

Details of visit	Rose Cottage Nursing Care Home
Service Provider:	R. C. Developments Limited
Service address:	Station Road, Halfway, Sheffield, S20 3GU
Date and Time:	Friday 24 March 2017, 10.00 am – 12 noon
Authorised Representatives:	Penny Lewis, Chris Sterry
Contact details:	Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield, S1 4FW

Acknowledgements

Healthwatch Sheffield would like to thank the service provider, service users, 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 service users and staff, only an account of what was observed and contributed 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.

Purpose of the visit

The visit is part of an ongoing planned series of visits to residential homes looking at the care provided. As part of our work we are asking a set of questions to find out whether the care provided meets people's needs, what people and their families think about the services that are provided and in particular to find out how the home provides opportunities for people to improve their quality of life and well-being and connect with the wider environment.



Strategic drivers

- Part of Healthwatch Sheffield's statutory duties to highlight good practice and encourage those providers requiring improvement to do so.



Methodology

This was an announced Enter and View visit. Leaflets were displayed at the entrance to the home prior to our visit.

We had the following discussions:

- An introductory discussion with the Manager (currently on maternity leave) the assistant manager, (both registered nurses) and the administrator. Overall there are 25 care staff with 3 registered nurses, including the Manager and assistant manager.
- Discussions with:
 - Other staff (5 health care assistants, 2 registered nurses);
 - Residents (7 in all, including 1 male);
 - Comments from 1 relative.

Semi structured interview questions were prepared before the visit. We were advised by staff as to individuals who were able/ suitable to be approached.

We observed the interaction between staff and residents, and the public and communal areas in the home.

Our findings were briefly discussed with the Manager before leaving.

Summary of findings

Rose Cottage is a 28 room home, with 27 single bedrooms and 1 double bedroom (29 beds in total). All rooms but 2 having en suite facilities, the other two having hand wash basins. It is currently full, with roughly half private and half local authority / NHS funded residents. Rose Cottage assesses each patient in hospital, other care homes or in their own homes prior to admission into their care. Residents with dementia are not admitted, and they generally have fewer residents with mental health issues than in other homes we have visited, leading to livelier interaction. The home is privately owned, but about to change ownership, and there is optimism amongst staff that this will lead to further investment.

Residents, relatives and staff expressed great satisfaction with the care provided. Of particular note were:

- A 'homely' feel to the house, partly due to the nature of the building, but largely to the warmth, good humour and respect of staff ("we are working in their home") , and a relaxed atmosphere in general.
- General good interaction between residents, giving amusement and companionship.
- Minor issues of building maintenance, which hopefully will be addressed under the new ownership.
- Staff retention is good with a range of 3 to 20 years' duration.
- There are some issues about communication with professionals outside the home.

Results of visit

The General Environment

The home is not purpose built, originally being a large private house, which has now been considerably and sympathetically extended. It seems in general good repair, but has some need of minor maintenance and redecoration, especially externally. The home is generally carpeted throughout. Signage is good within the home and at the main road entrance there are signs either side of the front entrance stating the care home name, contact details etc.

It has an attractive mature front garden used by residents, which also shields it from a major road outside. It is an 'open' home: doors are open all day until 6pm so residents can use the garden. There is ample parking. At the rear of the building, there is a 'smoking shed' and a small, sheltered garden enclave that, although wild at the moment, has potential for residents.

There are several bus services (15a, 71, 71a and 252) which are not frequent and the 120, which has a stop close by which should be more frequent. The home is close to the tram terminal, and several residents reported days out in town using the tram.

Rooms

The rooms are on 3 floors, and are attractive, clean, and personalised. They are accessed by lift. All bedrooms have a call buzzer systems and sensory mats.

There is a very attractive, dedicated activities room, which was full of residents doing varied activities, and socialising. The dining room is light and bright, and set out with small tables. Walls are decorated with lively pictures of residents doing various activities.

The lounge is of a reasonable size and is effectively split in two by a permanent internal wall, which has been opened out to create a large opening to allow access between each area. This was being used as a rest area by residents who had chosen not to partake in the organised activities.

It is hoped, by staff, that the forthcoming new owner may build an extension to further increase the internal space.

Management of Care

All residents have a care plan, which is updated, with resident input, at least monthly. Each resident has a personal file, which records their life history, general and oral health, and likes and dislikes. Clinical input includes routine visits by the home's GP every week on Fridays, as well as routine access to chiropodists, dentists, opticians, and therapists normally every 6 months. There are also visits by a hairdresser. Residents' hydration and weight are regularly monitored.

District Nurses (DNs) visit the home regularly. Some concern was expressed about the efficiency of the way this was funded. District Nurses are funded for nursing home residents, and it was felt that it would be less expensive and improve communication if residents were transferred to the home's nursing care.

Other issues were raised by management about things which affected the quality of care they could give:

- GPs and DNs are now using e-systems (which the home does not have access to) for recording care decisions, and for communicating them to each other. Decisions are not committed to paper, and passed on to the home.
- Hospitals have difficulty ensuring swift access of people to the home. This is desirable because, not only does this prevent unnecessary stay in hospital, but also because the higher staffing ratios in the home facilitate better care. Homes need full information and details of funding from the hospital before admission. Relatives and potential residents are often not well informed about what is required, and need more and timely advice and information.
- Information about the care given to, and needed by, residents on discharge from hospital is often not adequate. Two-way communication between the home and hospital could be improved, and this occasionally leads to less than ideal care. Home staff report that hospital complaints processes are somewhat opaque.

Dignity and Respect

The home has several Dignity Champions, and the training programme includes Dignity training.

Staff

Staff retention is good, with several having worked there for many years. Staff were not wearing badges (as they were dressed up for Red Nose day). There were no visible pictures with names of staff on the wall. There is 1 registered nurse and 3 carers on duty in the day and 1 registered nurse at night. Agency staff are used occasionally: these were found to be of variable quality (some having poor language skills and approach).

Training

Mandatory training is on a yearly basis and induction is carried out. Training includes Equality and Diversity, First Aid, Mental Capacity Act and Deprivation of Liberty Safeguards, Health and Safety, Moving and Handling, etc. Staff have regular supervision every 6 -8 weeks and appraisals yearly. Supervision of the senior nurse (the manager) would generally be with the owner and this will, most likely, be more regular with the forthcoming change of ownership.

There are fire drills every 3 – 6 months, with a rotation of fire alarm points being used to ensure all points are being checked within the fire drill process.

Interactions between staff and residents

We observed relaxed and warm interactions between staff and residents. Residents reported that things were "fine", "lovely staff", "I like everything about here", "lovely activities", "I like the gardening stuff". We saw very friendly banter and good humour between residents, and felt this was enlivening.

Food

The food is largely conventional English cooking. The menu is displayed on notice boards, and there are 3 choices per main meal, with options for special foods if wanted /needed. Residents reported liking the food, and knowing what was coming - "the routine is good", "good choice and enough", "you get waited on". If some residents do not care for the choices given, the home tries to provide a further alternative.

Recreational / social Activities

Residents' rooms and the sitting room on the ground floor have TV and radio. There is an Activities Co-ordinator employed 4 days a week, but all staff seemed to be engaged in activities, including a volunteer. The Activities Room seems well equipped, and has a small library. There is a junior school over the road that engages with the home, especially at Christmas.

Experience has found hiring a minibus more economic than owning one, and they do this on occasions.

Recommendations

- That the home maintains the atmosphere of informality and warmth that was valued by all we spoke to.
- That they try to engage relatives more.
- That advantage is taken of the new owners to update the infrastructure with a possible extension to create even more internal space and maybe to develop the garden space for residents, perhaps a sensory garden in the rear unused space.
- The introduction of a Staff Photo board.
- That efforts are made to improve communications with outside services. It may be helpful for pre-assessment of potential residents, especially those in hospital, to be carried out by the home nurses themselves.

Service Provider Response

Thank you for the visit. We had a positive experience during the visit and the representatives were very helpful and gave us lots of information. We would welcome them back. We are very pleased with the report.

