions require staff to respond sensitively. The only concern we were aware of on the day was of clothing going missing or being damaged in the laundry process.

Additional Findings

Although not directly observed, feedback received from staff and relatives suggests the following examples of positive and negative experiences of their relationship with local NHS services:

- The homes experiences of local hospital's discharge procedures were less favourable. There had been some appalling errors on discharge but when the home fed these back to the discharge teams they didn't feel that they were being listened to or anything being done about their complaint. They received no feedback and just felt ignored. The home did refuse to take back one resident on discharge as the errors were so major.
- Mobility aids are provided by the physiotherapy department at the Friarage hospital after referral by GP but there can be a long, up to 4 week, wait or over. In the meantime the home is left to cope. If the GP agrees and a full Health & Safety risk assessment is undertaken then temporary aids may be provided by the home at the homes expense.
- Although out of the scope of this report, staff did feedback that local GP practices were supportive especially the Colburn practice.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that residents and relatives felt about the care and support provided by the home, and as such there are no recommendations for improvement that we propose. However, we would encourage the home to continue applying the very good standards of care that we observed.

Service Provider response

No response was received from the service provider.