

healthwatch

North Somerset



Enter and View Report

Rosamar Care Home

26th April 2016



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Visit Overview

Service Name / Address :	Rosamar, 81, Locking Road, Weston-Super-Mare, NORTH SOMERSET BS23 3DW
Registered Provider :	B J Dachtler
Type of Service :	Residential Care Home
Specialisms :	Learning Disability; Mental Health Conditions; Old Age; Physical Disability; Sensory Impairment
Registered Manager :	Belinda Dachtler
Date and Time of Visit :	26 th April 2016, 1.30 to 4.30
Enter and View Team :	Anne Skinner, Bob Skinner

About Healthwatch North Somerset

Healthwatch North Somerset is the local independent voice for health and social care services. We work with local people to improve services for people who live, or access services in North Somerset, gathering local views and experiences and acting on them to make local services better, now and in the future.

Healthwatch North Somerset are independent, transparent and accountable.

Healthwatch North Somerset's statutory function and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

Influencing

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board (People and Communities Board in North Somerset)
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

Signposting

Providing information about health and social care services in the local area

- Advising people on where to go for specialist help or information (signposting)
- Working closely with other groups and organisations in the local area.
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

Enter & View

In order to enable Healthwatch North Somerset to gather the information it needs about services, there are times when it is appropriate for Healthwatch North Somerset staff and volunteers to see and hear for themselves how those services are provided. That is why the government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch North Somerset representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch North Somerset Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch North Somerset to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch North Somerset Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they visit. Their role is to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch North Somerset to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Legislation allows ‘Enter and View’ activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

Key Benefits of Enter & View

To encourage, support, recommend and influence service improvement by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences

- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning

Purpose of the Visit

Healthwatch North Somerset is carrying out a series of visits to Social Care/NHS funded accommodation/services in North Somerset to ascertain the quality of life and experience and opinions of residents. Rosamar was selected at the request of the Provider following a number of visits by the Care Quality Commission.

This report relates only to this specific visit and feedback we have received directly at Healthwatch North Somerset during the same time period. It is not representative of all service users, only those who contributed within the restricted time available, through interviews or other feedback.

How was the Visit Conducted?

The visit was an announced visit with the manager being given 2 weeks' notice. We sent letters, posters and leaflets to the home to inform residents, relatives/carers and staff about our visit and about the role of Healthwatch North Somerset. We observed the condition of the premises, the interaction between the staff and residents and we talked with seven residents and three staff who were on duty at the time of the visit. During the time of the visit, there were no family members or carers visiting. We also spoke with the Manager at the start of the visit and at the end to clarify any questions that had been raised.

Observations and Findings

General Impressions

The home is a mid-terrace former residential property dating from the Victorian era. The first impressions were of a normal family home with a front room, back sitting room and dining area, and kitchen (which is referred to as the Hub.) The front room was light and airy. The back sitting room was much darker. The dining area was light but quite small and it had a large patio door looking out over the garden. The kitchen was fairly large and had a window at the sink which also looked out over the garden. The general decoration of the rooms seen appeared tired in places. Nevertheless, all the rooms seen including the downstairs toilet were very clean. The rooms were warm and there were no unpleasant smells.

The observations did not cover the residents' own rooms. We did not inspect any of the upstairs accommodation which included the residents' rooms and the bathroom. There are eight single bedrooms and one shared bedroom. There are currently nine residents of whom one was in hospital.

There is a Complaints Procedure which was displayed on a notice board in the passageway between the front door and the Hub.

Personal Care and Dignity of Residents

The manager told us that most of the residents have lived at the home for a considerable period. Two have been living there for thirty years.

When we arrived, there were no residents on the premises. We were told by staff that they were all out in the minibus with staff on a visit to Charterhouse. They returned about half an hour after the start of our visit and settled into what seemed to be their normal routine. Several residents went to their rooms and changed their clothes, we observed one listened to the radio, one making a rug at the dining room table and one helping doing the washing up with a member of staff in the Hub.

They all appeared content with the activities that they were undertaking. All were dressed tidily and were able to communicate their needs to staff if necessary.

Independence of Residents and Control over Daily Life

The manager stated that residents receive Independent Living Training, can choose to have their own GP if they wish and can have pets by arrangement with the Manager. Smoking is not allowed in the Home.

The manager told us that the residents are encouraged to look after themselves as anyone would in their own home. We were informed that the only things that they don't do are the cleaning, washing and ironing which are tasks done by the staff. Staff told us that the residents help in other aspects of independent living such as peeling vegetables, wiping up dishes and wiping down the table in the dining area after meals.

Staff informed us that residents can choose the clothes that they want to wear and that they wear clean clothes each day.

The home is close to local shops and near public transport. The manager told us that residents are free to come and go without restriction. Residents were observed answering the door to callers and communicating with them.

The Manager informed us that visitors are welcomed at any time.

There is a sitting area in the garden at the Home. However, from the patio doors in the dining area the garden appeared to be very run down. The Manager informed us that the residents did not make much use of it, therefore it was not inspected closely during the visit.

Staff Behaviour and Attitudes and Relationship between Residents and Staff

The interaction we saw between the staff and residents was polite, friendly, positive and attentive. The interaction between staff and visitors could not be assessed because no visitors were present during our visit. Interaction was on the basis of discussion rather than instruction. The atmosphere was relaxed which is perhaps reflective of the length of time that most residents have lived at the Home.

One resident was observed helping a member of staff with the washing up but the activity was undertaken without any, or very little conversation between the two.

Activities for Residents

We were informed by the Manager that residents can choose what they want to do during the day. There are apparently trips out most days or they can go out on their own. We were told by staff that residents regularly go to one of two local cafes.

There is a television in the lounge and a radio in the back sitting room adjoining the dining area. The Manager informed us that there are television points in every bedroom although one resident who normally sits in the back sitting room was not allowed a television in his bedroom because he would watch it into the early hours of the morning which disturbed other residents. He would apparently then sleep all day and became aggressive if woken. Staff appeared to know and support the interests and hobbies of residents.

Food and Drink and Meal Times

Although meal times are fixed, we were told that residents are consulted on what they want to eat. This consultation usually occurs at group meetings although the Manager says that individuals subsequently do ask for something different. In that case, attempts are made to provide them with something that they want. This process was observed during the course of the visit. All the food is prepared and cooked on the premises and residents help in this process. Meals are served in the dining area which is serviceable. We observed that between meals fruit is available and food is accessible in a cupboard.

Relationship between the Home and Relatives/Carers

It was not possible to form an opinion on the relationship with relatives and carers as there were no visitors during our visit.

Staff Satisfaction

All the staff present during our visit appeared happy in their work and to understand their roles and responsibilities both towards the residents and their colleagues. There was a comfortable air of activity.

Other Observations and Comments from Resident, Staff and Relatives

Conversation with residents was a little difficult because of their medical problems, nevertheless all the residents spoken to were happy to initiate and engage in conversation. None expressed any negative views about the Home, the staff or their daily activities.

Examples of Good Practice Noted

The Manager told us that residents were allowed to be independent and free to pursue their own interests.

We saw some residents were engaged in some of the domestic activities of the home which the Manager told us helped to emphasise their independence.

The Manager told us that all members of staff, including the cleaner, receive the same level of training which includes drug administration. As a result, each member of staff can act independently should the need arise.

Recommendations

The Enter and View Representatives recommend:

- The garden area could be improved to make it a more pleasant place for the residents to look out on and spend time in.

Acknowledgements

Healthwatch North Somerset would like to thank Belinda Dachtler and all the residents and staff of Rosamar for their assistance in planning the visit and the preparation of this report as well as the provision of opinion and feedback.

We would also like to acknowledge the time and effort invested by our Enter and View Authorised Representative volunteers in visiting Rosamar and producing this report.



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