

Enter & View

Report

Rock Cottage Care
Service

17th February 2020



<http://healthwatchstaffordshire.co.uk/>
enquiries@healthwatchstaffordshire.co.uk
Freephone 0800 051 8371



Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows 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 Staffordshire 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 Staffordshire safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Provider: Rock Cottage Care Services
Address: Breach Road, Brown Edge, Staffordshire ST6 8TR
Service Type: Nursing Home
Date of Visit: 17th February 2020

Authorised Representatives

This visit was made by two Authorised Representatives of Healthwatch Staffordshire.

Purpose of Visit

Independent Age, a national charity, have developed a set of 8 Quality Indicators for care homes. We are including an evaluation, based on our findings on the visit, of these quality indicators, which are as follows:

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 individual resident, their needs 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 regularly see health professionals such as GPs, dentists, opticians or chiropodists
7. Accommodate residents personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided.
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints.
- Speak to staff about training, turnover, support staff levels.
- Observe interaction at all levels between residents, staff manager, and visitors.

Physical Environment

External

The entrance to Rock Cottage was well signposted and easily accessible. We noted that the exterior of the building was well maintained as were the gardens which are accessible to the residents.

The home entrance had a bell and intercom for visitors and there was also a keypad for staff. The home has CCTV in operation at the front door.

Internal

There is internal CCTV in the social areas of the home. A visitors book was in place.

The condition of the interior of the home was mixed. The furniture and soft furnishings were all in good condition and all areas were clear and free from clutter. The décor is currently being worked upon, to maintain and update. There were however malodours throughout the home and visitors are greeted by a strong smell of urine at the entrance.

**please see feedback at the end of the report*

The home now has a new conservatory and this is very pleasant and fully functional.

Resident Numbers

The home has a capacity for 36 residents, all single rooms, and at the time of our visit there were 35 residents at the home.

Staff Numbers

There is one nurse on duty throughout the day, evening and night and the manager is available during the day.

There are 6 carers on duty in the morning, with 4 in the afternoon and evenings with 3 providing cover at night.

There is an Activity Co-ordinator available morning and afternoon 5 days per week.

There are 2 domestic staff, one working 8 a.m. to 2 p.m. and one 11 a.m. to 5 pm, 7 days per week.

There are 2 maintenance staff.

There are 3 administration staff, 1 full time and 2 part-time.

There are 2 managerial staff, the Registered Manager and the Clinical Lead.

There are 4 catering staff, 4 full time cooks, 1 full time kitchen assistance and 1 part time kitchen assistant.

We were told that staff levels have been increased since the previous CQC visit in February 2019, when staffing levels were highlighted for improvement.

We noted that previously the Activity Co-ordinator cover had been part time and they now have full time over 5 days of the week.

Agency Usage

We were advised that the home does use agency staff, mainly covering nights and occasionally days. We were told that the home uses the same agency for continuity and can call on their own bank staff for cover as required.

Management

Management - A good care home should have strong visible management.

The manager should be visible within the care home, provide good leadership to staff and have the right experience for the job.

Our findings

We spoke with staff members who told us that they were happy with the management, that they felt adequately supported by the manager and that they felt the manager provided good leadership.

The manager is seen on a regular basis by the residents, is friendly and knows the residents on an individual basis. The managers office is easily accessible to residents, family and staff, being situated next to the lounge.

We were told how the manager interacts with residents and their families on an everyday basis and that they felt the manager was helpful and responsive.

Staff Experiences and Observations

Quality Indicator 2 - Have the staff the time and skills to do their jobs

Staff should be well-trained, motivated and feel they have the resources to do their job properly.

Our findings

The staff made us feel welcome and were happy to talk to us about their experience of working at Rock Cottage. Staff said that they felt that they had received appropriate training for their roles and were supported to acquire further skills and qualifications.

A training matrix is kept to ensure all required training to be carried out and training is often delivered by the Clinical Lead.

We talked to staff about whether they felt that there was adequate staff cover at the home and the told us that “It is much better now”, referring to the increase in staff levels that have taken place. The staff now felt that they had more time and resources to do their job well and that staff moral was good, that they worked well as a team and felt motivated.

We were told that all safeguarding training is up to date and that staff are aware of how to raise any concerns that they may have.

Comments

Our observations and the information given to us by the staff meant that the staff have the time and skills to do their jobs well.

Quality Indicator 3 - Do staff have good knowledge of each individual resident, their needs and how their needs may be changing

Staff should be familiar with residents’ histories and preferences and have processes in place for how to monitor any changes in health and wellbeing.

Our findings

We were told that all care records are now on-line and can be accessed by all appropriate staff and that the care records details residents histories and preferences. Staff explained that a verbal hand over happened from day to night and night to day so that the staff are aware of any changes in respect of a residents health and wellbeing.

Comments

From our conversations with staff and our observations, staff seem to have a good knowledge of each individual resident and their needs.

Activities

Quality Indicator 4 - Activities - Does the home offer a varied programme of activities?

Care homes should provide a wide range of activities (and ensure residents can access these) in the home and support residents to take part in activities outside the home.

Our findings

There is a programme of activities, with some popular activities taking place every week, such as Foot Spa on a Monday and Hair and Nails on a Friday.

Other activities include music and dance, armchair exercise, quiz, floor games, musical bingo, Arts and Crafts and baking.

We were told that group activities were available to all residents and that activities can be tailored to individuals needs and capabilities.

Residents are able to go out for walks, although currently group outings are difficult due to lack of transport - we were advised that the home is trying to source a company to provide transport for residents outings.

Special events are celebrated and the local nursery is often involved in the celebrations.

Some residents are supported with their own hobbies and interests - these include art (one resident makes posters), knitting, crochet, Ipad and Laptop communications and baking.

One to one activities are available to residents who would prefer them.

Care staff join in with group activities and provide one to one engagement with residents.

Comments

We were pleased to note that the increase from part time to full time of the Activity Co-ordinator has resulted in residents having meaningful activities available to them for more hours per week.

We hope that the home is able to source transport and arrange some outings which we are sure would be welcomed by the residents.

Catering Services

Quality Indicator 5 - Catering - Does the home offer quality, choice and flexibility around food and mealtimes?

Homes should offer a good range of meal choices and adequate support to help residents who may struggle to eat and drink, including between mealtimes. The social nature of eating should be reflected in how homes organise their dining rooms and accommodate different preferences around mealtimes.

Our findings

Our visit covered part of lunchtime and we noted that there were two choices of hot meals and cold food available if required. We were told how the home has a new cook, so they are trying out some different recipes which should result in a greater variety of meals being available.

We were told that all special dietary needs are catered for and care staff provide support to residents who may require assistance to eat or drink.

The meals that we saw looked appetizing and were well presented. A resident told us that the food was good.

The dining rooms was a sociable area with brightly coloured table mats, plain crockery and flowers on the table

There are all sorts of snacks available to resident between mealtimes if they fancy them, including biscuits, cakes, toast and sandwiches.

We were advised that nutrition and hydration are monitored as necessary and recorded on the computer.

Resident Experiences and Observations

Quality Indicator 6 - Does the home ensure that residents can regularly see health professionals such as GPs, dentist, opticians or chiropodists?

Residents should have the same expectation to be able to promptly see a health professional as they would have when living in their own home.

Our findings

The home has a retained GP service who visit the home twice a week. Dental needs are met by the Community dentist at Tunstall. Vision Care Opticians make regular visits to the home as does a private chiropodist for foot care and massage.

The home will provide staff to accompany residents to medical appointments if no family member is available.

Quality Indicator 7 - Does the home accommodate residents personal, cultural and lifestyle needs?

Care homes should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other residents.

Our findings

Residents have choice over the dress, food and drinks, their bedtimes and activities. There is an individual care plan for each residents to have their needs met by the care and support they receive.

We observed that the staff treated the residents with kindness and respect and we noted a good rapport between the residents and the staff with the residents appearing well groomed and looked after.

We noted that a lady who needed hoisting was left until other residents had moved away before being hoisted and this helps to maintain privacy and dignity.

Family and Carer Experiences and Observations

There were no family members visiting at the time of our visits, but we were told that family members are made to feel welcome and can visit at any time. They are able to sit and chat in a residents room of that is preferred.

We were advised that family are kept well informed about their loved one and any changes to their loved ones health or wellbeing.

Quality Indicator 8 - The home should be an open environment where feedback is actively sought and use.

There should be mechanisms in place for residents and relatives to influence what happens in the home, such as a Residents and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.

Our findings

The home does not often have residents or relatives meetings. We were shown a satisfaction questionnaire that they use to collect feedback.

This is a fairly basic questionnaire asking people to rate 1 - 5 for satisfaction, with 1 being extremely unsatisfied to 5 being very satisfied. The questionnaire covers the outer and inner appearance of the home, standard of bedrooms, lounge and dining room. Cleanliness / smell of the home, standard of decoration and Laundry service. It also asked about how welcome visitors are made to feel, the way that staff perform their job, the standard of care provided and the social activities provided.

Whereas these are all relevant areas to rate, there is no space on the form for people to make additional comments or suggestions. There could be instances where a satisfaction may be marked as neutral as what do you put if the home is very clean but does not smell very good, when these are grouped in one question.

Comments

We would hope that this questionnaire could be redesigned to allow for comments which would clarify peoples thoughts, better identify any issues and to allow for residents and relatives to make suggestions for consideration.

Summary, Comments and Further Observations

The manager was on leave on the day of our visit but came in to talk to us and provide us with information, which was much appreciated.

We were able to talk to the manager about improvements the home has made since the CQC visit of February 2019 and they advised us the following:

Falls audit is in place

Pressure mats are use where required

Staff have been trained to pick up non-verbal signs from residents.

Thickeners and creams are now kept locked away and are all dated.

Preassessments - more details are now noted and recorded on computer.

Dependency tool has been used to gauge staffing levels and this has resulted in an increase in staff.

With more staff on duty, staff are now able to sit and chat with residents, so they are less task focused and have better one to one engagement with the residents.

We were told of some issues around the Red Bag Scheme, where an individual residents red bag will contain key paperwork, medication details and personal items like glasses, slippers and dentures and should the resident need to go to hospital the bag travels with the patient in the ambulance. The details in the bag should provide hospital staff with important and relevant information. In theory the bag should return with the patient when they are discharged and should provide discharge information to the home from the hospital.

We were told of instances when the resident has been discharged but sent home with the incorrect bag which is of no value to the resident or the home and almost certainly means that someone else also is missing their own red bag and personal belongings and information. The home also has experienced a case where the resident sadly passed away in hospital and the incorrect red bag was returned to the home.

Recommendations and Follow-Up Action

We would recommend that Rock cottage expands their satisfaction questionnaire to allow for clarification, comments and suggestions, which can often be more informative than a tick-box questionnaire. This would enable the home to have a better understanding of residents and relatives thoughts and may provide some ideas that the home could respond to, whether it be additional activities people would like to try, to ideas about where to go on an outing when some transport is sourced.

We understand that the home is in the process of replacing carpets in bedrooms and recommend that this process of changing flooring extends to cover the entrance to the home where the malodours present very strongly to any visitor and some additional deep cleaning in this area could be beneficial.

**please see Provider feedback below*

Provider Feedback

Healthwatch have received feedback from the manager of Rock Cottage Care Service about the Enter and View visit.

We asked “Could you tell us what you felt worked well about the way our Authorised Representatives carried out the visit”

The manager responded:

“The Authorised Representatives were very polite and pleasant. They put my team at ease. The Enter and View went well.”

We asked “Were there any aspects of the Enter and View visit which you felt did not work well or could be improved?”

The manager responded:

“The visit worked well - no problems.”

We asked “As a provider of a service, did the Enter and View visit help you to identify areas for improvement and if so, in what way?”

The Manager responded:

“They recommend we update our satisfaction questionnaire, in order to get more insight into relatives / residents views. This will be something we will look into”

“We disagree with the comments made about the Physical Environment ‘there were however malodours throughout the home and visitors are greeted by a strong smell of urine at the entrance. We understand that the home is in the process of replacing carpets in bedrooms and recommends that this process of changing flooring extends to cover the entrance to the home where the malodours present very strongly to any visitor and some additional deep cleaning in this area could be beneficial’”

“The home entrance is on the ground floor, the admin office store room and visitor toilets are located here. There is a solid wooden door to go through to access the stairs to the main corridor of the home. The reception area is very airy with no malodour. The main corridor may have had an odour at that time of day as all services users were getting up and care staff were dealing with soiled bedding, commodes and incontinence pads”

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



Healthwatch Staffordshire

Room 31, Staffordshire University Business Village
Dyson Way, Staffordshire Technology Park
Stafford ST18 0TW

<http://healthwatchstaffordshire.co.uk/>

email: enquiries@healthwatchstaffordshire.co.uk

Freephone 0800 051 837

Part of (ECS) Engaging Communities Solutions

