



**Roseville Care Centre
Enter & View Follow Up Report
March 2020**

What is Healthwatch?

Healthwatch England is the national consumer champion in health and social care. It was set up by the government to ensure that people's views about health and social care services are listened to and fed back to service providers, commissioners and to local and national government with a view to improving services.

Each Local Authority in England has its own local Healthwatch. Healthwatch Stockton-on-Tees aims to be a strong local consumer champion working with our partners to support:

- People to shape health and social care delivery.
- People to influence the services they receive personally.
- People to hold services to account.

We achieve this by:

- Listening to people, especially the most vulnerable, to help us understand their experiences and what matters most to them.
- Influencing those who have the power to change services so that they better meet people's needs now and into the future.
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same.

What is Enter & View?

Under Healthwatch regulations there is a statutory duty on the providers of publically funded health and social care services to allow Healthwatch authorised representatives to enter their premises.

The role of the Healthwatch authorised representatives is to conduct visits to such services in order to capture the patient/customer experience and make recommendations where there are areas for improvement or to capture best practice which can then be shared.

- Enter & View is the opportunity for Healthwatch Stockton-on-Tees to: Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users at the point of service delivery.
- Collect the views of carers and relatives and those of staff members working in the service.
- Observe the nature and quality of services.
- Report to providers, the Care Quality Commission (CQC), the Local Authority, Commissioners, Healthwatch England and other relevant agencies.

Enter & 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.

It should be noted that Enter & View is not the only way in which information can be obtained. The use of questionnaires, surveys and themed focus groups are other examples of ways in which Healthwatch Stockton-on-Tees is able to gather relevant information.

The purpose of this follow up report

In 2018, Healthwatch Stockton-on-Tees conducted 28 Enter and View visits to care homes for older people across the Borough. The purpose of this work was to determine what it's like to live in a care home in Stockton-on-Tees. Following this a number of recommendations were made to care home managers and providers to help improve the residents, family members and staff experience of the care and service provided.

To view the report and recommendations please follow this link:

http://www.healthwatchstocktonontees.co.uk/sites/default/files/final_report_with_appendices.pdf

Healthwatch Stockton-on-Tees were invited back to Roseville Care Centre by the home manager in order to see what improvements had been made since our previous Enter & View visit in 2018.

Methodology

Healthwatch Stockton-on-Tees contacted the Registered Manager of Roseville Care Centre to arrange a suitable date for the follow up Enter and View visit. This was arranged for Thursday 12th March 2020. Prior to this we delivered a number of surveys, along with a supply of Freepost envelopes, which the Registered Manager agreed to share with relatives, friends of residents, and staff members who would not be available on the day of the visit, giving them the opportunity to share their views of the service with Healthwatch. A number of posters were also left at the home in order to make residents, relatives and staff aware of our forthcoming visit. An online link to the survey was also included on the poster.

Healthwatch Stockton-on-Tees visited the home on the 12th March to conduct the follow up Enter and View and to speak to staff, residents and relatives, gathering feedback via surveys, one to one discussions and from observations made on the day.

Resident Feedback

On the day of the visit we spoke to ten residents. Seven people told us that they knew the manager of the home, and although some could not recall her name they said they would recognise her.

When asked ‘What do you think of the Manager?’ the following responses were received:

- “Helpful, friendly and approachable”
- “She is a nice person and comes to talk to you”
- “She’s lovely and comes around to see you”
- “She’s not someone I would deal with every day”
- “Brilliant. She is good”
- “She is nice and does the best she can. She has a lot to do”

Next we asked ‘What do you think of the staff here?’ we received the following responses:

- “You can tell them what you want helping with”
- “The staff look after you very well”
- “The staff are very nice and have some time to talk. We also play bingo and have coffee mornings with them”
- “Everyone on here is lovely. They look after me well and I’m pleased with the care I get. I’m listened to and the staff are lovely”
- “Some staff are lovely, but I’ve had a few run-ins, some insults”
- “OK, they treat me well. I have been here 4 years”
- “Very good”
- “Can’t fault them, they are very good”
- “Pleasant, not ratty, but they are very busy”
- “Staff look after you”

We then asked ‘Do the staff have the time to stop and chat with you?’ Generally this question received a positive response, although some felt that the staff were often very busy. The following responses were received:

- “Not a lot of time but enough for a sensible chat”
- “They are good girls and talk to you about things in general- what you do and what you like”
- “The staff go out of their way to come in my room and talk to me”

“Yes”

“Sometimes we talk to the staff. Sometimes they stop and I offer them a mint”

“Yes, sometimes. Every day would be a bit much”

“Yes, if they are not too busy. They never stop”

“They do, but not a lot”

“Lots of looking after/ caring. Great interaction”

We then asked ‘Do the staff know how to care for you properly, taking into account your likes and dislikes?’ and once again the responses were largely positive. These were the responses we received:

“Yes, if they didn’t do the right things I would tell them”

“Yes, you always feel as if you could tell them anything”

“The staff know that I like sweets, especially jelly babies, and make me a packet up”

“The staff know what I like and I get to watch the rugby when I want to. I get enough regular showers. I like having showers because I feel relaxed afterwards”

“Most of them do, they are very good. Some take no notice”

“I use a wheelchair. The staff know this and remind me if I start to lean forwards”

“Yes, they know what I like and dislike”

“They take care of me. They are brilliant”

“As much as they can. They listen and they care”

“Staff are lovely, very friendly”

We wanted to find out what there was for residents to get involved with in the home and asked ‘What sort of things are there for you to do or to join in with in the home?’ These are the responses we received:

“We make things and play bingo”

“We have fun in the lounge, play games, watch TV or just chat”

“We do bingo and coffee mornings. Today we are making Mother’s Day cards and we have done Valentine cards before”

“I like my own company. I don’t like to be around other people that much. I’m happy with the staff coming in and talking to me”

“Coffee mornings and bingo, but I can’t see so I get help with it”

“Mother’s Day flowers have just been made”

“Sometimes there are people who come in to sing. We have coffee mornings and bingo”

“Nothing much for the men. I don’t like bingo”

“We have a singer every month”

“I love to play bingo”

‘We then asked ‘Is it easy to join in the activities? Are you helped by the staff if necessary?’ We had already heard that one resident receives help to play bingo, and these other responses were received:

“Yes, the staff help me as I can’t walk. I like to chat with people in the lounge”

“The staff help me to play bingo, they also help me when we are making arts and crafts”

“Yes, if I wanted to”

“Yes, I have a frame to get about”

“Yes, they come and take me along sometimes”

Residents were then asked ‘Do the staff ever help you to go outside of the home on trips or to local services?’ responses suggested there were some opportunities to go out of the home although these were limited. Responses received included:

“No but I don’t want to go out”

“No trips, but I go into the garden”

“Yes, they take me to the shops over the road”

“When the weather is nice. There are not enough staff to stay with me”

“No mini bus. I would like to go to the park or to local shops and a mini bus would help”

“I think they have trips out but I’m not bothered”

We asked ‘Do staff ever help you to go into the garden?’ and got the following responses:

“Yes, I will be sitting outside in the summer”

“I do go out into the garden if it is fine and the staff help me”

“When the weather improves I will go outside and the staff will take me”

“Yes, but last time I slipped on a leaf. The plastic chair moved in the rain”

“Yes, they take me out in my chair”

“I go in the garden by myself. Night staff help me if it’s a bit dark”

“Sometimes, I love the fresh air”

“Yes, when it is warm enough”

“Yes, I love the garden but I don’t do any gardening. I just enjoy being outside”

The next question asked about the food being served to residents at Roseville Care Centre. ‘What do you think of the food here?’ Most were very positive about the food they received although one resident was unhappy feeling the menu was too repetitive. These were the response we received:

“I really like it”

“I can’t really say as I have just moved across from the Hilton Unit”

“Yes, the food is lovely. I love the bacon and eggs for breakfast and also love the puddings”

“I am PEG fed, so can’t really comment”

“It’s fine. I have put weight on”

“Very good”

“Food is rubbish. I don’t like it. Get the same thing over and over, a 2 week menu”

“It’s OK, nicely cooked and fresh”

“It’s lovely food and we get well fed”

The next question asked ‘Is there enough choice of what you eat and where you eat?’ These were the responses:

“Not impressed so far”

“There is plenty to eat, with lots of choice”

“Yes, I am happy with the choice”

“Yes, if you don’t like it you don’t need to eat it”

“Yes”

“Yes, I’m happy with it”

“I always have a fried egg for my tea”

“Would be nice to have more choice but it must be difficult with so many people”

“Lots of choice. Staff ask on a morning what we want”

The next question asked ‘If you need to see a doctor, a nurse or other healthcare professional such as a dentist or optician, is this arranged for you?’ The responses to this question included:

“Yes, they come quite regularly”

“I just have to ask the staff and they will sort it out for me”

“I just ask the staff to arrange it”

“Yes, if I needed to. I saw the dentist once”

“Doctors and nurses. The dentist comes every so often”

However, one resident was having some difficulties and told us:

“I have had a problem with my eye drops as I haven't seen them since I moved across, and I am having trouble seeing. I have also spoken to someone about my hearing aid as it keeps dropping out and I can't get any satisfaction. I feel awful as I can't hear.”

We asked ‘Do staff listen to what you have to say about the care you receive?’ and received a positive response from everyone that we spoke with.

“Yes, I can always ask them. I just need my hearing problem sorted”

“Yes, my family come in and just have a chat with them. Nothing is any trouble, that's what I think.”

“If I had any problems I would come straight out with them and they always listen”

“Yes, there is a lady in charge we can give her our grievances”

“I haven't had to say anything”

“Yes, they are there for you, it doesn't matter what”

“Yes, they are all very good. No problems”

Finally, we asked ‘Would you like to change anything about the care home you are living in?’ Generally residents were highly satisfied although there were some comments made where people felt improvements could be made. The responses included:

“Not that I know of”

“No I don't think so. The residents talk to each other across the way and the staff couldn't be any better.”

“No, not a thing”

“I would like to change the picture on my wall. I don't like it anymore. I could ask the staff to change it.”

“More discipline. Some staff don't care.”

“I don't think so. I'd leave it as it is but the laundry doesn't get washed separately and new clothes get wrecked by being washed with something coloured.”

“There's not much I would change”

Yes, knock it down. I see this room and the dining room. There is nothing to do. I'm happy with my room but watch kids throwing stones outside. There is one carer I wouldn't change.”

“Nothing really, everyone is settled”

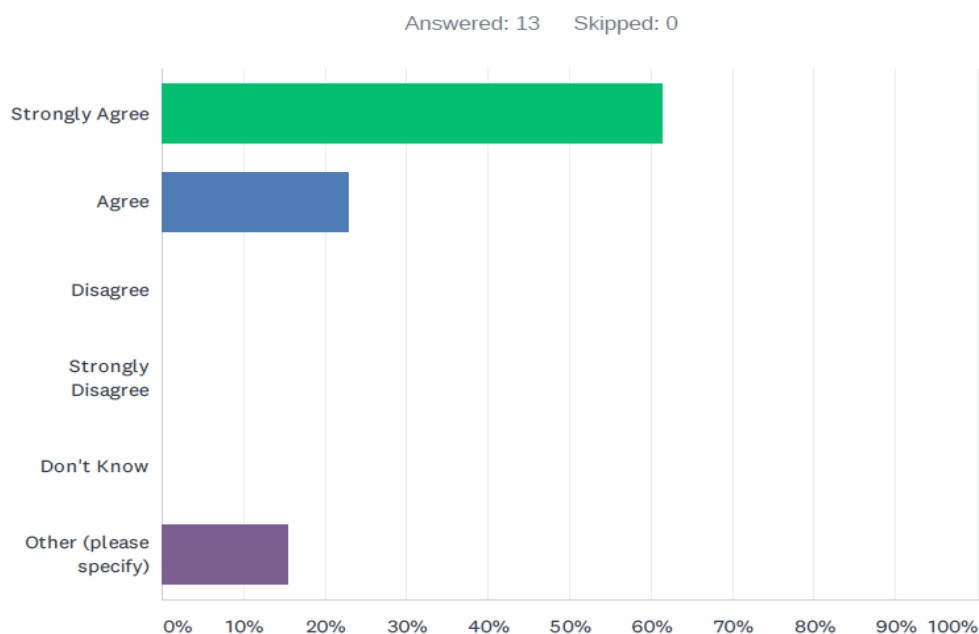
“No, I am happy here as I am. Sometimes short staffed but they always look after you.”

Relative Feedback

As part of the Enter & View we received feedback from thirteen relatives/friends of residents living in Roseville Care Centre. Some were obtained in the post, prior to visiting the service whilst others were received directly from talking to people on the day of the Enter & View.

The first question asked was ‘Is the home managed well and is the Manager available to talk about any issues I may have?’ Given the large size of the home, two people told us that they would usually just discuss any issues with the person in charge of the Unit where their relative was living. However there was a positive response to the question, with everyone telling us they either ‘strongly agreed’ or ‘agreed’ with the statement. The following specific responses were received:

Q2 The home is managed well, and the Care Home Manager is available to talk about any issues I may have:

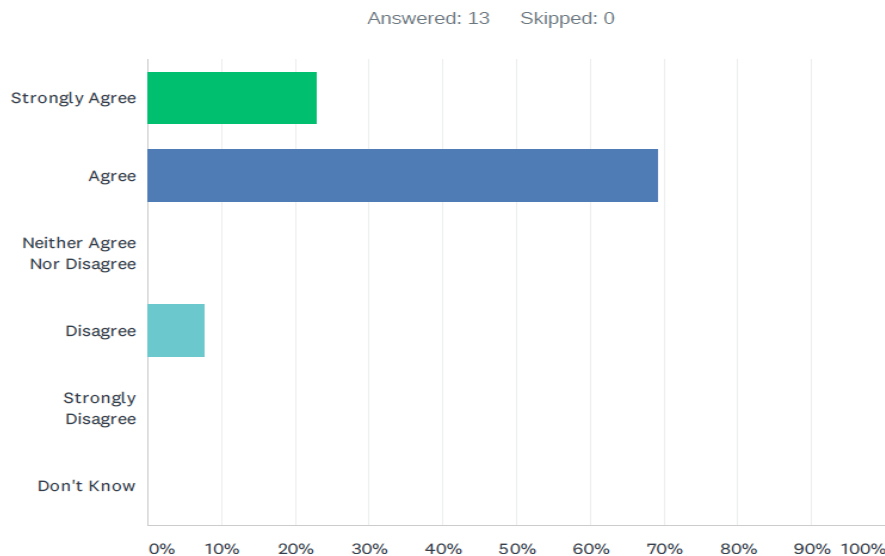


“The manager has always been very professional and knowledgeable and warm with Mum and my sister and I”

“I love the dogs visiting and I am always made welcome”

Next we asked ‘Do the care staff have the necessary skills to carry out their role?’ Although 12 people told us that they ‘agreed’ or ‘strongly agreed’, one person said they felt only certain staff had the necessary skills.

Q3 The care home staff have the necessary skills to carry out their role:



The following responses were received:

“The staff and manager are always very polite and interact with residents. Very forthcoming with ideas such as birthdays, cakes etc. more so than other homes”

“Good team leaders - and cleaners”

“Well they seem to have to skills from what I can see”

“Just a few of them”

We then asked ‘Do the care home staff have the necessary time to carry out their role and meet the needs of residents?’ Although generally fairly positive, there were some concerns that staff did not always have sufficient time. The following responses were received in respect of this question:

“Quite positive on the first floor. My Gran likes the room and she has come out of her shell a lot. She was isolated before which was difficult but now she comes out into the lounge to mix with other residents. The staff have encouraged her and make time, always coming over and helping with her well-being. They are good helping her with her meals and are very approachable.”

“They do, but sometimes it needs two people to attend to one resident and this slows things down. Staff do their best”

“During the day I would say yes, but they seem to be low on staff on an evening. I’m not convinced they could deal with more than one or two residents”

“They always have time for Mum and time to speak to me or my sister if we need to ask a question or request anything”

“No, can wait to be attended to”

“They try their best”

“Yes”

The next question asked ‘Do staff involve residents, and where required their family and friends, in discussions about their care needs and how these may change over time?’ Here, twelve of the thirteen respondents ‘strongly agreed’ or ‘agreed’. However one told us that they ‘disagreed’.

Comments received included:

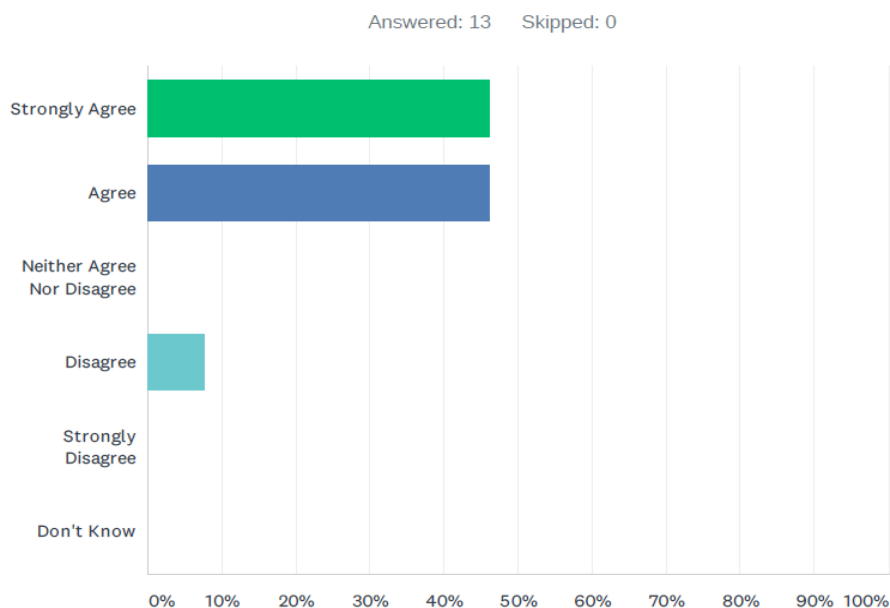
“Yes, they speak to my Gran on her level. She needs persuasion and sometimes staff do that very well and they have gained her trust. They have a positive attitude”

“I would go to speak to one of the senior staff if I needed to discuss anything”

“I would like to be a bit more involved”

“Mum has only been here 6 months but so far this is true”

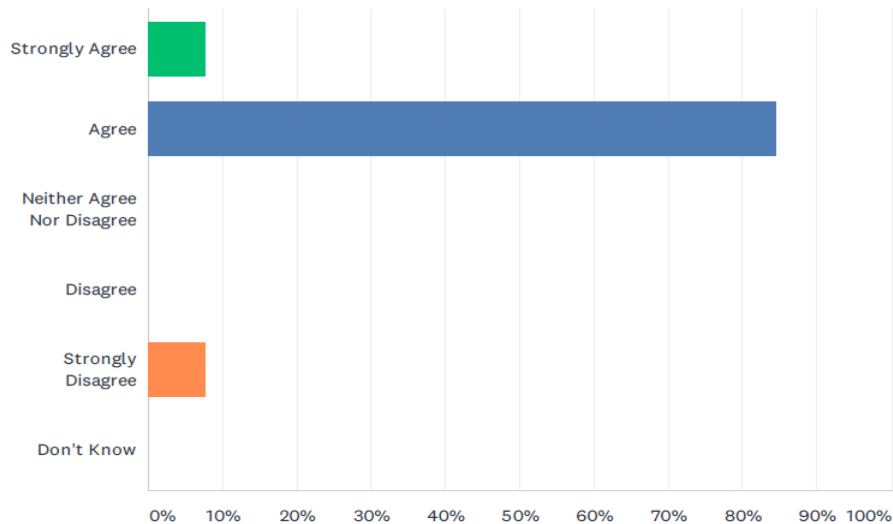
Q5 Staff involve residents and, where required, their family and friends, in discussions about their care needs and how these may change over time.



The next question asked ‘Do residents receive adequate daily stimulation, including 1-1 stimulation, tailored to meet the needs of individual residents, and is there a varied programme of events for residents to enjoy?’ A similar pattern emerged with most being satisfied with what was being provided whilst one person told us that they ‘strongly disagreed’.

Q6 Residents receive adequate daily stimulation, including 1-1 stimulation tailored to meet the needs of individual residents, and there is a varied programme of activities for residents to enjoy.

Answered: 13 Skipped: 0



The following responses were received:

“There are coffee mornings on a Wednesday. She likes to spend most time in her room”

“They try very hard to look after Mam. They have coffee mornings and she has her hair done every week”

“My relative is immobile so doesn’t often take part. She needs coaxing to go downstairs. They could do slightly more but I know it’s difficult. It would be nice to have music catered for more for the residents such as Dean Martin, rather than watching Good Morning Britain on TV. A small change but it would make a difference. Music and interactions such as singing along would be a better experience for the residents”

“More is needed to stimulate residents in the dementia unit”

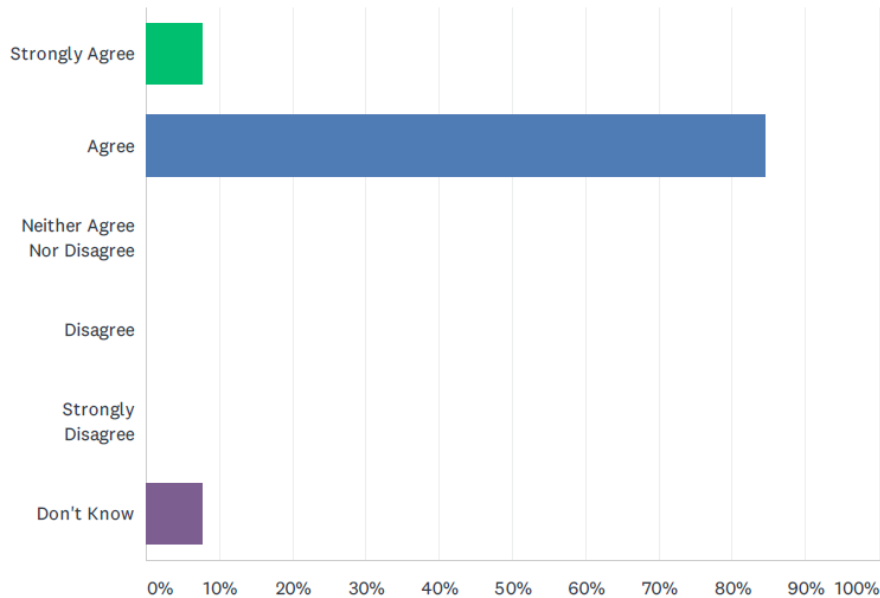
“We have seen that Mum has gone into the main lounges to enjoy performances - not sure about 1-1 or daily stimulation but the carers are really lovely with Mum and are very caring”

“They can’t get around everyone”

We followed this question by asking if “Staff are able to support residents to get involved in activities outside of the care home environment?” Although most people said they ‘agreed’ the few comments received suggested that other than getting out into the garden such opportunities were few and far between.

Q7 Staff are able to support the residents to get involved in community activities outside of the care home environment where possible.

Answered: 13 Skipped: 0



The following responses were received:

“She has garden visits in the summer in her wheelchair”

“They always ask Mum”

“Mum isn’t really able to go out on any visits except those we take her on”

We then asked ‘Is there always a choice of meals available and is the food of an acceptable quality?’ All responses were positive, and there were generally high levels of satisfaction with the quality and variety of food being served to residents. Comments received included:

“There is a good selection and she can have toast on a night time. Sometimes she gets a bit too much fruit which can irritate her bowels”

“Mam gives everything a good go”

“She loves the food”

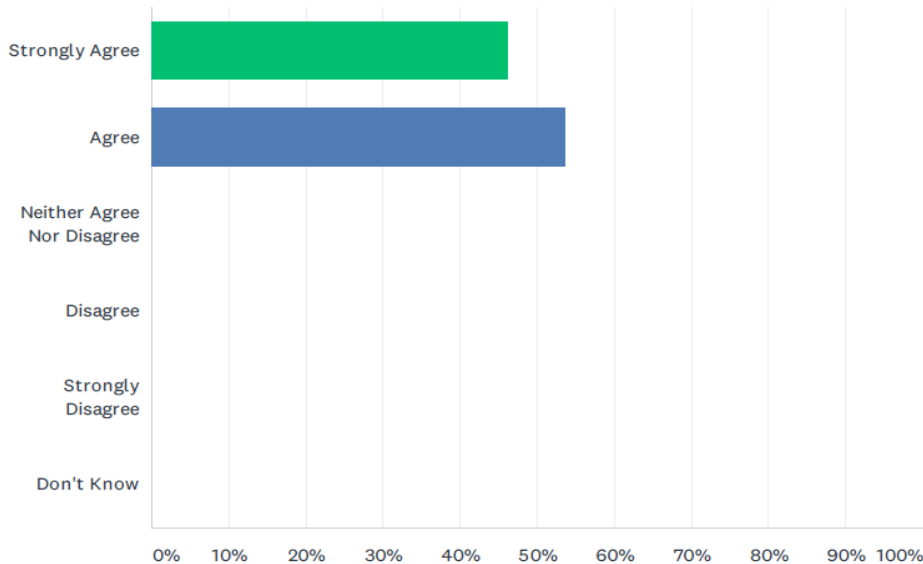
“Food always looks lovely”

“Mum struggles to remember what she has eaten because of dementia but she always eats her food and has steadily been gaining weight since she arrived, which she needed to do”

“A lot of hard work goes into it”

Q8 There is always a choice of meals available and the food is of an acceptable quality.

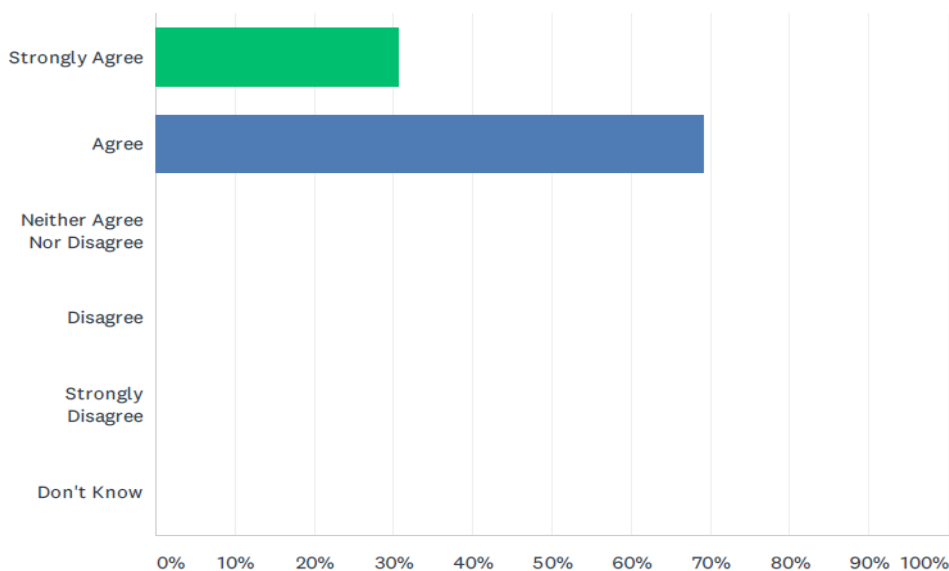
Answered: 13 Skipped: 0



Relatives / friends were then asked 'Is there regular access to healthcare professionals (nurses, doctors, dentists, opticians, chiropodists etc.) as required?'

Q9 There is regular access to healthcare professionals (doctors, nurses, dentists, opticians, chiropodists etc.) as required

Answered: 13 Skipped: 0



Again, all those who responded told us that the either 'agreed' or 'strongly agreed' with the following comments being made:

“They are very good with eye care”

“Vision care (opticians) should not just come in to do tests without permission from relatives”

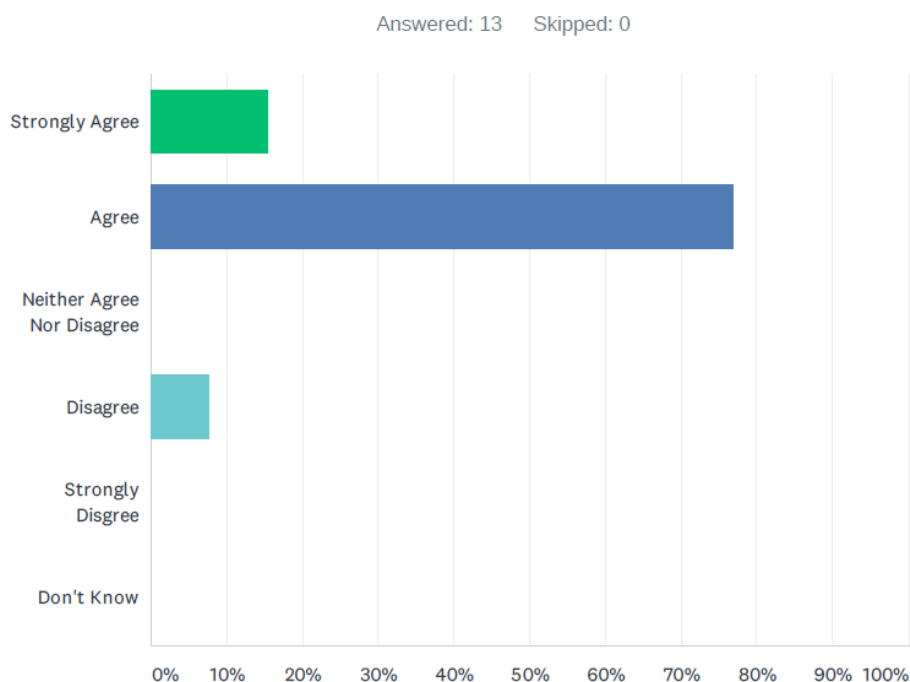
“Sees all professionals as necessary”

“Yes, always available in needed”

“There is a matron who will advise when a doctor or hospital visit is required. A chiropodist visits regularly. Not sure about dentist or optician. We have arranged for Specsavers to call.”

We then asked ‘Do care home staff listen to residents and relatives and take action based upon feedback received?’ Whilst most people said they ‘agreed’ or ‘strongly agreed’, one person told us that they ‘disagreed’.

Q10 Care staff listen to residents and relatives and take action based upon feedback received.



The following responses were received:

“Her perfume was stolen and they were very good at resolving the issue and reimbursing her”

“Not always, we have had some issues but these have now been resolved”

“The home matron is a character, we will go directly to her and always feel comfortable doing this”

“The staff are always very attentive with Mum and listen to her and help my sister and me with any requests we have”

We also asked ‘is there a clear and understandable complaints procedure which you have been made aware of?’ Although a majority of people told us that there was a complaints policy available and they were aware of it one person told us “I feel that complaints are not always listened to”. Another relative responded by saying “We were given a pack when Mum arrived and I’m sure this will be covered in there.”

Finally we asked relatives /friends ‘Is there anything else you would like to tell us about your care home experience?’ Most were very happy with the care provided, although one carer was a little concerned about the handling of medication.

Comments received included:

“I would like to 'big up' the staff as there is not enough credit. Management want to make sure they are looked after. They go above and beyond and are unsung heroes.”

“Happy home, there is lots of stimulation. I haven't seen anything untoward. Mam has been here three years and is happy”

“Medication - I'm not sure staff always make sure it has been taken. Sometimes I see it left on a table and have previously seen it stored in a drawer.”

“Generally happy. Food is good. The attention Mam gets is good and they do try to motivate her. They have increased her care as a result of increased needs”

“Mum says ‘the girls are all really nice - you only have to ask and they will do anything for you’. My sister and I have found the staff to be really helpful and cheerful. We never dreamt Mum would settle in a care home but she looks much happier, cleaner and has put on some weight since being here and her voice is stronger for having more people to speak to. We feel very reassured that she is here.”

“Could do with more communication between staff and residents”

“It is very good”

Staff Feedback

Comments were received from ten members of staff at Roseville Care Centre. Some via discussion at the time of the Enter & View and other surveys were returned in the post.

The first question for staff members asked ‘Do you receive good support from the care home manager?’ Eight staff told us they ‘strongly agreed’ whilst another told us that they ‘agreed’ with this statement. However one member of staff ‘disagreed’. Comments received included:

“I can go and speak to her if I have any difficulties. We meet and will talk things through. I feel that I am listened to.”

“I can go and talk to her about any difficulties. I find that she is approachable. She is open and listens to ideas and will help us to develop.”

“You couldn’t ask for a better manager. She walks the floors and gets the views of staff. She even came to work on Christmas Day and helped to serve the meals.”

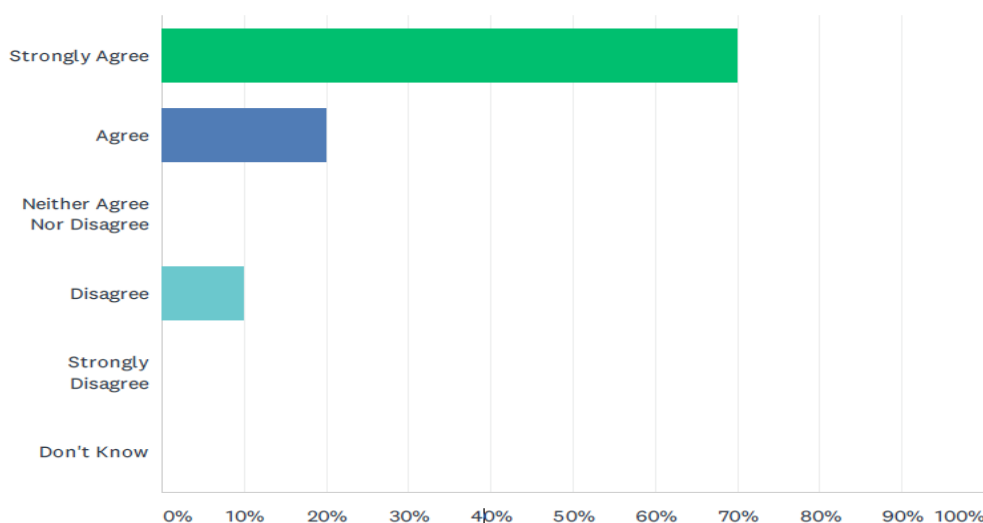
“You couldn’t ask for a nicer manager who is extremely understanding. She carers about her staff and is always there to help us.”

“The manager is very helpful. She is a really good boss and is very approachable.”

“The manager doesn’t walk around and chat to staff and see if there are any issues”

Q2 You receive good support from the care home manager?

Answered: 10 Skipped: 0



Next we asked ‘Are you able to talk to the manager when you want to ask a question or raise an issue?’ We received some very positive responses to this question:

“If I have any difficulties I can talk to my line manager and then if needed I can talk to the manager and I think she has the clients best interests and is patient focussed”

“She will always make time for us. She helped me during a recent bereavement.”

“I had a family commitment and needed shifts to fit around it and these were arranged”

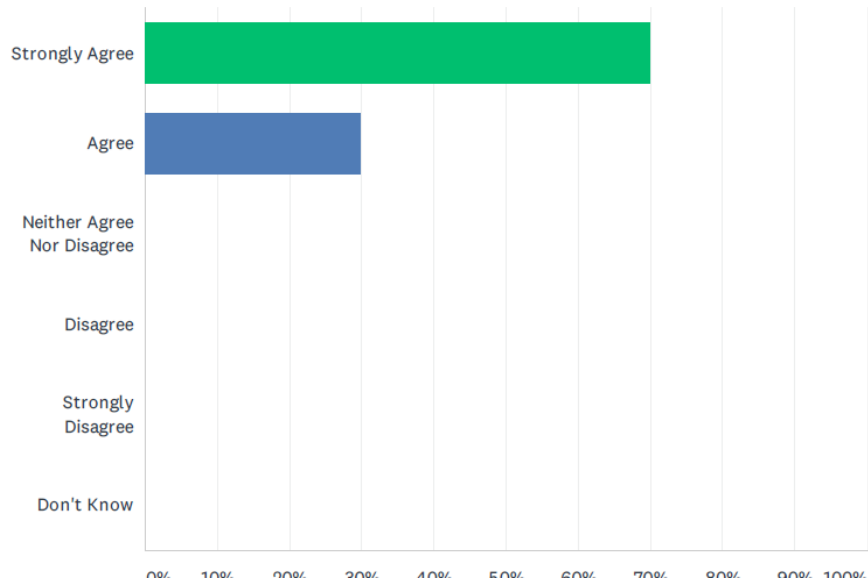
”Yes, her door is always open to us and she is very approachable”

“Our home manager is very approachable”

“Very approachable and will deal with any issues straight away”

Q3 You are able to talk to the manager when you want to ask a question or raise an issue?

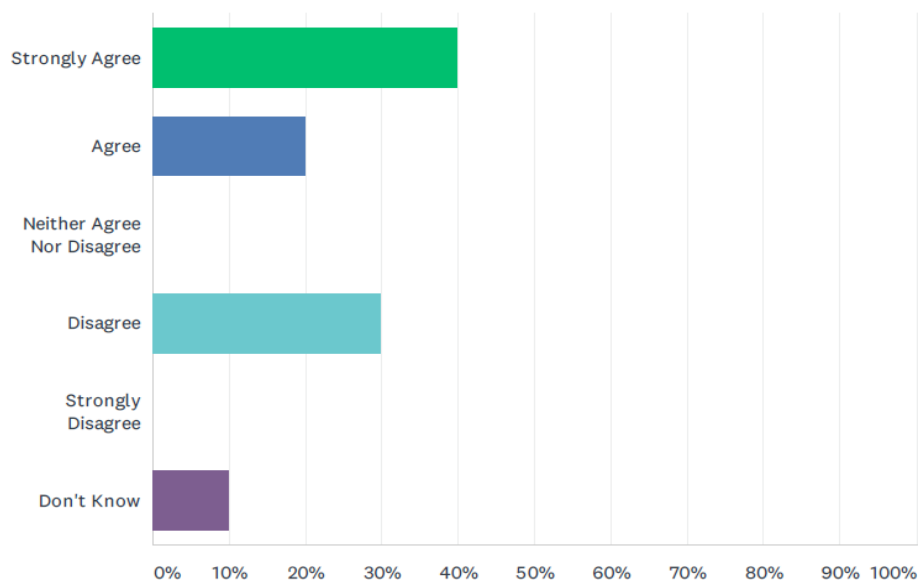
Answered: 10 Skipped: 0



The next question asked ‘Do you feel you have enough time to care for residents and meet their needs appropriately?’ This question divided opinion amongst staff members more than any other.

Q4 Do you feel you have enough time to care for residents and meet their needs appropriately?

Answered: 10 Skipped: 0



“Even if there were 10 extra staff we still wouldn't have enough time but I think we have a good balance”

“I feel that the residents get everything that they need. Whenever I can I try to take the extra time to be with the patients.”

“All residents have their needs and when they need something they need it immediately. Sometimes we might tell them they will have to wait but some are very impatient at times. This can upset staff who are trying their best. Mornings are the hardest times but a lot of things are now recorded electronically and this has helped a little.”

“The staffing levels here are a lot better than at my previous home. Staff are fairly flexible and will cover for sickness, etc. We try as much as possible to keep staff to one unit but sometimes out of necessity we have to change this. Quite a few residents on the dementia unit require help at mealtimes and it can be quite busy there.”

“Care staff can be rushed at times in all areas of the home. There seems to be more and more to do, especially with the number of residents who require support from two members of staff.”

“Staff members keep getting taken away to other areas leaving us short staffed”

“We always have plenty of staff. All residents' needs are met on a daily basis.”

“There is always plenty of time in the day to care for each resident”

“Mornings are very busy. Staffing levels poor for morning cover.”

“I feel like when I try to, sometimes it is rushed”

We then asked about training. ‘Have you been adequately trained to do your job and are you encouraged to continue to develop your skills? In what ways? Have you had training with regard to oral hygiene?’ These were the responses:

“Yes, always. It's part of my professional development. I will also be delivering the oral health training to two of the other senior members of staff who will then cascade it down to others.”

“I feel that I'm always supported and encouraged to develop my practice and I'm able to easily access relevant training. I've completed all my mandatory training. I'm able to give medication. I have had end of life care training.”

“Staff will complete all mandatory training and will complete additional training as required i.e. dementia awareness and end of life training. The dentist came in to

do some oral health awareness training and we even had people come in to show us how to clean the commodes.”

“We get quite a lot of training. I had an induction into the home when I started here. We do online and in house training.”

“We sometimes meet up with well-being co-ordinators from our sister homes to share ideas”

“The training is ongoing. I have had no oral health training yet.”

“I have attended the course regarding oral health, which I found really interesting”

“We have good knowledge of our duties always continuing to do training. We have had outside agencies in to give us training on oral health.”

The next question asked staff ‘What do you enjoy most about your job?’ These were the responses received:

“The contact with the patients”

“I enjoy entertaining and interacting with people. I take pride in the quality of my work and ensuring everything is done properly.”

“I love my job, I have done it for so long now. The residents have so many stories to tell.”

“I enjoy making the lives of residents better for them”

“I love to care for people. It's nice to work alongside hard working friendly staff.”

“I enjoy every part of it. As a unit manager I particularly like the paperwork side of things.”

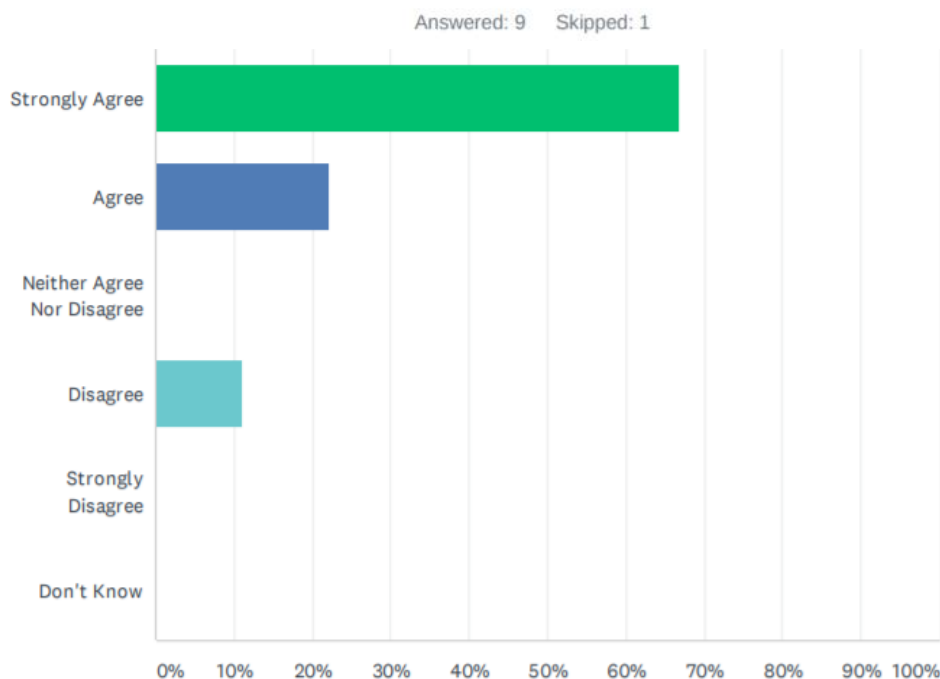
“Knowing that I am helping and working as a team”

“Being able to make residents smile”

The next question was about activities and what was being done to keep residents stimulated. We asked “Do residents receive adequate daily stimulation, including 1-1 stimulation that is personalised to meet the needs of individual residents, and is there a varied programme of events for residents to enjoy?”

Although most staff responded positively to the question, one told us that they ‘disagreed’ feeling that at least on one specific unit not enough was being provided for residents.

Q7 Residents receive adequate daily stimulation, including 1-1 stimulation, that is personalised to meet the needs of individual residents, and there is a varied programme of events for residents to enjoy?



Comments received included:

“We always encourage activities. We try and cater for all residents. Staff will go to individual rooms to do activities with patients. Coffee mornings, bingo, singers.”

“Singers which people enjoy. They can also go into residents rooms to sing if they want this. Morning coffees, interacting with residents from different areas of the home. Staff interact and engage in various activities with residents. They also have people to come to do pampering in their rooms if they like.”

“They do a lot, but some can't join in so we will do pamper days, hairdressing, facials, head massages, etc. Occasionally staff will get time just to sit and have a chat but not very often. We have wellbeing co-ordinators who work across seven days a week, and students from the college will also come to help out at times. Children from a local school come in to sing occasionally.”

“Residents are able to take part in quite a lot of activities”

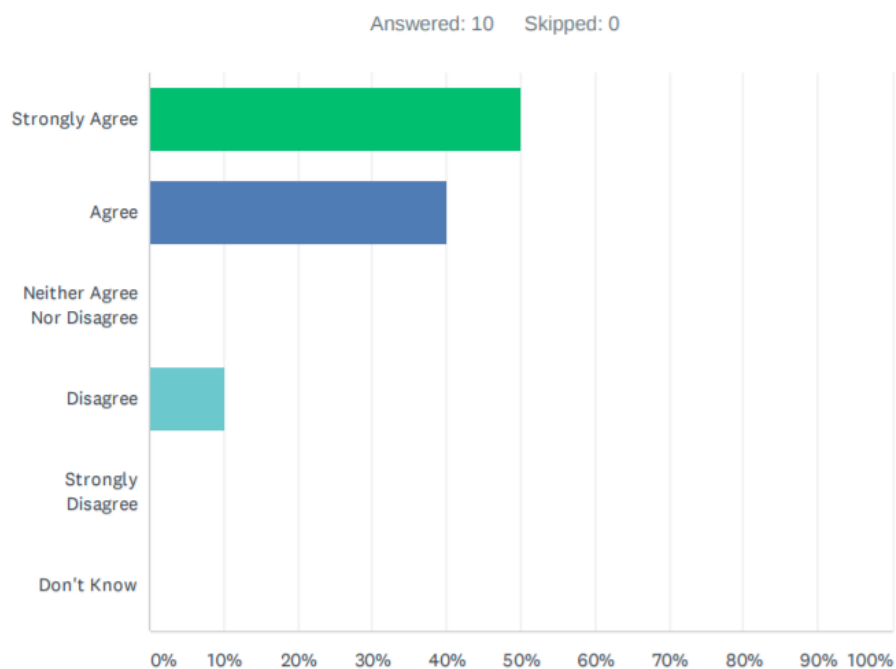
“We have an activities box situated on each floor with a selection of things suitable for specific activities such as games, word searches, puzzles, etc. We have a range of equipment and there are lots of 1-1's going on. We have the magic table (Tovertafel) which residents like. Today we have been helping them to make posies and cards for Mother's Day.”

“Our residents on our floor get very little stimulation”

“The residents always have something going on in the home. There are plenty of activities and the staff we have are excellent.”

We also wanted to know if ‘Staff are able to support residents to get involved in activities outside of the home, including into the garden, where possible?’ The responses followed a similar pattern with one staff member saying they ‘disagreed’.

Q8 Staff are able to support the residents to get involved in activities or events outside the home, including onto the garden, where possible.



Responses to this question included:

“We encourage use of the gardens”

“If anyone want to go into the garden then we will take them.”

“There are odd trips to the seaside. We have a driver and we will hire a bus if we need to. Residents like to go into the garden during the summer.”

“There is some talk of us getting a mini bus because wheelchair taxis are hard to get”

“We have a driver but don't have our own mini bus. We often walk to activities such as Tesco cafe and ‘soup for the soul’ at a nearby church. We took some residents to the war memorial last year and went to a pub at Christmas.”

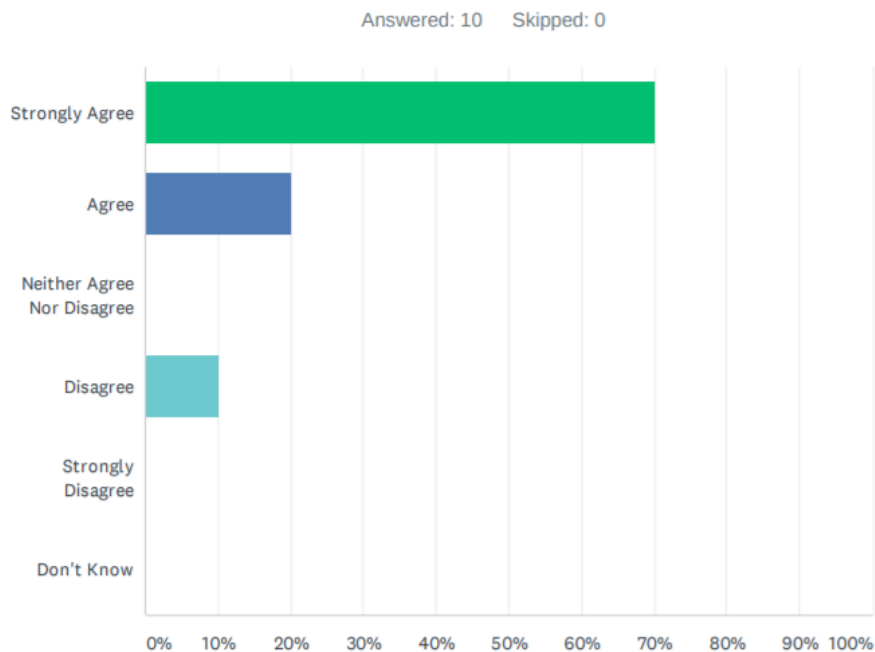
“I have not seen any of our residents outside”

“I think we would benefit from having a mini bus so that we could take the residents out on trips”

“All staff like to participate when they can”

We then asked a question about the food being served to residents. ‘Is there always a choice of meals available for the residents and is the food of an acceptable quality?’ Whilst seven staff members said they ‘strongly agreed’ there was one who told us they ‘disagreed’.

Q9 There is always a choice of meals available for the residents and the food is of an acceptable quality.



The following comments were received:

“Alternatives are always available if needed. We cater for vegetarians. If there is anything a resident really wants we will go out and get it.”

“We have a menu with different choices but if anyone wants anything different we will make sure they get it”

“Food is lovely and a lot of staff eat their meals here. They serve lovely cakes. We have the cafe at the entrance. We have hydration stations, although ours needs re-filling at present.”

“Meals are very good and they get a lot to eat. The menus for the day are sent up from the kitchen and we ask residents what they want but we don't have pictorial menus. We have coloured cups and plates which make it easier for residents with dementia to see them.”

“The food is very good. If residents don't want what is on the menu they will always be offered a snack or something else. We cater for any allergies and soft diets.”

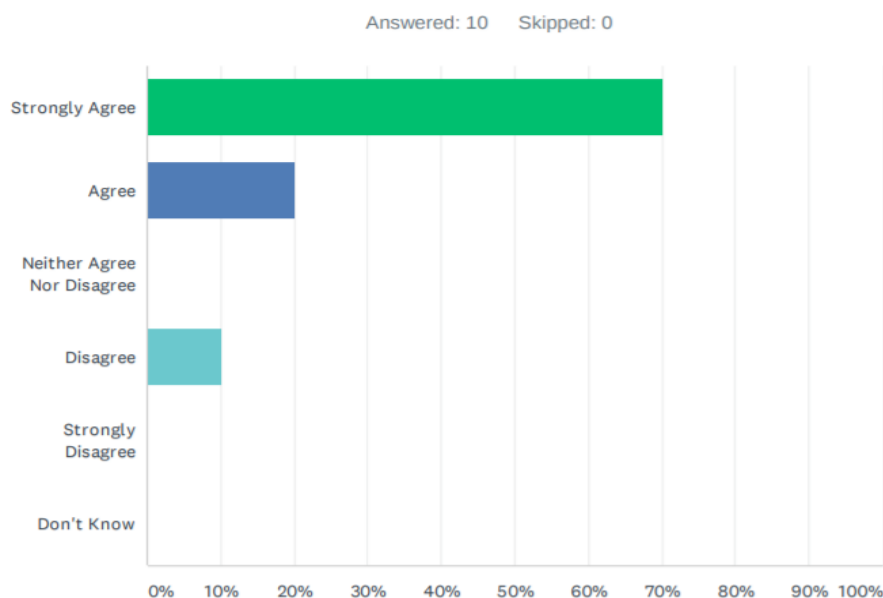
“There are two choices”

“The meals are really well thought out. The residents have a great choice of food available for them day or night and staff are able to make them extra food if they are still hungry.”

“There is a good range of food. If the resident doesn't like what is on offer they are offered something else.”

We also wanted to know whether residents had access to appropriate healthcare should they require it. We asked ‘Do residents have regular access to healthcare professionals such as doctors, nurses, dentists, opticians, chiropodists as required’.

Q10 Residents have regular access to healthcare professionals such as GP's, dentists, opticians, chiropoidists as well as social care professionals?



Once again, all staff either ‘strongly agreed’ or ‘agreed’ with the question and one member of staff told us they ‘disagreed’. Comments received included:

“GP’s don’t come all that often, they tend to get the community matrons to come initially”

“If residents require a health care professional we let the nurses know and they will make the arrangements”

“We get routine visits from all healthcare professionals and bring them in as required. We use the NEWS (National Early Warning Scheme) system and take bloods, temperature, blood oxygen levels, etc. as required, and these are all linked to a risk score which is shared with the manager and with the community nursing service.”

“All residents are checked at least monthly, bloods, temperature and so on, and details are shared directly with the community nurses”

“We have not had a chiropodist for a while now“

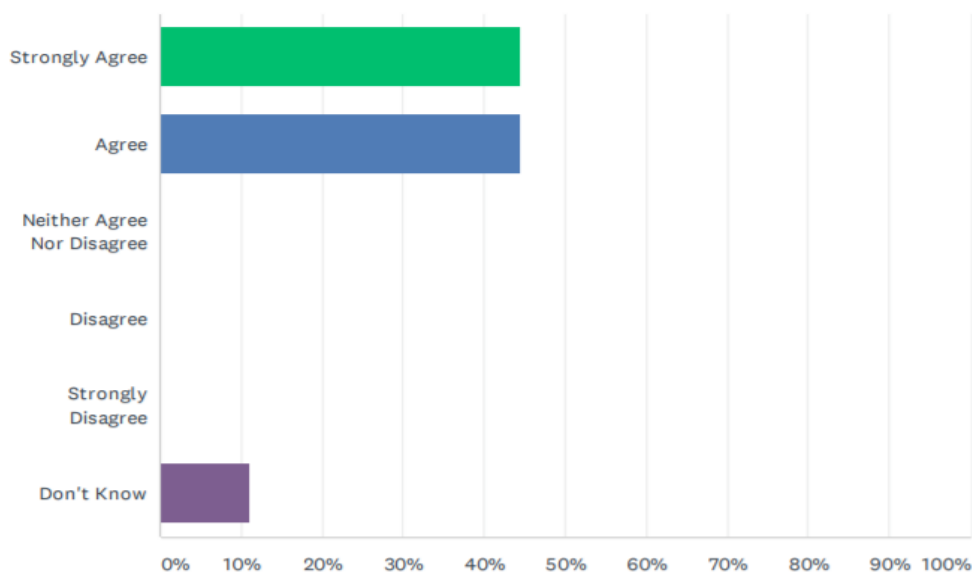
“Dentists, opticians and chiropodists all visit regularly and the GP or community matron are contacted when required”

“If a patient requires to be seen by a GP, dentist or community matron then the senior on duty will request this as soon as possible”

“We have recently transferred most residents to Vison Care for their optical requirements. We now have a system where glasses are marked so if they have two pairs we know which are for reading and which are for distance. If they are wearing the incorrect ones we go to change them over. This has helped to reduce falls in the home.”

Next, we wanted to know ‘Are the views of residents and relatives actively sought and, where appropriate acted upon?’

Q11 The views of residents and relatives are actively sought and, where appropriate, acted upon?



Comments received included:

“The manager runs an open door clinic for relatives on a weekly basis. Staff seem to have a good relationship with relatives and we talk them through any difficulties that might arise.”

“I provide support with end of life so I have a good working relationship with families. When the relatives come to see residents we will always have a chat with them.”

“We do try to involve them as much as possible. Reviews take place at least every six months and relatives are invited to come along. If we have a meeting with a social worker we will try to involve the family in this as well.”

“Resident families can meet with the manager. They can talk to a member of staff at any time.”

“The manager is happy to speak to residents families at any time”

“If any concerns the senior will deal with it straight away”

Next we asked ‘Do you feel staff can have a say in how the home is run? Once again one staff member said they ‘disagreed’ but the other comments we received were positive. These included:

“Yes, always we have regular staff meetings. There is an overlap on shifts for communication and handovers.”

“Yes, management are always open to suggestions. We have regular meetings and do handovers at the beginning and end of each shift.”

“Staff will often go to their unit manager and I can then take things to the manager if I can’t deal with it”

“We have staff meetings and senior staff meetings. Staff are able to speak up if they want to.”

“Yes”

“I do not believe any notice is taken of staff views”

“Definitely”

“Yes, I agree with this. If the staff have any different ways it is always taken into consideration.”

Finally, we asked ‘Do you have any other feedback that would like to share about the care home’. These were the responses given:

“I like working here. It meets my professional and home needs.”

“I have no worries. I tried to get my Grandad into this care home.”

“It’s lovely here but dependency levels are going up all the time and the work gets harder to keep on top of. Everyone is very friendly and we work well as a team.”

“I wish I had come here years ago”

“We have been re-decorating the top floor in a 1960’s theme and have been doing some upcycling of furniture and things. Residents have been helping to make things to decorate the walls.”

“I have reported two H&S issues which have not been completed”

“I have worked here now for nine years and I have no issues with how the home is run and with the management and how she runs the home”

Observations

Upon arrival at Roseville Care Centre we met together in the reception area, which includes a small café area where relatives can sit and help themselves to a hot drink. Also in this area were a number of information books about the home and

about the services offered. A selection of cards which could be purchased by relatives or residents were available and an area where visiting dogs could get a drink and a 'treat'. We saw a few dogs around the home and they are clearly welcome and most residents seemed to enjoy seeing them. We observed posters informing relatives, staff and residents of our visit. We were made very welcome and were taken on a tour of the premises by the homes Deputy Manager.

Roseville is a large home covering three floors. The top floor (Sunflower Unit) caters for residents who require nursing care. The middle floor caters for residents living with dementia. This is split into two, with the smaller unit (Lavender) being for residents who required a quieter, less stimulating environment and the other (Rose) being for residents living with more advance dementia or behaviours that might be more challenging. On the ground floor is a general residential care unit. There is a separate wing, the Hilton Suite, where fees are set above the standard levels and where residents were mostly self-financing. This unit did not form part of the Enter & View visit.

The Sunflower unit was found to be generally clean, airy, bright and well furnished. Bedrooms were a good size and included large en-suites with a shower area which could accommodate people who needed to use a wheelchair. Some re-decoration was taking place with the intention of giving the area a 1960's theme. Decoration and furnishings, some of which were being 'upcycled' were being sourced to develop this. One room has been turned into a small café area, which can be used not only by residents on the Unit but by those from across the home.

Interactions between staff and residents appeared to be positive, with some good rapport and humour evidenced.



The middle floor has a number of dementia friendly features, including some wall decorations that residents themselves have helped to make. There was good use of contrasting colours and signage to aid residents finding their way around. A badly stained carpet was seen in one area of the Lavender unit from which

there was an unpleasant odour. We were told this is to be replaced. Most residents were sitting in the main lounge area where they were being supported to take morning drinks by a number of staff members. Again there was a good atmosphere and seemingly a good rapport between carers and residents, who were seen to be smiling and appeared to be clean and well dressed.



One resident was receiving some 1-1 support from a member of the homes well-being team. We also observed an old 'Silver Cross' pram with four dolls. We were told that this had been sourced for one particular resident who enjoyed pushing it around. This, in turn, had reduced her level of falls, as previously she tried to walk around just carrying the dolls.



The general residential unit on the ground floor also appeared to be bright and welcoming, with a large lounge opening up onto a secure and well-tended garden area. Furnishings and decorations were of a good standard. A small group of residents were seen to be engaging in a conversation with a member of the staff team.

The home employs four well-being assistants whose role is to provide activity and 1-1 stimulation for residents. On this visit we saw residents on the ground floor



engaging in an activity making cards and posies for Mother's Day. On the middle floor we observed some residents being supported to take part in a game of dominoes. There is an 'activity box' provided on each floor containing a range of things such as games, crafts, word searches and colouring books, etc. On the dementia care unit there is a 'magic table' or Tovertafel. This

projects images onto a table which residents are then able to interact with, providing them with some gentle stimulation.

Although we did not observe any meals being taken at the time of the visit, the various dining rooms across the home appeared to be light and airy with plenty of space between tables. These were seen to be set appropriately with tablecloths and a range of other homely touches, and we were advised that crockery is available in contrasting colours on the middle floor units.



Conclusion

Generally this was a very positive visit. Discussions with residents suggested high levels of satisfaction with the service provided and this was backed by the responses we received from relatives and friends of residents. They expressed satisfaction with management of the home, and despite the size of the building, the manager appears to be recognised by a majority of residents. Relatives told us they would have no problems approaching her if they could not get satisfaction from senior staff on specific units.

Most relatives felt that staff were suitably skilled to undertake their jobs and to meet the needs of residents, and that although staff have a difficult job to do, they usually have sufficient time to meet the needs of residents, although opportunities to just stop for a chat can be limited. Some relatives and staff spoke about ever increasing dependency levels, and the fact that several residents now require assistance from two staff members.

Residents felt that there was a good range of activity and stimulation being provided for them, with those spoken to expressing pleasure at being able to play bingo - with assistance if needed - and chatting over a cup of coffee or tea. The four well-being co-ordinators, sometimes supported by students from a local college, work across a 7 days week and have a range of activities at their disposal

including 1-1 activities for those residents who require more personalised stimulation. However, one gentleman told us he did not think there were enough activities tailored to meet the needs of male residents.

Also, discussions suggested that opportunities for residents to get out of the home, supported by staff from the home, were fairly limited. Some attend a weekly 'soup for the soul' session at a local church and are occasionally taken across to local shops. However, the home does not have its own mini bus and opportunities to take residents further afield and more frequently are limited. Some staff and residents told us that such opportunities would be beneficial.

The food served at the home was felt to be of good quality with sufficient choice and alternatives being available. However it was felt that pictorial menus (or show plates) could be of benefit, particularly in the units for those living with dementia. The dining rooms however were light, airy and well presented. We were told that crockery in contrasting colours was available to aid residents in the Lavender and Rose units.

The home was generally well decorated, with no obvious unpleasant odours, except for one area in Lavender unit, where a badly stained carpet could do with being replaced. A range of dementia friendly features were observed here, which provided stimulation for residents and helped them to better find their way around. The dementia unit itself is split into two, Lavender for residents who are requiring a quieter/calmer environment and Rose for residents living with more advanced dementia or those who could, at times, prove to be more challenging.

Staff were generally positive about the home, although one staff member was at odds with colleagues on a number of issues feeling several aspects of the service could be improved upon. However most staff spoke positively about the home's manager and felt well supported in their role. They have been provided with a range of training opportunities as well as completing all mandatory training which is updated regularly. Staff felt that they were adequately trained and that they had opportunities to continue developing their skills. A number of staff told us they have recently received training with regard to oral hygiene whilst this is due to be cascaded down to others.

Residents receive appropriate and timely access to a range of healthcare professionals as required. Routine visits are carried out by dentists and opticians. The home have found a benefit in transferring a majority of residents to a new company Vision Care. Residents now have their spectacles clearly marked to identify those used specifically for reading. Staff can see if residents are wearing the incorrect pair and this has helped reduce falls. However, one relative told us that they would have liked to be contacted before their relative was seen by the optician. Use of the NEWS (National Early Warning Scheme) system, means that routine tests are shared directly with the home manager and also with members of the community nursing team to help with the early identification of any issues.

Recommendations

1. Further opportunities for residents to enjoy activities outside of the home environment should be explored. This would be aided by the home having access to its own transport.
3. Pictorial menu's (or show plates) would be beneficial for residents in the Lavender and Rose units.
4. Dependency levels across the home continue to increase and many residents now require the support of two staff members. Staffing levels must be kept under constant review and increased as and when necessary.
5. Although levels of activity and stimulation are good, one male resident remarked that there was not always a lot to do for male residents who may not enjoy bingo or 'pamper' sessions. Further consideration should be given to meeting the needs of all residents.