

# Enter and View Visit Report

Rutland Care Village

Oakham

9 October, 2018



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# 1. Introduction

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## 1.1 Details of visit

Details of visit:	
Service Address	Rutland Care Village
Service Provider	Primelife Limited, Leicester
Date and Time	9 October 2018, 2-3.30pm
Authorised Representatives	Barry Henson, Tracey Allan-Jones
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.

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# 2. What is Enter and View?

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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 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises. 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.



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## 3. Purpose of Visit

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### 3.1 Background to Visit

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 8 December 2016 was the first of these visits. A detailed report was published and shared with the Manager.

The last Care Quality Commission (CQC) inspection at RCV took place on 6 June 2017, at which time the Overall Rating was “Good”.

Healthwatch Rutland has now commenced revisits to all Rutland Care Homes and the Enter and View visit to RCV on 9 October 2018 was the first of these.

### 3.2 Objectives

- To observe the ongoing operation of the facility and report any physical or operational changes since the last visit.
- 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 areas of concern, if any.
- To provide a short report on the visit.

### 3.3 Methodology

- Two-person team to conduct pre-arranged visit.
- Talk to residents about aspects of their care and if it delivered in a way that promotes dignity and independence.
- Talk to relatives/visitors to find out if they are happy with care provided.
- Talk to staff about support, staffing levels & training.
- Observe environment and interactions between staff, residents and their families.



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## 4. Observations

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### 4.1 Exterior

The grounds are extensive and well maintained. Residents may enjoy the lawns and gardens when the weather permits.

The main drive within the facility is in good condition and there are numerous parking areas/bays. The Reception is now well signposted.

### 4.2 Reception

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

The visitors book is prominent and we were required to sign in.

Reception is clean and light and furnished with comfortable sofas and chairs. The notice board has a copy of the 2017 CQC Report, 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, hand gel dispenser and details of the concerns/complaints procedure.

### 4.3 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 Grange.

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

Bracken Cottage: An 8-bedroom home for privately funded residents, (and therefore outside of the scope of a HWR Enter and View visit that looks at publicly funded services only).

Brambles Day Centre: A 20 place day-centre for RCV residents and other locals 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.)

All buildings and areas visited were clean and pleasant-smelling.

### 4.4 Activities

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 RCV residents and also cater for others from the local community, whose attendance may be organised by the Local Authority and/or community groups. We saw and spoke with two such members of the local community. The October Activities List covering all weekdays was displayed and is comprehensive. Many of the residents are not interested in organised activities and it can be difficult to fill places on outside visits.

Residents enjoy regular group visits from playschool children and young people from Brightways. Arrangements are in hand for school children to come in for carol singing at Christmas.

### 4.5 Residents/Families

Team members were invited into two rooms by the residents and their visitors. Rooms appeared clean and comfortable. Conversation with residents and their visitors confirmed that they were happy with the care provided and had no complaints. Concern was expressed over staff shortages.

Management is also concerned and is trying to recruit new staff. Other than this there were no adverse concerns raised about the care provided.

Family members and residents spoke very highly of the staff, their caring attitudes and friendliness. The team witnessed conversations between the manager, staff, residents and visitors and noted relaxed attitudes and frequent use of first names.

Visitors told us that they can visit at any time, and that this flexibility was very welcome.

### 4.6 Meals

Meals are prepared in a central kitchen by a professional chef and kitchen staff and taken by trolley to 'sub-kitchens' in the individual units for distribution. The system works well.

Residents have the option of eating in their own rooms or in a communal room. Special diets are catered for when necessary.



The team was not present over a meal-time although residents to whom we spoke were happy with the food.

One of the kitchen staff is present in the communal room during meals and is able to help or interact with residents.

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

## 4.7 Medical

There are qualified nurses on staff who are able to provide routine medical support and recognise if anyone needs treatment by a doctor.

RCV is situated conveniently adjacent to the Oakham Medical Practice and staff and residents told us that they valued the support provided by the practice.

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 difficult and distressing, especially for dementia residents.

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

Hand gel dispensers were located around all units.

## 4.8 Staff

The Manager advised that a new deputy manager had recently joined the management team to assist with smooth running of the Care Village. There are currently seven staff vacancies and they are trying to recruit more. Existing staff have been offered a bonus of £100 if they can recruit new staff. Note that the problem in recruiting care staff is fairly common in the Care Homes around Rutland.

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 and unpaid. Despite this they were keen to participate in training.

All staff spoken to by the team are aware of the 'Whistleblower Policy' and details are available in staff rooms.



## 4.9 Dementia Specific

The team visited the 24 room Cottesmore Lodge - the Dementia Unit. The doors are made to look like front doors and residents' rooms have a picture of the resident outside with name and key workers listed. The unit has recently been redecorated to be more dementia friendly with new seats and sofas in the public areas for restless patients. The unit is secure and an electronic coded staff pass is required for entry and egress. The secure garden area is available to residents.

The Cottesmore staff are provided with Dementia Awareness Training in the form of self-training from workbooks provided by Prime Life.

Residents' families 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.

## 4.10 New Developments

At the time of visit Wi-Fi was being installed throughout the complex. This will be of great benefit to residents, management and staff.

A 'Red Bag Scheme' pilot has just been started to ensure that residents are able to safeguard personal belongings and medicines, when they spend time in hospital.

The mix of residents has changed over the past year. Possibly as a result of Rutland County Council's Reablement scheme, people are staying at home longer and are only coming to RCV later in their lives as end of life/palliative care residents. Sadly this results in a greater turnover of residents. Approximately half of residents now receive local authority funding.

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# 5. Recommendations

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It is recommended that:

1. The recruiting of replacement staff remains a priority.
2. Training takes place during paid working hours.
3. The problem of the provision of dental services to Care Homes across Rutland appears to be county-wide. It is recommended that Healthwatch Rutland continues to try to progress this issue through the Local Dental Network, keeping all care homes aware of progress.





## Service provider's response

The management at RCV provided the following response:

Firstly Thank You very much for what seems to be a good report. Working in Care these days seems to be more and more demanding. We as a Rutland Care Village are always trying to do our best to keep our residents happy and content.

Since your last visit we have WIFI available now through Care Village and apart from that we are happy with our report.

