

Enter and View Visit Report

Roden Hall Nursing & Residential Care Home

Details of visit:	
Service	Roden Hall Nursing and Residential Home
Provider	Rotherwood Healthcare LTD
Date and Time of visit	19 th October 2018 16:00 to 18:30
Visit Team	2 HWT&W Enter & View Authorised Representatives (ARs) and 2 Authorised Representatives "In-Training" (T-ARs)
Service contact details	Dave Wilkins (Registered Manager) 01952 770130
Published date	

Acknowledgements

Healthwatch Telford and Wrekin would like to thank Roden Hall, residents (service users), relatives/visitors and carers, and Roden Hall 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. Telford and Wrekin Healthwatch representatives carry out these visits to health and social care services to find out how the services 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 at premises such as hospitals, residential and nursing 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 View visits 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 will inform their lead who will inform the service manager, potentially ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue regarding their employer, they will be directed to the CQC, where they are protected by legislation if they raise a concern.



Purpose of the Visit

- To engage with residents and service users of Roden Hall Nursing Home to understand how dignity is being respected in the care home environments.
- To observe residents and relatives/visitor's interaction with their surroundings and with staff.
- To capture residents, relatives/visitor's experiences and any concerns they may have or ideas for change.
- To gather views on activities, food, support provided at the home.
- How people with Dementia are supported.



Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on 'Dignity and Respect' in health and care settings, responding to evaluations of feedback received from community engagements.
- Nursing and Care homes are a strategic focus of local, regional and national programmes of the CQC, PHE/NHS, local Councils, and Healthwatch organisations.

Methodology

This was an announced Enter and View visit.

Four (4) authorised representatives were assigned to the visit. They met with a member of management before speaking to anyone in Roden Hall Home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.



The representatives explained to everyone they spoke to why they were there. They spoke with **8** residents, and **5** relatives/visitors who were present with the residents at the time, to ask them about their views and experiences of the residential services.

We talked to the Roden Hall staff and management present to hear about their contributions to the service provide; quality of care, safety, dignity and respect, and acknowledging resident and families' wishes. During the visit we would also observe the delivery of the service. Observations were gathered while walking around the care home (public/communal areas) to gain an understanding of how the home worked and how the Residents engaged with staff members and the residential facilities. A guidance-list of dignity and respect topics - was also prepared to support the observational activities.

When the representatives had finished speaking to staff, the residents who received the services, family members and visitors/carers, they thanked them for their time.

Summary of findings

- Residents and relatives told us they were happy with the care they or their relative received, all felt that staff and management were approachable, and issues were dealt with in a timely manner.
- Residents were more than happy with the meals on offer and if they did not like what was on the menu, they could choose an alternative.
- We observed that Residents rooms were all personalised to the resident's taste.
- Residents and relatives told us that residents choose their own daily routines.
- At the time of our visit, we found that the home was operating a good standard of care with regard to Dignity and Respect.
- The report highlights the good practices we observed and shows the appreciation that the residents felt about the care they received from the nurses and carers which helped make it feel like a 'home from home'.
- Residents and relatives had raised concerns about fees for the 'new home' due to open in 2019.
- We noted a smell of stale urine in some areas.

Results of Visit

Environment and Facilities

Roden Hall is a Victorian-building. It is a residential home with nursing care. The building is surrounded by a beautiful, extensive and well maintained lawned areas with mature trees and shrubs and is located in a rural area. A relative informed the team they thought the public access to the nearby village

and home is poor and can be dependent on weather restrictions e.g. snow causes problems for relative and staff. The building is old with some deterioration and 'dated' décor. The top floor is now out of use, and conservatory is no longer used due to health and safety risks. A new purpose-built care home is currently being built at the rear of the current home and the current building will be redeveloped.

There is a small visitors car park to the front and additional parking area to the side of the house. Wheelchair access is provided accessed by the rear of the building along a ramp to a temporary entrance at the rear of the home. A nearby lawned area has a patio with table and chairs.

There is a small reception area with a visitors' signing in book. Near the reception is a list of quarterly and weekly arranged activities, and a notice board with the names and photographs of staff who work in the home. At the time of the visit this was not up to date. A lift gives access to all floors without any further steps. The lift has three doors which provide level access to all floors and mezzanines and is suitable for wheelchairs. The top floor is not currently being used by any residents.

Ramps were observed throughout the building, and often found in place of steps. Corridors were not suitable for motorised large wheelchairs due to relatively narrow width of corridor in some areas. Assisted bathrooms and showers are provided for residents who were less able-bodied.

Roden Hall can accommodate up to 45 people, we were informed that the home is currently registered for 35 residents; 21 of the rooms are en-suite. At the time of our visit the home had 24 residents. The service can accommodate people with nursing care needs and / or residential needs. Care-specialisms included cancer care, colitis and Crohn's disease, hearing impairment, motor neurones etc. The home can take people who are 'early-EMI' and with Dementia, but the new care home will be able to offer people a lot more facilities and will have more suitable accommodation for people living with dementia.

Some bedrooms felt particularly cold, including the lounge area. We pointed this out the manager, and they assured us that stand-alone heaters would be put in the resident rooms affected.

We did notice an odour of urine in a couple of areas. We raised this with the manager who said they were aware of this and they were taking steps to eliminate it.

An Information board was not clearly visible in reception hall and may not be accessible to all residents. The staff board had not been updated to reflect current staffing, at the time of visit.

Promotion of resident's privacy, dignity and respect

Residents also told us that they felt supported by staff - comments included:

“Staff are pleasant.”

“All the staff are nice, and this is a nice place to be.”

“You shouldn't be concerned about being here.”

“I don’t want to go anywhere else... staff are excellent.”

“Staff always knock before they come in”.

Residents told us that they are encouraged to be as independent as possible. Residents and relatives told us that residents choose their own daily routines as far as possible (medical condition permitting):

“I go to bed and get up when I want “.

“I have a routine and the staff follow it”.

One resident explained that during their personal care, staff do not ‘take over’. Other residents also told us they were able to get a shower whenever they wanted (they were not restricted to a set rota basis).

A resident supported by their relative told us that since coming to Roden Hall, the Resident’s general health and wellbeing had gradually improved. The resident now feels able sometimes to go to the communal lounge to join the other residents. The resident had been in another care home previously where the relative said they felt the nursing and care needs of the resident (who has a medical condition with particular care needs) were not being properly supported. The resident confirmed they now feel those needs were being well-met by the home’s staff.

We saw that resident bedrooms have been personalised, and many had pictures and photos on the walls, providing a homely feel. The manager told us current residents will get the opportunity to view the new build-home and choose their new rooms. Some residents were able to view the building work and emerging building from their bedroom window.

We were told that since closing the top floor all residents have been moved downwards to the ground and first floor, to reduce isolation, however we visited several lounges in the home at the time of our visit that seemed to be underutilised, with many of the residents choosing to stay in their bedrooms.

We did observe one resident sat in a lounge area on their own, with no apparent access to a call bell to get attention when needed. When told of this, staff and the manager both agreed the residents should be able to access one easily, even if they are unlikely to use one. Pull-cords for the call bells in the residents’ rooms were by the beds, and by the chair in residents’ en-suites. Call bell cords are also present in the lounges. We witnessed one call bell in a bedroom which did not appear to be working; once staff were informed, they acted upon the problem. We spoke to several residents about staff response times to ‘call bell’; 2 residents and 2 relatives told us the time for response has increased. However, they added that staff would always apologise for the wait.

The non-working bell and other related issues were raised with the manager, who later confirmed (email), that all the call bell issues had now been resolved. During the visit, we witnessed a call bell ringing which seemed to last for a few minutes with no response from staff. We located the room to check that the resident was ok, and asked if they needed assistance, and the resident complained of chest pains. We found a nurse and informed them of the situation, and the staff member went immediately to assist the resident.

Residents and family members were asked if they had been involved in their care planning and reviews; most of those we spoke with said they had not. Resident families will be offered the opportunity to contribute to the care planning process at any time, and particularly on review each month, when nursing staff will make contact by phone to invite families to view the care plan and comment.

The manager has recently joined the home, and he told us staff are in the process of amending care plans and explained how reviews are carried out. Some relatives told us that they often found that they had to remind staff to reposition the resident particularly at mealtimes.

Asked if residents had any problems with other residents wandering into their room, the resident agreed it had happened once, but the staff member present escorted the other resident out of the room. This situation has not occurred again.

When passing one of the resident's rooms with the door open, we noticed they were using a urine-bottle in plain view of anyone passing. While staff will try to be vigilant to close a resident's door, in order to preserve their dignity when using a bottle but there may be a time delay between this happening.

We were told that a doctor from the Shawbirch GP practice comes to the home each week for a visit. The residents and relatives told us the doctor was very good and made time to call in on some of the other residents after completing the scheduled visits list. The manager commented that he and the staff have a good relationship with the practice.

We were told by staff that Medicines Administration Records (MARs) have now been altered to monthly (4 weeks) record and are no longer handwritten.

Meaningful Activities

Most of the residents and family members we spoke to told us they were happy with the activities on offer. The home has an 'Activity Co-Ordinator' who was not available at the time of our visit to meet with the team.

We saw an activities board posted in reception area, but we are unsure whether all residents have access to the planned schedule of activities or are aware of what is planned. One person expressed an interest in singing and was not aware of the singing activity that had taken place earlier that day. One resident thought that the activities are limited, whilst others told us that they enjoyed the regular activities, mentioning Bingo as an example.

Relatives told us they found the activities coordinator was able to motivate residents and encourage them to participate in some activities such as facilitated group activities in the lounges - although this did not benefit all the residents for various reasons.

Residents were able to order daily/evening and weekend newspapers. Some residents ordered magazines, but if the resident wanted to cancel anything, the staff were happy to cancel them.

A nearby garden centre and café has since closed which was frequently accessed by residents, relatives and staff. Lack of public transport or a Home-owned vehicle affected and limited opportunities for providing for trips out. The Manager discussed the possibility of using a car for trips, though this would

not support the needs of all the residents. Although only a few residents had the capability to go out, this solution would not be suitable for any group outings.

Mealtimes

There are three chefs and all meals are freshly prepared on site. We were informed that three meals are provided each day for residents, with snacks and supper available.

Residents told us that food and drink is available at any time on request. One resident said that they were never left hungry and if they did feel hungry, they were always able to ask for more. One resident told us that after arriving at Roden Hall recently they received a 'spicy meal', but they did not like spicy food. The resident had raised this with the care staff and the meal was changed. The resident confirmed they have not received anything 'spicy' since this time, and they were very pleased with this. Another resident commented that the custard is made with 'sweetener' and they would like it made with "proper sugar".

Special diets, fortified meals and pureed foods are available as appropriate for the residents. We spoke to one resident who needs their meals pureed, and they were very happy with meals provided, and told us they were well presented.

We were told that birthday cakes are made for resident's birthdays. One had been made for a resident who was on a special diet so that the resident and their family to join in the birthday celebrations.

Drinks are available throughout the day, and people can help themselves. If residents are not able to get a drink, they can ask a member of staff. Preferences between tea and coffee were also recognised and remembered.

Interaction between staff and residents

All residents we spoke to commented that they have a good rapport with all staff and the manager. We observed this during the visit and witnessed cheerful engagement with lots of banter.

One relative told us that staff were very understanding of their relative's needs. Staff had willingly attended special additional training to gain a better understanding of the resident's health condition and care needs.

During the visit a member of staff was observed giving a resident their medication. The medicine was handled directly by the staff member - taking the tablet(s) out of the small pot and then placing in the resident's mouth. The member of staff did not use gloves, a spoon, or provide the tablets directly from the pot to empty into the resident's hand or mouth. We informed the manager at the end of the visit who confirmed the staff-member should have used a spoon.

Relatives Feedback

The manager described regular resident and relatives' meetings held and these provided an opportunity to tell them about the new building. In the most recent meeting, concerns had been raised about the fees when residents moved

into the new building. Some relatives had highlighted this as a concern for them, and their worries about the impact on their relative's future in the new home. The next meeting would to be held in early December. Senior managers from 'head office' are due to attend to talk about the fees issue.

We were told that there are lots of conversations taking place, and the manager is visible about the home. The manager explained he is available for open discussions and hopes to be able to rectify any issues early. Visitors can call in and speak to the manager or senior staff, and availability to speak to the manager was confirmed by people we spoke to on the day of the visit. People told us they are aware of the complaints procedure and are happy to use it when necessary. A relative said they were "happy to speak to staff and the manager who are very friendly and approachable". The manager told us that there is an "open door policy" and procedures that provide for 28 days to investigate a concern and reply if a formal complaint is made.

Two relatives expressed concerns that the Home's current building is not suitable for the residents, and that in the event of a fire, the least mobile residents are on the higher floors. The relatives were concerned whether this would also be the case in the new building. We were told that Roden Hall had a 'Fire Engine' exercise (where by fire engines arrived at the home with blue lights flashing) however, relatives said they had not been made aware of the exercise, until they saw the blue lights arrive.

Staff Feedback

Feedback from staff was largely positive. Staff told us that they have access to training opportunities, and most could be done in-house and online. They also found that regular supervision was useful.

Some staff at the home told us they found that working at Roden Hall was a little stressful at the moment. We were told there were changes to the structure of staff and some staff had left recently. Nursing assistants were being recruited internally and externally - although most found that recruitment was a quick process.

Staff told us they felt that the home needed more staff and increasing staff levels would promote health and wellbeing of both residents and staff. We were informed that two new nurses had been recruited and were currently progressing through their recruitment checks.

One staff member felt the staffing levels were not based on residents needs, but on the head-count - the number of residents in the home. At the time of our visit we were informed there were 5 residents confined to bed for long periods due to their health conditions. The 5 residents required 2:1 care at key times throughout the day.

Staff felt they did not have enough time to spend with the residents due to an increase in administrative duties, and staff/resident ratios. Staff did comment on the manager being approachable and willing to listen to their concerns raised. When the issue was raised with the Manager at the end of the visit, he stated he thought staffing levels were adequate at this moment in time.

Manager Feedback

The manager has only recently joined the Home and had previous experience of managing care services. We were told that each potential resident has an initial admission assessment and risk assessment undertaken before coming to the home. This is followed by a full admission assessment when the resident was admitted to Roden Hall, which included topics such as 'prone to falls', use of frames, sticks, and wheelchairs.

Medication is given to residents by nurses on the nursing floors, and on the residential floor by a trained carer who has completed medication training and was confident in administering medicines to residents. Residents who are capable, administer their own inhalers etc (as they would do in their own home), but carers ensure they did not overuse them.

We were told that a chiropodist came to the home regularly to check and attend to residents with diabetes. Other residents had their own foot care professionals to do their feet, or the home could arrange this. The manager told us they have an excellent GP practice who provide medical support to residents and pharmacy services. Residents who have hospital appointments are accompanied by a family member or a member of staff.

On starting at the Home, staff are full DBS checked, and undertake 2 days training followed by 4 days 'shadowing'. If they meet the competencies required, staff are confirmed. Staff complete Care Certificate modules and are trained in moving & handling, Safeguarding, De-escalation techniques, Mental Capacity Act and Deprivation of Liberties, emergency first aid and infection control. Staff also receive refresher training to keep knowledge up to date. The Home also aims to provide 'level two' training for staff. Some residents develop Dementia while living at the home and we were told staff are trained in caring for those with dementia. The Manager explained that he is a "Dementia Care Coach", and at our pre-visit meeting told us there were plans to train all staff. During our visit, the manager confirmed all staff had received the planned dementia training.

Internal monitoring and quality audits are conducted. Staff are also checked on their knowledge of matters like safeguarding. Some quality audits are also performed by Head Office, and these typically cover care plans, meals, bed mattresses etc.

Additional Findings

The home has a total of 48 staff: one (1) Registered Manager, one (1) Deputy Manager, seven (7) senior Nurses, (19) Care staff, one (1) Activity Co-ordinator, seven (7) Housekeeper/Laundry staff, (3) three cooks, (2) two Kitchen Assistants and one (1) Administration Assistant. The home is supported by a number 'Bank' care staff, and support is also obtained from another agency for care shifts. The Manager explained that they ask for the same agency staff to ensure consistency and familiarity for residents. The home has a maintenance officer and a contractor who attend to the home gardens and building maintenance and repairs.

The shift pattern for care and nursing staff are based on 12-hour shifts. In the morning the home has an average of 2 nurses and 6 care staff on duty; in the evening, 2 nurses and 5 care staff. At night 2 nurses and 3 care staff or 1 nurse and 4 care staff are on duty. The manager indicated they are making plans for the staffing levels in the new building.

Recommendations

- Ensure the reception-area staff and information boards are clearly visible and kept up-to-date.
- Continue efforts to try to reduce the urine-odour in the areas identified.
- Ensure residents are made aware of the activities on offer for the day and are encouraged to take part. Consider publishing a weekly calendar/list for each resident's room.
- Continue to engage regularly with relatives and residents about the move to the new building, communicating to provide:
 - information wanted on any service changes including proposed fees, or progress on this, as soon as available
 - proposals and plans for a smooth transfer from current building in 2019, that incorporate personalisation of the resident's new rooms.
- Investigate possibilities of acquiring a suitable vehicle for Home use, able to meet the range of resident's mobility needs and provide for trips and events out into nearby communities.

Service Provider response

We have received a reply to the report from the Registered Manager and from the Director of Quality Assurance. Some factual changes were made to the report, and other comments listed below.

"The visit was conducted in a pleasant, open way and was a constructive experience for the manager and staff involved.

Page 4, paragraphs 3 & 8: The staff board only contains pictures of those staff who are on duty at the time. As far as I was aware all photographs were in place that day, but my admin team will check this each day.

Page 4, paragraph 6: This was at the beginning of a slightly colder period and additional heating was being deployed, though there had not been any reports from residents or staff of cold rooms. There were two rooms where radiators had been reported that morning as not working, and these were repaired by the end of the day. Subsequently the manager reported to head office and the Maintenance Manger personally visited the home and made considerable changes to the system (some were where service users, families or staff had turned the controls down or off) all radiators when then fully

functioning and the building was warm in all areas. I myself as Director of Quality Assurance visited the home and confirm all were working well.

Page 4, paragraph 7: Housekeeping and care staff take a great pride in keeping our home fresh and clean, and particularly that it is largely free from odours. However, as in all care homes from time to time, such odours do arise when personal care is being provided to nursing residents, particularly in the mornings. Again, our housekeepers and carers usually act quickly to eliminate such odours as quickly as possible. Our families and visitors often comment that our home is odour-free, against their experience of other homes which often are not.

Page 4, paragraph 8: It is accepted that the small information board highlighted may not be visible to all. Placement was to try to maintain a balance between information-giving and maintaining a “homely” atmosphere without too many signs and notices. We focus on communicating directly with residents and family about events and information, and also it is also worth bearing in mind that only two of our GF residents are mobile currently. The manager will consider moving this to a more suitable location if possible.

Page 5, paragraph 6: On that morning there were problems with no less than 3 call bell leads, which is very unusual, and our first move was to ensure that all residents in their rooms had access to a working call bell. The bell in the small lounge had been moved temporarily into a resident’s room and was replaced quickly that day when our maintenance team completed repairs. We had ensured that a member of staff was in the vicinity of the lounge whilst the call bell was out of operation, so the resident could ask for help if needed. This resident is also mobile so is able to seek help independently.

Page 5, paragraph 7: Call bells are answered very promptly by staff and it was unusual for this resident to wait any longer than a few minutes. Staff are encouraged (if they are not free to attend to the resident because they are with another), to briefly visit the resident ringing to check that it is not a quick issue which can be resolved, or to re-assure that they will return to the resident when they are able.

Page 6, paragraph 7 & 10: The activities board is accessible to all families and to mobile residents. The Co-ordinator visits all residents on every morning she is on shift to “butterfly” with them and to remind them of any activities running that day. Most residents are not mobile or choose to stay in their rooms rather than come to events, though the co-ordinator always tries to achieve the maximum attendance possible at bingo or craft sessions, bowling, visiting entertainers etc. Group activities are currently limited as a result. A weekly activities list is planned, which will be circulated to all residents and electronic copies sent to families. This will also act as a prompt and talking point for care staff and residents. It is envisaged that our new home we will attract many more mobile and active residents and that there will be a much fuller activities programme.

Page 7, paragraph 9: This should never happen and there have been no other reported incidents of this type. All nursing and care staff giving medication are competent and experienced. They have been reminded of the absolute need for medication never to be handled and for medicine pots and teaspoons to be used when assisting residents in this way. Staff have been reminded of the medication protocol.

Page 8, paragraph 1: It is hoped that the fees issue can be discussed at the next meeting as by then we may have finalised the discussions we are having with the Local Authority to agree current levels of fees and the level of fees those people currently in the home will increase to when they move to the new home. This is those funded by the authorities and those privately funded. We are not anticipating major problems in this area but cannot pre-empt discussions with the authorities.

Page 8, paragraph 3: Perhaps a reference has been made to an exercise some time ago. Certainly, visitors will be informed of any exercise when they arrive on the day. Choice and allocation of rooms in the new building will be finalised nearer the opening in April 2019 and the fire authorities will be consulted to ensure that resident safety is paramount.

Page 8, paragraphs 6 to 8: We believe that staffing levels are adequate for the needs/dependencies of residents in our care. Indeed, the CQC inspectors recently commented that there were a high number of staff on shift. The Staffing structures had been changed, as explained by the manager, towards a nurse and nurse assistant model. Staff were still absorbing these changes, and change is always a little unsettling for us all. Two staff had chosen to go to other jobs for personal reasons but were still employed at Roden Hall on a bank basis, such is their commitment to the home.

The recommendations are positive and relevant and will be followed.”