

Enter and View Report

Rutland Care Village

Oakham

8 December, 2016



Contents

1	Introduction.....	3
1.1	Details of visit	3
1.2	Acknowledgements	3
1.3	Disclaimer	3
2	What is Enter and View?	3
3	Purpose of Visit.....	4
3.1	Strategic Drivers	4
3.2	Methodology	4
3.3	Results of Visit.....	5
3.4	Recommendations.....	10
3.5	Service provider’s response	11



1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Rutland Care Village
Service Provider	Primelife Limited, Leicester
Date and Time	08 December 2016 1100 – 1330hrs
Authorised Representatives	Barry Henson, Brian Godfrey, Margaret Demaine, Sarah Iveson
Contact details	01572 720381

1.2 Acknowledgements

Healthwatch Rutland would like to thank the service provider, residents, relations/visitors and staff for their contribution to the Enter and View programme.

1.3 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.

2 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.

3 Purpose of Visit

- To observe how the facility operates and provides its services.
- To collect views of residents, staff and any visitors on how the services provided affect the quality of life of residents.
- To identify 'Best Practice' and highlight any areas of concern.

3.1 Strategic Drivers

On 20 May 2015, the CQC. carried out an inspection at the Rutland Care Village. The report on this inspection, published on 16 July 2015 reflected an overall rating of 'Good' but with 'Requires Improvement' in the area of 'Is the Service Responsive'. A Social Services Team from Rutland County Council completed an unannounced visit on 23 February 2016 and its report confirmed that the CQC required improvements had been made.

In 2016, Healthwatch Rutland commenced a programme of visits to all Care Homes in Rutland to look at the quality of life of residents. The visit to the Rutland Care Village (RCV) on 08 December 2016 was the first of these visits.

3.2 Methodology

On 22 September 2016 Rutland Healthwatch CEO, Sarah Iveson, and Healthwatch Volunteer, Barry Henson, (nominated Team Leader) visited Rutland Care Village and discussed with the Manager an Enter and View visit and what this would entail. After an exchange of electronic communication, 08 December 2016 was decided upon for the date of the visit.



On 21 November 2016, a letter was delivered to the Manager, officially confirming the proposed visit. This was accompanied by documentation to be displayed at RCV to advise staff, residents and visitors of the forthcoming visit and inform them of the purpose of the visit.

3.3 Results of Visit

Approach/Exterior

The main road within the facility is in good condition and there are numerous parking areas/bays.

Even though there are several signs to 'Reception', once one has entered the Rutland Care Village grounds, all four members of the team found these somewhat confusing and it was not immediately obvious where the Reception was.

The grounds are extensive and appear well kept. A maintenance firm works on them three days a week and is to be complimented on its achievement. Residents may enjoy the lawns and gardens when the weather permits. Some Christmas decorations had been erected in the garden.

Reception.

Visitors arriving at the locked door of the reception area, ring a bell and after identification, are admitted by the receptionist. When the door opens a buzzer sounds.

The team was warmly welcomed by the receptionist and then the manager. We were all required to sign in. It was noted that the Visitors Book is not prominently placed.

Reception is divided into two large areas with a service hatch to the Receptionist's office. It is clean and light and furnished with comfortable sofas and chairs. The notice board has a copy of the 2015 CQC Report, Healthwatch visit documents, a monthly calendar of activities and a variety of other relevant documents. There is a TV screen which has a rolling display of the day's menu, weather forecast, news items, etc. There is a suggestion box, a pay telephone and details of the concerns/ complaints procedure. Analysis of Satisfaction and the results are displayed in a frame on the wall.

There were no unpleasant odours. Christmas decorations gave a homely feeling.



There was a plastic hand-gel dispenser on a table.

Village Layout.

The village covers a large area with gardens, lawns and paths and the accommodation is divided into several distinct areas each with a staff member designated as 'Leader':

Quorn Grange and Belvoir Court: Two separate 25 bed dual registered care homes for elderly residents who need support and which can provide a nursing service if required. Main Reception and Administration are located in Quorn.

Cottesmore Lodge: A 24 bed dual registered care home for residents with dementia.

Bracken Cottage: An 8-bedroom home which offers support for residents with dementia. (This is for privately funded residents only, and therefore was not visited by the Healthwatch team.)

Brambles Day Centre: A 20 place day-centre for residents who wish to enjoy a daily activity programme.

Extra Care Cottages: 29 individual cottages for residents who can live independently but have care and support on hand if required. (The Healthwatch team did not visit these cottages.)

Activities.

There are two Activity Coordinators who work Monday to Friday. A variety of activities are available at the Brambles Day Centre and include games, sing songs, painting, puzzles, quizzes, entertainers etc. They are open to all Rutland Care Village residents and also cater for others from the local community, whose attendance may be organized by the Local Authority and/or community groups. The Rutland Care Village minibus goes out into the community and collects these people and takes them home again after the activities are finished.

A monthly programme of activities is drawn up by the Activities' Coordinators and displayed in the lodges and on the TV screen in the Reception. Family members said that they had not been consulted about activities for residents. There is an 'Activities Store' at Brambles which holds equipment for a variety of activities.



Teenagers from a local school make weekly visits which residents told us they greatly enjoyed.

Residents/Families.

Some residents' room doors were opened and some closed. Team members were invited into two rooms by the residents. Rooms appeared clean and comfortable.

We spoke with several residents and visitors. All said that they/their relatives felt safe at Rutland Care Village. However, one family member said that there were concerns over staffing levels at Brambles. 2 staff members had left 3 months ago, but due to recruiting problems, had not yet been replaced by full time staff. At times we were told that , due to these shortages, staff were coming in when sick because they felt pressure to continue working when they should have been off sick. The person stressed that a further report would be made to the manager. She felt that she had good access to management to discuss her concerns and was also aware of how to contact the CQC or Healthwatch if she wanted to take the matter further. Other than this one concern raised, there were no other concerns raised about the care provided.

All comments from residents and visitors about the treatment of residents and visitors by staff, and about the level of care and consideration were very positive. Family members and residents spoke very highly of the staff, their caring attitudes and friendliness; family members described the staff as “fantastic” and “outstanding”. The team witnessed many conversations between the manager, staff, residents and visitors and there was frequent use of first names and many smiling faces.

Visitors told us that they can visit at any time, and that this flexibility was very welcome. Frequency of visits varied from regular to seldom. Visitors told us that they were made to feel welcome by staff.

Two relatives commented on the fact that they believed the charges of almost £4,000 a month were very high.

Although family members may take residents out if they wish to (and after advising the team leader), due to age or infirmity, not many do.

One resident pointed out that there was a bird feeder fairly close to the French-window of his room. He enjoyed watching the birds coming in for food. However, passing school children (who take a shortcut through Rutland Care Village grounds) had thrown stones at the birds and broken a window.



The window had been repaired but the whole door was now covered by a board and so he could not watch the birds.

Several residents and/or family members said they would like to see more staff and less staff turnover.

There are bell-pushes in individual rooms so that help can be summoned if required.

The team saw a hairdresser who said that she visited weekly and provided a service to those requiring it. She stated that there is a second hairdresser who also comes in weekly. Rutland Care Village arranges the payment from the residents.

Meals.

Meals are prepared in a central kitchen by a professional chef and kitchen staff and taken by trolley to the individual units. Team members visited the kitchen, witnessed lunch being prepared and sampled the two options. The kitchen and cooking implements appeared to be clean.

Residents have the option of eating in their own rooms or in a communal room. One relative told us that her father welcomed the choice to eat in his room as he was uncomfortable requiring help in public. It was reported that the food generally arrives in good time although sometimes it is 5 - 10 minutes late. There is always a choice of food and residents and visitors said it was tasty and hot when it is served. Special diets are catered for when necessary.

Residents were asked in the morning which option they would prefer, so that the chef had an idea of quantities. We were told that if a resident didn't want either of the choices, they could have something else such as sandwiches, beans on toast or a baked potato; the chef would provide what they requested if he could.

The team observed the food being served to residents in the common room and taken out by staff to those who were eating in their own rooms. Although one diner was seen being assisted by a carer, we witnessed another who obviously needed assistance cutting food. This was not picked up by staff who were busy distributing meals to diners both in the communal area and also to private rooms. Diners appeared to be at ease whilst eating but we did not observe much conversation either between diners or between diners and staff.



There was a choice of cold drinks available all the time. Tea and coffee was also served in the mornings and mid-afternoon. A family member of a dementia resident in Cottesmore Lodge, said that staff did not often offer drinks between meals, if the resident did not ask which many were unable to do.

Residents said that if they wanted a snack or a drink between meals it would be provided.

Medical.

There are four qualified nurses on staff who are able to provide routine medical support and recognize if anyone needs treatment by a doctor. These nurses are used across the units as required.

RCV is situated conveniently adjacent to the Oakham Medical Practice (OMP) and staff and residents told us that they valued the support provided by the practice. Each unit has a dedicated doctor who visits once a week and can be called out if required at other times.

An optician (Visionary Eye Care, Leicester) visits once a year and provides checks eyes for all residents and arranges any changes required to prescription spectacles. This is a free NHS service for residents over 65.

If a podiatrist service is required, Rutland Care Village will arrange a visit at the resident's expense.

There is a problem with the provision of dental support, as there is no link with a local dentist for assessment and treatment of residents. If treatment is required, staff must get residents to a dental surgery, which can be distressing, especially for dementia residents.

Although there were some hand gel dispensers they were difficult to locate and no signs were observed telling people to use them. It was observed that some staff members carried small dispensers on lanyards.

Staff.

The Manager advised that there were currently 100 staff members including bank staff (temps.) Four of these are trained nurses. The team spoke with several staff members from all levels.

There is a meeting every three months between the manager and residents/families. In addition, there is manager's surgery for residents and



relatives held weekly on a Thursday between 4pm and 5pm. There is no electronic newsletter for families. Most families are local.

All staff are encouraged to participate in training, which is conducted by the Prime Life Group Training Staff from Leicester. Training includes Induction, First Aid, Food Safety, Fire Safety, Safeguarding etc. Notice of upcoming training courses is available on staff notice boards. Some staff commented that it could be difficult to get off-rota to attend training and it was unfair to expect them to do it in their own time.

All staff are aware of the 'Whistleblower Policy' and details are available in staff rooms.

Staff told us that they valued quality time with the residents. Some said that it would be nice to have more staff on duty as this would enable more one to one time with residents.

Dementia Specific.

There are currently 24 residents in Cottesmore Lodge, the Dementia Unit, and residents' rooms have a picture of the resident outside with name and key workers listed. The doors are made to look like front doors. The unit is secure and an electronic coded staff pass is required for entry and egress. The unit includes a secure garden area.

'Buzzer mats' and 'crash mats' are used where risk assessments indicate that the resident might be at danger from wandering or falls. The Cottesmore staff are provided with Dementia Awareness Training in the form of self-training from workbooks provided by Prime Life. A member of staff told us that new staff only started this training after they had started work.

The family fill in a 'This is Me' booklet so that staff may become more familiar with the resident's background. Each resident has a care plan which includes decisions for reducing admittance to hospital which can be distressing for residents.

3.4 Recommendations

It is recommended that:

1. The 'Reception' signs be examined to ensure that they clearly indicate where the Reception is located.



2. The Visitors' Book be clearly identified with a legible sign to indicate that every-one entering should book in and out.
3. Arrangements are made for residents and their families to have an input into the programme of activities.
4. Priority is given to recruiting replacements for the vacant staff posts in Brambles.
5. The situation of the bird feeder and the boarded-up door should be examined to reveal what action can be taken to allow the resident to continue enjoying watching birds feeding.
6. The numbers of staff on duty during the serving of meals be reviewed, to ensure that they can pick up on any problems or requirements of diners and have the time to chat with diners.
7. The problem of the provision of dental services to Care Homes across Rutland is becoming clear. It is recommended that Healthwatch Rutland continues to try to investigate this issue, keeping all care homes in Rutland aware of progress.
8. More hand gel dispensers be made available for general use with clear signs erected directing people to them and encouraging their use.
9. Training.
 - a. Consideration is given to staff rosters being prepared to enable staff to attend training during their working hours.
 - b. Consideration is given to new staff on Cottesmore Lodge receiving Dementia Training before they start work on the dementia unit, not after starting.
10. That consideration be taken of to the latest research into Dementia friendly environments next time decoration of the Cottesmore unit is discussed.

3.5 Service provider's response

The management at RCV provided the following responses to the report's recommendations.



Recommendation:

1. Primelife Ltd Estates department will replace reception sign with larger more visible signage.
2. Signage will be developed and put in place to highlight the position and need for use of the signing in book.
3. Service User activity will be an agenda item at next relatives meeting, it will continue to be a regular agenda item going forward.
4. A programme of staff recruitment is in place and is ongoing for all areas of the home as required.
5. Temporary repair and replaced with permanent repair, bird feeding table replaced.
6. Homes Management team will discuss with Team Leaders the deployment of staff during meal times enabling staff to spend more time with residents to enhance the dining experience.
7. The Homes Management team will act upon any protocol developed between Healthwatch Rutland and providers of Dental Services.
8. The Homes Management team will review the existing hand gel location, with a view to extending this, if safe to do so.
- 9 a.b. Training will continue to be delivered in line with Primelife Ltd company policy, as the company policy meets all legislative requirements: RCV were the first Prime Life home to have 4 x sessions of the Virtual Dementia Tour and have since had 3 x more days provided. This enabled staff, relatives and local professionals to attend in great numbers.

RCV piloted the Age UK 'Remember Me' specialist dementia course and have subsequently hosted 3 more programmes of the bespoke 'All of Me' Prime Life Dementia Programme.

Face to face dementia training has been provided for many years by Barbara Lambert from One Way Training.
10. Primelife Ltd Quality Matters team along with the Homes Management team regularly review the suitability of the environment and its Dementia friendly requirement/function. Quality Matters Director Vicki Shaw and Estates Director Dave Cheney have visited and provided a report about the TLC project to improve the development of the environment. Primelife Ltd will continue to develop facilities for Dementia care and use principles, practices that are authenticated by recognised bodies/organisations.

