



## ENTER AND VIEW

### Rosevilla Nursing Home

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.

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## Provider Details

Name: Rosevilla Nursing Home  
Address: Eccleshall Road, Stafford, ST16 1JA  
Service Type: Nursing Home  
Date of Visit: 10<sup>th</sup> October 2017

## Authorised Representatives

Name:	Chris Ralston	Role:	Author
Name:	Val Emery	Role:	Observer

## Purpose of Visit

Following the CQC report of January 2017, the main focus for this visit is to observe if residents are treated with care and respect and that their right to privacy is respected.

Healthwatch had also received concerns from a relative of a person who had had a short stay at the home, who reported that the bedroom their relative had was small and not well laid out and that the home was suffering with an infestation of ants.

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 home has a large frontage with car parking, slightly set back from the main road. There are gardens at the rear of the property. The property was well presented and in good condition. The gardens are currently being re-vamped.

We noted that the sign to find the home was not very well placed and therefore slightly difficult to spot, although the manager advised us that this was going to be changed.

### **Internal**

There are 37 single rooms and 2 shared rooms. All the rooms are large and have ensuite facilities. All the rooms were well decorated with new wooden flooring installed throughout.

The furnishings are of excellent quality and are coordinated everywhere. The building was homely and pristinely clean.

There is a large lounge and dining room, a large kitchen and a very lovely conservatory. All these areas are tastefully decorated.

There are 3 palliative care beds and 8 CIS beds that are contracted by the hospital.

## **Resident Numbers**

The capacity of the home is 39 and at the time of our visit there were 33 residents with an age range of 70 to 98.

## **Staff Numbers**

We were advised the following on staffing:

There are 2 nurses in the mornings and afternoons and 1 at night.

There are 6 carers in the mornings, 5 in the afternoons and 3 at night.

There is 1 Activity Coordinator working 5 days.

There are 3 domestic staff and 1 laundry staff

There is 1 maintenance person working 5 days.

There is 1 administrator.

There are 2 catering staff covering mornings and lunch and 1 in the afternoon.

## **Agency Usage**

We were advised that two agencies are used and that they always try to get staff who know the home and residents.

## **Resident Experiences and Observations**

All the residents are very well dressed and hair and personal care was very good.

We spoke to twelve residents, who all had nothing but praise for the care they received, which met their needs and for the staff and their attitudes to providing care. Several said that “it was better than being at home”.

The residents that we spoke to said that if they had any issues they would happily raise them, having confidence that they would be addressed appropriately, although they stressed that it was not often that an issue arose.

All the residents that we spoke with said that the menus and food choices were exceptional.

We were advised that doors were closed and signs used at the request of residents, together with a knock on door policy, to protect the privacy and dignity of the residents.

## **Family and Carer Experiences and Observations**

We were only able to speak with one relative, and they advise us that they were very happy with the care given to their relatives and that they were always kept update with any problems or concerns.

## **Activities**

The activities appeared to be well planned with both group and individual activities catered for.

Special celebrations were planned throughout the year as appropriate.

Church visits were arranged if they were requested by residents.

## **Catering Services**

The kitchen was very clean and tidy and well organized. We were show examples of menus and the catering appeared to be well run.

We also noted the residents had been invited to a meeting in September to discuss and state their preference in the type of dishes that they would enjoy. We were show a copy of the meeting notes, and all residents who were able to state their preference input into the meeting. The meeting notes, of which we were given a copy, were then passed to the catering staff to assist in winter menu planning.

## **Staff Experiences and Observations**

We spoke to a wide variety of staff, all of whom stated that they were very happy. Some of the staff had been at the home for a number of years and younger staff had joined the home more recently.

All the staff that we spoke with were supportive of the management and felt that they could raise any concerns at any time.

All the staff said that the training programme was good and that if they requested to go on any training that they thought would benefit their development, they were always supported.

We were shown a copy of the training matrix, for all types of staff and this appeared to be a comprehensive training programme.

## Summary, Comments and Further Observations

We found this to be a very well run home and we were advised that the issues raised in the CQC report had been addressed and we were shown some evidence of this.

With regard to the concerns raised to Healthwatch, we found that the bedrooms were large and well furnished. They were also colour coordinated and spotlessly clean. The Manager showed us every room when we mentioned that it had been reported that a room was small and the furniture cramped.

When we asked about the infestation of ants, the Manager advised us that whilst some building work was being done, this had disturbed an ants nest and there had been a problem, but that it had been addressed as soon as it became known and that two affected rooms were fumigated overnight and that residents and relatives were informed.

We were made very welcome at the home and all the questions we raised were addressed with openness.

## Recommendations and Follow-Up Action

We do not feel that any follow up action is necessary and would like to thank the staff for their time and openness throughout the visit.

## Provider Feedback

*No feedback was received from the provider.*

### **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.*