



Enter and View Visit Report

RODEN HALL

Visit date: 2nd December 2019 Published date: 20th February 2020



Roden, Telford, TF6 6BH

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Terminology and Acronyms

CQC - Care Quality Commission

HWT&W - Healthwatch Telford and Wrekin

HWE - Healthwatch England

ARs - Authorised Representatives

T-ARs - Trainee Authorised Representatives



About Healthwatch Telford & Wrekin (HWT&W)

HWT&W is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping, delivering/receiving and improving services. We address inequalities in health and social care to help make sure everyone in Telford and Wrekin (T&W) gets the services they need.

There are local Healthwatch across the country as well as a national body - Healthwatch England (HWE).

What is Enter & View?

HWT&W gathers people's experiences of Health and Social Care Services and there are times when it is appropriate for Healthwatch to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'partially announced' or 'unannounced'. 'Partially announced' visits mean the service provider is told we will visit but not the date or time of the visit.

The responsibility to carry out Enter and View visits was given to local Healthwatch in the **Health and Care Social Act 2012**.



Enter & View visits are carried out by a team of specially trained and DBS-checked staff and/or volunteers called Authorised Representatives. These volunteers are not experts in health or social care and report only on what they see and hear during the visit. They make observations and collect people's views and opinions anonymously and produce and publish a report.

Enter & View visits are not an inspection, and always have a 'purpose'.



Details of the Visit

Visit Details:	
Service	<i>Roden Hall</i>
Provider	<i>Rotherwood Care</i>
Date and Time of visit	02/12/2019 @ 9:15am
Visit Team	2 HWT&W Enter & View Authorised Representatives (ARs) and 1 Trainee Authorised Representatives (T-ARs)
Service contact details	Name: Carol Jones Phone: 01952743159 Address: Roden Hall, Roden, Telford, TF6 6BH

Purpose of Visit

How dignity, respect, quality of life and independence is being respected and supported in the person's care, and how 'activity-based' care supports people to continue to be as active and independent as possible. Revisit; follow-up on site of new building.

We want to hear about resident experiences and those of any relatives and visitors present, and we will observe the residents engaging with the staff and their surroundings. We want to identify examples of good practices and hear about any ideas the residents or staff may have for change.

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 users of the service and staff, only an account of what was observed and contributed at the time.



Context of the Visit

In August 2017 Healthwatch England published a report: ‘**What’s it like to live in a care home?**’ Between January 2016 and April 2017, local Healthwatch staff and volunteers across England visited 197 care homes across 63 different local authority areas to find out what day to day life is really like for many of those living in care homes. These homes collectively provide care for almost 3,500 residents ranging from elderly people with dementia to those with severe learning disabilities.

During these visits local Healthwatch spoke with residents, their families and staff, compiling people’s experiences with their own observations to produce visit reports. These were shared with the providers, the public, CQC and Healthwatch England. Healthwatch England reviewed what people told local Healthwatch and identified the common issues that need to improve as well as eight quality indicators for a good care home. Healthwatch England identified that a good care home should:

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents’ personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

As part of the engagement programme Healthwatch Telford & Wrekin will visit Care Homes in the borough, and those elsewhere in the county where funding support is provided by Telford & Wrekin Council Adult Social Care. Individual visit reports will be published on each home visited. Over-arching theme reports will be published focusing on person-centred care and the quality of life experienced by residents, relating to their dignity and respect and exploring topics such as activity-based care, access to health professionals, and living with dementia.

The last visit from CQC resulted in “Requires Improvement”, the home has since moved into a new building which CQC have not visited. Roden Hall is registered with the CQC as a Nursing Home. Their specialisms/services are listed as; Accommodation to persons who require nursing or personal care, Dementia, Diagnostic and screening procedures. Physical disabilities, Sensory impairments,



Treatment of disease, disorder or injury, caring for adults under 65 years, Caring for adults over 65 years.

The visit was ‘**partially announced**’; we told the manager of the visit but not the date and time.

What we were looking at

The focus of this visit is to find out if the residents of Roden Hall are happy living in the home. We want to learn about:

- the environment - supporting dementia, accessibility, activity
- the experiences of people living with dementia
- supporting people to continue to be as active and independent as possible
- choices available to people
- staffing levels and staff training



What we did

Prior to our visit we met with the Home’s Manager, who provided us with some background, guidance and information.

When we arrived at Roden Hall, on the day of the visit after signing-in, we spoke to the Manager on-duty. Our questions about the Home were answered and we took advice on whether any residents should not be approached, due to safety or medical reasons, or any issues regarding their ability to give informed consent. The Manager informed us of some sad news. We waited in the Café until the Manager informed us it was appropriate for us to continue with the visit.

We spoke with any residents present in the Home who were willing to talk to us, and any visitors and relatives. We spoke to some residents in the lounges and were invited to speak to other residents in their rooms. We knocked on residents’ bedroom doors and asked if they would be happy to speak to us before entering.

Due to the time of our visit we did not meet with any relatives.

We spoke to 6 residents in total, 0 relatives and visitors, and 2 staff.

What we found out

About the Home

Roden Hall is a newly purpose-built Home set in the hamlet of Roden, surrounded by countryside. The Home was built to replace the old Home, as the building was



no longer fit for purpose. The Home's gardens were spacious with a paved walkway surround. There was a large carpark to the front of the building. The Home had two outside seating areas, a patio off the ground floor and a balcony on the first floor, with views across the countryside. There was an herb garden and the surrounding gardens were planted with shrubs.

The ground floor accommodated residential care, the first-floor nursing care and on the third floor housed the kitchens, laundry, theatre and activities room. At the time of our visit the residential unit supported four residents and the nursing unit twenty-four residents.

Amenities included; a theatre/cinema room, Berrington's café, activity room, library, Golden Oak Pub, hair and nail salon, terrace and balcony. Alongside these amenities, the Home provided a range of both formal and informal lounges and dining spaces. The Home also had a welcoming family's room that residents and families could use. Lifestyle coordinators organised a wide range of activities to cover all interests and abilities.

Entry to the Home was provided through automatic doors, allowing access to a large welcoming reception area; where visitors were greeted by a cheerful Receptionist and a visitors' signing-in book was prominently displayed.

The home was very spacious with large bright corridors and communal areas in the home were well-appointed.

All the rooms in the home were generously sized. The bedrooms were large, accommodating $\frac{3}{4}$ sized beds and featuring beautifully finished en-suite facilities.

Should a resident have an appointment to attend, want to go shopping with friends in town, or participate in any other activity outside of Rodan Hall; a chauffeured car was available for the purpose.

The Home was a finalist at the Care Awards.

Views of the residents

Topic 1 (Dignity and quality of life respected in person-centred care)

We spoke to six residents; some were in the lounges, others in their rooms. We observed residents who chose to have their breakfast in the dining room and others in their rooms.

Where residents ate their breakfast in the dining room, a hostess in attendance provided a personal approach to ensure they had enough to eat and drink. The hostess had a pleasant personality and a smiling face, welcoming, caring, not rushed, helping when the residents were leaving the dining room to go to their rooms.



When we asked if the residents were happy and well cared for, they told us they were:



“well cared for”

“Very happy here”

“nice once the heating’s on!”

“I’m very happy, staff are very caring, this is my home”

“Staff listen to what residents have to say”

“Staff talk to me, even through the night, and get me some tablets for the pain”

“I’m happy with the staff they help me with dressing”

“Had a jacuzzi, lovely, marvellous, bubbles an absolute joy”

One resident said that they thought the home needed more staff.

“I would say they need more support here; the staff do more than their own job. I wouldn’t say others would want to come here because the staff must do so much. They don’t get time to talk to us really. The boss lady will tell us they have enough staff though”.

One resident told us that their mobility had improved since coming into the home.



Topic 2 (choices and preferences, including meals, personal care, activities, & meals)

The Home was taking part in the Care to Smile project and they had three Oral Health Champions.

The Home carried spare batteries for the residents’ hearing aids, and they were checked when needed. An optician and chiropodist also visited.

The residents could book a manicure or massage from a beauty therapist that visited the Home.

The Home had a Lifestyle Coordinator, activities room and theatre. We heard that residents liked to do a variety of crafts, one resident was knitting for a local charity.

We were told about a birthday party that was held at the Home, all who attended had an amazing time. One resident told us they had been drinking pink champagne.

The Home also organised and invited the local community to a fireworks party. They donated any proceeds to the local Dog Trust.

A resident said:

“They put on wonderful stuff for us like the firework display, I really enjoyed that even though I don’t like fireworks”



A resident told us they like their own company but had made a friend in the home.

Other residents commented:

“there is enough to keep us busy”
“Oh yes, we do card making, I’m making angels”
“I get to go out and go shopping”

Although one resident said:

“residents went out with family not the home “

It was evident that residents could continue to do what they enjoyed doing, either on their own or with new friends they had made in their new home. Residents spoke fondly of other residents, the residents we spoke to thought there was plenty going on to keep them busy. A timetable of activities was displayed on some of the notice boards.

We observed a resident’s array of crafts, displayed in their room.

We were told that the Lifestyle Coordinator:

“is very busy”
“She keeps us busy in the activity room, she also brings activities downstairs. We had a movie afternoon, enjoyed that”.
“A choir from a local school came in, they made their own instruments, tin of toffees afterwards”

We asked about the food and the choices the residents have, we were told:

“We have a choice of three, if you don’t like them, they can cook you something else, I fancied an omelette they cooked it especially for me”
“Sandwiches for tea, red salmon with thin cucumber slices it was smashing”
“They could get food from the kitchen, if they have it”.

Residents could, if they were able, make themselves drinks, but normally they were happy with the hostess making them. Family/friends were offered drinks when they visited. Residents could put food in the fridge if it was in a container and labelled.

One resident said they did not like the food.

The Manager informed us that they had just employed a Head Chef who would be starting in the New Year.



Topic 3 (experience of care meeting the needs of those living with dementia)

We were told that the Home did not take residents with challenging behaviours, although they did have residents with varying forms of dementia that was secondary to their condition. There was no signage in the Home that would assist residents to find their room or bathroom. This could be confusing especially to those living with Dementia”.

Staffing levels and training for staff

Residential		Nursing	
8am to 8pm	1 Senior Care 1 Hostess 1 Lifestyle Co-Ordinator	8am to 8pm	1 Nurse 1 Nursing Assistant 1 Hostess
8pm to 8am	1 Care Assistant	8am to 4pm	5 Health Care Assistants
		4pm to 8am	4 Health Care Assistants
		8pm to 8am	1 Nurse
plus	Manager Hospitality Manager Administrator Receptionist Kitchen Staff Housekeepers		

The Manager said they used Agency staff when needed, they used the same Agency and were able to request specific staff.

Staff were supervised and the Home held Staff Meetings.

We were told that the Nurses undertook the handover and passed on information to the Care Staff.

Staff told us they had access to online training and that management ensured that their training was up to date. Staff liked the E-Learning but would prefer group or one-to-one training. They also undertook moving and handling training. They felt supported by other staff members and management.

All new staff were DBS checked and received induction and specific training for their job role. The Manager explained that this required them to hold a current Care Certificate qualification and to participate in three shadow shifts as part of their induction.



Staff stated:

“Yes, I feel supported in my job role”

“The training is very good; they are on top of this. I’m not good electronically though so find it a bit difficult with the E learning”

“We are up to date with policies”

“Quite a few residents have moved over from the other home, some are still getting used to it. Money could have been spent on more practical things such as an easier way to move the food around the home”

“Manager is approachable and easy to talk to”

Staff commented that sometimes when they were down one end of the Home and someone wanted something from the other end it was a long way to go. It would be helpful to have an intercom so they could meet another member of staff halfway.

Observations

During the visit the ARs observed interactions between staff and residents, and looked at the physical environment

Staff interactions with the residents

We observed staff interactions with the residents, all staff were very cheerful and respectful when interacting with the residents. All the residents we spoke to had nothing but praise for the staff.

Staff were very helpful to residents in offering assistance, they always asked the resident before they did anything such as; knocking on residents’ doors before entering. Residents appeared pleased to see members of staff and they greeted them warmly, conversations soon got going, with lots of laughter.

We were told:

“the girls are very good!”

“Staff talk to you as much as they can, they cuddle us, when they have time they sit and chat to me”

Notice boards around the Home had photos of staff and residents displayed.

The homes décor was beautiful, all areas were bright, clean and very spacious.



Corridors were all very wide to accommodate wheelchairs.

We noted that call bells were mobile so they could be placed by residents.



The environment of the home

We entered the Home through automatic doors which opened into a large welcoming reception area. Visitors were greeted by a cheerful Receptionist.

The Home was very spacious with large bright corridors. All communal areas in the home were well-presented.

Residents told us;

“I have my personal items in my room, it’s nice”

“We are not able to decorate; I brought some furniture and small things from home. Little nick knacks and houseplants”

Additional Findings

We were told by a resident that they had recently had a residents’ meeting. It was noted that during our visit that call bells appeared to take a long time to be silenced.

We were told by the Manager that most new residents came into the Home on a trial period of four weeks, with the majority choosing to remain at the Home.

Residents hoped that the Christmas decorations would be put up soon, one resident’s family had already decorated their family member’s room; they took pride in telling us who had made them.

Even though the Home wasn’t full it was clear that residents had settled in well, it felt like it was their new home, and they had made new friendships. They felt supported by staff throughout the day and night.

One resident told us;

“This home is different but nice”

Summary of Findings

- Beautiful décor.
- Friendly, clean environment.
- Welcoming reception area.
- Visitors’ book in reception.
- CQC report and Healthwatch signs on display.
- Large hallways for wheelchair users.
- Personal effects in residents’ rooms.
- Good interactions between staff and residents.
- Dietary requirements for residents on board near kitchen areas.
- Call bells were mobile so could be placed within easy reach of the residents.



Recommendations

- Audit the length of time it takes for call bells to be answered.
- Provide appropriate signage to assist residents with dementia.
- Spend more personal time with the nursing unit residents.
- Investigate the amount of space required by wheelchair users entering or leaving the elevator on the first floor.

Service Provider Response

Healthwatch Telford & Wrekin received the following response to this Enter & View visit and report from the manager of Roden Hall Home in (December 2019).

Room sizes are the same on each floor being 27 sqm, 20.8 sqm, 19.6 sqm and 18.7 sqm. The only difference is an additional D Suite on the first floor which is 26.5 sqm and this suite is not replicated on the ground floor". Even the smallest bedroom is bigger than the average in the UK.

The heating is very sophisticated and controlled, it never ever goes off, it is a 24/7 system and is also on all night (except for servicing and emergencies perhaps). This probably relates to fresh air from windows etc and then being closed

The manager replied to "Not able to decorate" and informed us that residents can ask to change the décor in their room and they would do this for them as long as it was not too detrimental to the overall effect for all the other residents"

The home has very generous staff levels.

Call bells - a report can be run to evidence response times on the day of the visit. When a call bell is responded to, staff press the 'attend' button and do not press the 'reset' until they have attended to the resident and are leaving the room, this could include them going elsewhere to get something. Until the reset is made the call will still show on the display panel with the time since it was activated, but it is a different colour. The operations team say can see this on the computer printout.

Also, the system is set to display the whole building throughout the whole building so the call system noise will be heard everywhere from any call point in the home. The noise from a call bell will not be silenced if another bell calls at the same time or during dealing with the first - so there can be a call on the nursing floor and then another 2 calls from that floor and then one more from the residential floor but the noise will not be silent until every last call is dealt with. Other homes may be set so staff can cancel the noise on all calls, and we could also set this preference, but it is a company decision that our settings make for better service to the residents. We can change this if it is required i.e. resident/family meeting



for example. A computer printout is available for any period of time and can be audited to see exactly how long calls take to be answered and how long the staff are attending the call”.

Recommendations.

Audit the length of time it takes for call bells to be answered.

This is part of our operations auditing department work. Fred Fennell (Director of Quality Assurance for Rotherwood) says he is pleased to report that Roden Hall are classed as excellent at responding to call bells and he can access any time span to check this.

Provide appropriate signage to assist residents with Dementia.

We are advised that there is no reason for this at the moment. If we should decide to take cases where it will be required, we would action this immediately.

Spend more time with the nursing unit residents.

Care staff spend time talking with the residents as they are delivering care to them, whether this is personal care, nutritional care, hydration or toileting. The hostesses interact well with the residents when they are in the communal areas as well as during drinks service across the floor and visits to individual bedrooms. The lifestyle coordinator spends 1:1 time with bed bound residents each day as well as holding daily group activities. It is reasonable to point out that we have hostesses in addition to other staff and this is above the norm in the UK. We are at a loss to see how we could do more, but we will try to do this in the isolated cases where this was reported.

Investigate the amount of space required by wheelchair users entering or leaving the elevator on the first floor.

Space for wheelchair entering first floor lift - this is not a ‘space issue’ as there is more than enough floor space for wheelchairs.

The issue is that there are 2 doors with keypads to be negotiated which can be a bit tricky if you are using a wheelchair independently (as one of the visitors was). However, in reality our residents would normally be accompanied when using this lift so have a lot of space and if we have an independent wheelchair user we would recommend that they use the stretcher lift as this is easier to negotiate and has considerably more room. The stretcher lift is located at one end of the building and is a very large lift (similar to a hospital lift) and this is easy to use with voice announcements included. Sometimes a visitor may take what they see as a short cut or simply forget. We will seek to gently remind them to let us assist or please use the facilities designed for precisely that purpose.



Acknowledgements

Healthwatch Telford & Wrekin would like to thank the residents and staff of (*name of Home*) for their contribution to the visit and our Enter & View programme.

Get in Touch

Please contact Healthwatch Telford & Wrekin to share your views and experiences of this service or any other health and social care service in Telford & Wrekin or received elsewhere by people living in Telford & Wrekin.

We gather comments anonymously and share them with the public, service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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