

healthwatch Cumbria

Rosecroft Residential Home,
Workington

12th February 2014



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counts



Enter & View Report

Healthwatch is the independent consumer champion for health and social care customers and patients in the England.

Healthwatch Cumbria has the statutory right (Health & Social Care Act 2012) to carry out Enter & View visits to health and social care services to gather the views and experiences of customers, patients, families and staff for the purpose of service improvement. Service providers have a duty to respond to our reports and recommendations.

Healthwatch Cumbria will share its findings with Healthwatch England, the Care Quality Commission, Services and the public.

Service:	Rosecroft Residential Home, Workington
Service Manager:	Ms Elizabeth Bedford
Date of Visit:	12 th February 2014
Unannounced/announced:	Unannounced visit
Visit Team:	David Blacklock, Valerie May, Sarah Allison
Date of last CQC Inspection:	8 th August 2013
Cumbria County Council	Contracting visit in November 2013.

For more information on Healthwatch Cumbria please visit:

www.healthwatchcumbria.co.uk

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Introduction

Healthwatch Cumbria has a planned programme of Enter & View visits for 2014/2015, covering a variety of health and social care services operating in the county.

Healthwatch Cumbria is constantly receiving intelligence about a wide variety of health and social care services and the intelligence is used to help to decide where to carry out Enter & View visits. This information includes both concerns and compliments about services. All care home services provided in Cumbria have received a letter from Healthwatch Cumbria through Cumbria County Council explaining the purpose of Healthwatch Cumbria Enter and View visits and advising that a programme was being developed. These letters were sent out prior to the first Enter and View visit taking place.

The current sample of care homes was confirmed at the end of November 2013.

Following this, Healthwatch Cumbria embarked on a further information gathering process in preparation for these visits speaking with stakeholders including CQC, Cumbria County Council and Cumbria Safeguarding Board.

The Enter & View visits took place between December 2013 and February 2014 and were carried out by an Enter and View Lead (EV L) and a number of Enter and View authorised representatives (EV ARs).

During our visit we talked and listened to the views and experiences of residents, families, friends and staff, whilst making observations against the following criteria:

- Environment – Fabric, Facilities & Safety
- Overview of Service & Management
- Nutrition (meals & diet)
- Exercise, Activities & Mobility
- Personal Support & Choice

Methodology

During our Enter & View visit we used a variety of methods to gain an understanding of the service including:

- Oral questioning (using open questioning techniques)
- Informal discussions (using non-leading prompts)
- Observations

We talk to managers, staff, residents and visitors and request information including a menu, staff rota and activities plan. The E&V L ask if there are any sensitivities around particular customer needs on the day of the visit which we need to be aware of i.e. risks, infections, and serious illness.

The Enter & View authorised representatives (EV ARs) observe residents and staff going about their daily tasks. We make observations about the general environment, condition and presentation of the home, support and care received by residents and interactions between staff and residents.

Residents, visitors and staff views and comments are formally recorded anonymously to protect identities. Letters explaining Healthwatch Cumbria and the purpose of the E & V visit are left for families. The letters also include Healthwatch contact details should families wish to raise any concerns or forward compliments about the service.

This report relates to a specific visit carried out during a point in time and therefore is not representative of all service users but acts as a 'snap shot' of daily life within the service.

Rosecroft Residential Home

Rosecroft is a residential home for 47 elderly resident in Workington. Rosecroft is one of the 15 homes owned and operated by MPS.

The home has a separate EMI unit which can accommodate 12 residents.

For more information on MPS please visit www.mpscaregroup.co.uk

Manager: **Elizabeth Bedford**

On the 12 February, the Healthwatch Enter & View team arrived at the home unannounced, introduced themselves and explained the purpose of the visit to a member of staff. The team was taken to the ground floor office and the E&V lead provided an overview of the role and functions of Healthwatch explaining the purpose and methodology of an Enter and View visit to the manager present.

Environment – Fabric & Facilities

Rosecroft sits off the road on a housing estate in Workington. It is a purpose built c1960/70's home.

Entrance to the home was via keypad/bell security system. There was a large size entrance area with the main office to the left, a parrot in a cage facing the door, and an open area to the right. There was a sofa and easy chairs in the entrance lobby with a small desk which houses the signing-in book. There were also toilets situated in this main entrance area. The entrance to the resident's lounges was from this area, corridors lead to residents' bedrooms and to the EMI unit.

There was a hand sanitizer on the wall near the notice board which was beside the entrance to lounge.

The lounges, which run one after another across the front of the premises, look to the front road. The dining rooms were entered through the lounges and were well presented and stylishly decorated. The kitchen was to the side of these areas.

Most of the front area was tarmac and used for car parking. There were gardens to the sides of the car park.

There were grounds/gardens surrounding the premises, some of which were quite private towards the rear of the home.

Most residents were from the local area and payment is mainly via the local authority.

The EMI unit

The manager advised that there was small EMI unit, which was closed-off from the rest of the home and accessed via securing lock. There were 8 residents in the EMI unit and there were two staff on duty during our visit.

The EMI unit had its own lounge with dining area and storage cupboards. The entrance to the EMI was via key-pad and bedrooms were situated off the main corridor.

Not many of the usual features associated with an EMI unit were visible in the corridors (e.g. memory boxes, familiar objects, colour coding etc) but there were a few pictures on the walls and residents names on the doors. We were told that the residents do mix with the other residents and that one resident often likes to spend her time in the unit (though not resident of the EMI), and is free to do so.

In the lounge one resident was holding a baby doll and nursing it, another lady was moaning to herself, staff turned on some music. One of the residents responded by tapping her feet. The lounge was light and airy, seating was in the semi round, and

the TV was not on. There was a good view into the garden with a rabbit hutch near the window.

The dining area is to the rear of this room with a sea mural painted on one wall. There were 3 groups of dining tables and chairs. One member of staff supported a resident to the toilet whilst the other staff member went and got the lunch trolley.

All residents were clean and tidy and the bedrooms were pleasant if on the small side. Some paint work was chipped and the hand rails were painted white so were not easily distinguished for those with impaired vision.

Ground Floor areas

There were many people moving around the large entrance area with seating for residents and visitors, a visitor signing in book and hand gel at the desk. There was information posted on the walls, a notice board with 'Deciding Right' information, and a certificate to say that the home had completed a Six Steps programme on 30th Jan 2014.

By the entrance to the lounges was a notice board with staff rotas, activity timetables and menu's for the week. This was very full with notices and due to its position it was not immediately obvious to passers-by.

Around the caged parrot bird seed was scattered on the floor and the area smelled unpleasant.

Bedrooms on the ground floor were very pleasant, light and airy with a good standard of furniture and equipment i.e. inflatable mattress, easy tilt chairs, automatic height adjusting beds. All rooms appeared to be en-suite on this corridor. Some residents had their own furniture and bedding. Elsewhere rooms were smaller and without bathrooms, although still pleasantly decorated, light and airy.

Handrails were fixed along all corridors. In some areas pictures and mirrors were positioned rather high on the walls and it would have been difficult for residents to see them. Radiator guards were in place.

There were floral carpets throughout other communal areas which were clean but looking tired in places. The bathrooms, especially where there was a hydraulic chair lift over one of the baths, looked dated.

The lounges run as one after the other (3 rooms into one). The area was well lit, with lots of armchairs grouped together into sections, with TV's and music available in certain areas. There were jugs of juice on the tables.

There is a small lounge off the main area which we were told was used by families and staff. The patio door didn't close properly and a chain was left on the floor and the curtains had come down. There was a kettle and other items for making refreshments in the room. Smoker's used part of this patio area.

The dining area is also spread over 3 rooms. Though smaller in size than the lounges it is light, airy and well furnished.

There were no small social spaces for residents to use, other than these rooms.

At the rear of the property there was a garden area with some planters. A bird table was positioned outside of the kitchen window.

Environment Observations

Positive Observations
Use of the garden/grounds outside.
Refreshments widely available.
Well laid out and decorated dining rooms.

Improvement Observations/Considerations
The view to the front of the home from the lounges is a car park and bin storage. Consider screening this area to provide a more scenic outlook for residents.
Unpleasant odour in EMI unit. Clarify responsibility for keeping resident areas clean and free from odours.
Pictures and mirrors placed too high on the corridor walls. Consider having them lowered for residents benefit.
Lack of recognisable specialist EMI features. Consider encouraging and developing training for staff in matters relating to Dementia and in the use of colour coding, memory aides etc.
It is noticeable that some areas of the home were in need of redecoration. Consider developing a programme of improvement/refurbishment to update areas in the home.
The notice board was overflowing with notices. Clarify who is responsible for its update. Consider if easy read and pictorial guide would be helpful to residents.
Odour from the bird cage. Clarify who is responsible to keep the cage clean.

Service Provision and Management

The EV L concentrated on the management of the home and asked to speak to staff and seniors to gain an insight into operations.

EV AR 1 & 2 spoke to residents in the main public areas of the home spending time in the hallway and ground floor reception rooms, as well as in the dining room and EMI unit. Conversations took place with residents, staff, and visitors. The E&V team also spoke with family members who were visiting relatives.

At the time of our visit we were told by the manager that there was one resident with advanced dementia and now at 'end of life', and as a result was struggling to communicate.

We were told that there were no safeguarding concerns at the time of our visit.

The Manager informed us that the home can accommodate 48 residents. Referrals come via Adult Social Services.

Staff

- Activity Co-ordinator is in post and works 20 hours per week.
- The regional manager had not visited since Christmas.
- In the past 6 months turnover of staff has been less than 10. We were told that staff generally leave because of rates of pay.

Staff Organisation

We were told that staffing levels are dictated by the parent organisation. The manager is allowed 10 hours over a 24 hour shift additional cover if capacity reaches 47/48 residents. There are extra staff on for breakfast.

Bank staff are used to cover sickness or staff shortages and the same bank staff are used where possible. The manager or deputy will also cover if necessary.

A handover is carried out at the end of each shift and staff are not allowed to begin work until they have read handover information sheets.

General updates are provided via senior i.e. cascading information.

Staff Training

Staff supervisions were carried out 4 times per year for care staff and cover a variety of topics.

The manager was planning on providing DoLS update training with Mental Health Capacity training for staff.

A training log was in the process of being updated by the manager and was shown to the E&V Lead. It covered January 2014.

Training covers basic food hygiene, equality and diversity, health and safety, fire safety, use of Wheelchairs, MCA, catheter training (PCT), safeguarding of vulnerable adults. The district nurse is providing some training on skin and ulcer care.

Services

The home carries out an initial assessment with new residents. If the resident lacks capacity they ask the family to complete/take part in the assessment, otherwise staff sit with them and discuss issues.

Residents can come to live in the main home (mainly for people with physical difficulties) and then transfer to the EMI later if necessary.

We witnessed the nominated 'moving and handling' trainer move people after lunch. We observed her hoist one woman out of wheel chair and into an arm chair. Despite being a tricky manoeuvre it was done with care and the resident was happy and safe.

The manager was asked about DoLS and we were told there were none currently in place but the home had had few over the past year. They are sometimes in place whilst residents settle in to help with the initial transition. The last situation involved a resident who had a DoLS in place to protect her from a family member.

Skin viability was an issue and a CPT district nurse visits the home to support with skin issues. At the time of the visit we were told that there was one resident with grade 2 skin lesions, which she had come into the home with. Her skin had healed but then broken down again and was being treated.

We were also told that another resident had shin sores, which the district nurse was treating and checking, from wheel chair plates. Both of the above issues were forwarded to the Care Quality Commission.

Feedback is gained from residents and families by a postal questionnaire.

One resident was observed being brought to the table in the EMI unit, they did not speak and made no movement, the staff put socks on her and she did not respond. Staff helping the other residents, did say 'good girl' as she sat down.

Staff acknowledged a distressed resident who was repeatedly shouting 'help' but no conversations took place as the resident lacked capacity. It was explained that most people could communicate, some having advanced Dementia, but there was no specific communication training in place.

We were told that the home 'does not get complaints' but sometimes the staff have families who want to know how their loved-ones are getting on, especially if their

health deteriorates. Occasionally items of clothes go missing but are found, the home tends to get concerns rather than complaints.

We were told that there is lots of paperwork but staff do have time to complete it and then have the time to build relationships with residents.

Service Provision and Management Observations

Positive Observations
District nurse comes in daily or depending on needs.
Evidence of availability of hairdresser and chiropodist.
Evidence of assistance being appreciated for bathing and dressing.
Advocacy services had been accessed for residents.

Improvement Observations/Considerations
Skin viability is an ongoing issue.
More attention should be given to skin viability and training and awareness for all staff.
It was stated that the home did not receive complaints, merely concerns.
Consider that a comments, feedback and compliments log should be used and include all complaints from family members and residents. All complaints should be recorded, investigated and the outcome should inform learning for all of the staff team.
There was little engagement reported in the process of gaining feedback.
Consider that a quality assurance system would ensure that regular feedback from residents and their family members was sought; this information can then be used to further develop the service. Both informal and formal feedback should be recorded for use.

Comment from a family member
<i>'My mum passed away 1 year ago – she got great care'.</i>

Nutrition (Meals and Diet)

There are two cooks who work 4 days each, including one overlapping day when the baking is done. One cook has been in post for 3 years the other 12 years. The home provides meals-on-wheels on behalf of Cumbria County Council.

We were later told by staff that *'we (Rosecroft) have had to cook for Stilecroft as they had no cook – we got no reward, I got down hearted', and 'I like the job but it is the other bits, we do have a choice in what we give them (residents) but mostly they are not adventurous. Staff here are good, the best bit of the job is the residents, we are encouraged to talk to them'.*

Lunch is at 12. Four of residents need help to eat, six residents are on soft foods, and one resident is diabetic and one vegetarian. The menu is on a 4 week rota and lunches are always hot, residents are given 2 choices. Tea is soups, sandwiches and cakes.

Resident 'likes and dislikes' are included in care plans, then notices are put up in the kitchen so that staff are aware of the resident needs.

Whilst serving the dinner staff wore plastic gloves and apron in the EMI unit.

An evening tea trolley and supper is provided by staff.

Some residents sat on at their tables. Some because they had been chatting or were slow eaters. One group remained because they were waiting for staff to support them to move away from the table.

Nutrition (Meals and diet) Observations

Positive Observations
Dining rooms are very comfortable with pleasant decoration.
Cooks very willing and flexible.
The encouragement of all staff to engage with residents.

Improvement Observations/Considerations
Tables are laid well in advance of the next meal.
Consider when this is done to maximise the opportunity for that room to be used as a meeting place or for an activity.

Comments from residents
'Food is great, I can get a cuppa anytime, and I get a choice'.
'5 meals a day is getting too much'.
'Food is very nourishing here, the people are nice'.

'We get lovely cups of tea, it's a good place to be, they are not nasty to you and we get good meals'.

'In my opinion there's not much choice (meals), there's a list but sometimes it's not the same as what it says. If I didn't like it they would give you something else. I can't eat big portions, same in puddings – which are not too bad. I like the cheesecake and crumbles'.

'Sometimes they are late with meals, they are short of staff – always short of staff, both carers and kitchen staff'.

Exercise, Activities and Mobility

During the visit we observed a lively music session in progress, the facilitators were not staff from the home. One of the participants told me how much they had enjoyed it although it was observed that not many residents attended this session.

The Activity Coordinator works 20 hours per week over 5 weekdays. She explained that the residents suggest activities and she tries to accommodate their ideas, favourite activities are:

- Prize Bingo
- Knitting
- Crochet – new and having a mixed response
- Theme craft days – Halloween, Christmas and Easter etc.
- Gardening when the weather permits

There was a timetable of activities on a notice board along with menu choices, by the lounge entrance. The coordinator was updating her file and timetable as we talked. She explained that she tries to accommodate needs. Sometimes they have music sessions provided by an external organisation (paid for by the home), which the residents like. Moving to music for more mobile residents is provided.

The EMI unit has an amended timetable and changes to suit needs and abilities.

They hope to have a greenhouse this year for residents to use. Some residents planted-up the planter last summer and really enjoyed it. They are hoping to plant strawberries and maybe tomatoes this summer.

The activity coordinator completes a support plan for each resident after a session which records basic information about their input during the session i.e. if they wanted to take part or not and if they liked the session.

When asked about the challenges of the role she said that it can be challenging trying to meet the needs of everyone. She felt that the home manager and deputy are brilliant. She has supervision twice a year, gets told what training she is on but can also request training too. Training tends to take place in the small lounge.

The activity co-ordinator likes giving pampers and does nails although a chiropodist provides nail cutting. She said it was a good place to work, that there is a nice atmosphere and a good team. Families help with fundraising and are really supportive of the home.

The deputy manager explained that there were 2 TV lounges. If sport is on in an evening the men might be given a buffet and beer to enjoy the match with.

The activity co-ordinator recently took 4 residents to the Theatre by the Lake to see an evening show. It was a late night for the residents so they might try matinee performance next time.

Exercise, mobility and activities, Observations

Positive Observations
Providing beer and a buffet during sports events for the men is clearly popular.
Going outside to garden and the aim to get a greenhouse this year provides meaningful long term goals and activities for residents.
Staff show willingness to keep trying to provide something new giving the residents variation.

Improvement Observations/Considerations
The activity timetable is mixed up with other information on the notice board, the board is not well placed and is on a busy junction.
Consider displaying the information in another place and use large print and/or pictures.
The large lounges do not offer quiet or intimate spaces.
Consider using all of the different environments available to suit people's moods and activity levels.

Comments from residents
<i>'Good musical sessions but there is not enough else going on.'</i>
<i>'It's bingo on Fridays, residents love that'.</i>
<i>'Something is on once a month, knitting and garden club, they bake cakes and decorate them, also have cards, bingo and book club'.</i>
<i>'I go out on my own, I have ordered a taxi for today to go to see my mom at another care home'.</i>

Personal Support and Choice

The Manger was asked to explain how residents express choice and said that the resident's choice of meal is always provided, bed times are also optional and staff will cater for resident preferences. Some go to bed at set times and others will tell the staff when they want to go.

We were told that staff will approach a resident if they are falling asleep and ask if they want to go to bed. If a resident is restless during the night they can come and have a cup of tea with staff. All residents are encouraged to remain independent. *'Some residents appear to be very regimented while others are flexible, some don't want to interact some decline any opportunity to engage, it's their choice'*

We were told *'We try to keep residents independent and operate in a person centred way, some can be lazy – I have been asked by a resident to "scratch my leg for me" - their concerns are about all wanting the toilet at the same time, so some are kept waiting - they (residents) complain'*.

If residents have appointments families are asked to go with them otherwise the staff will support the resident.

We spoke to several residents and all appeared to be very content, happy and well dressed. Families were welcomed into the unit and appeared to be very happy talking to their loved-ones and others.

Residents are able to choose bedding colours. Some rooms are en suite and staff support is given for all showers and baths. Residents can have a bath whenever they like.

Personal Support and Choice, Observations

Positive Observations
Residents can bathe whenever they like.
Residents can get up or go to bed when they choose and are supported to do this.

Improvement Observations/Considerations
The queues to use the toilet were blocking free movement in the lounge after meal times.
Consider if another extra toilet could be used.

Comments from residents
A resident said <i>'I twiddle my thumbs and talk to the parrot'</i> he said he didn't get on with one or two people so keeps his distance, <i>'though some staff are very helpful'</i> .
<i>'I have 2 good friends here, I get up about 6, go to bed about 10pm. I like to be</i>

independent, the food is quite good. I use a Zimmer frame walker but I'm left to get on with it, I can't go out anymore as I'm unsteady'.

'One person sleeps downstairs, I'm an early riser, they are down before 6am the other residents are friendly, I brought my own stuff in with me. I'm allowed to go out on my own, go into town on my own'.

One resident told us they get incapacity benefit and he has his own money but the staff don't help with money, has a social worker but can never get in touch with him. He has put name down for sheltered accommodation, 'I want to be on my own – away from these people and a bit more private'. 'I sat on loo one time until I got some help, I complained to Liz who said nothing much', 'a reflexologist comes once a month, I have to pay £26.00 to see her but it's worth it'.

Another resident said 'I took bad at home and was taken to hospital and then to here. I'd give it 100% - the staff, everybody's friendly. Food is great, get a cuppa anytime, and I get choice'.

Summary

Whilst we did observe some commendable practices and attitudes in the home, overall there is good scope for improvement in some areas and we would encourage both management and staff to consider these.

Considerations in this report are designed to prompt some discussion about possible improvement activity which would be of benefit to staff, residents and families.

Healthwatch Cumbria would like to thank the staff, residents and visitors from Rosecroft Residential Home who took part in this Enter & View visit.

What do you need to do now?

In line with the statutory regulations for this work, you now have 5 working days to respond to us if you feel that any aspects of this report are inaccurate. We have provided a response form to help you to do this. If we have not heard from you by 2 June, we will assume that you have accepted the report as an accurate record. If you have requested a change we will get back in touch to discuss this.

Once any changes have been agreed we will send a final version to you on 9 June. You then have 20 days to make a formal response to any of the issues raised in the report. **The deadline for responses is 30 June.**

Finally, we will be publishing all of the reports, together with the responses from each Care Home, and an overarching report summarising all the key findings on our website: www.healthwatchcumbria.co.uk

A copy of this report will be sent to CQC, Cumbria County Council, and any other organisation that requests it.

If you wish to discuss this report with a member of Healthwatch Cumbria please contact us on 01900 607208