



# Enter & View Roseville Care Centre

Wednesday 15th April 2015

Joanne Shaw-Dunn

## Details of visit

**Service Address:**

Roseville Care Centre, Blaire Avenue, Ingleby Barwick, Stockton-on-Tees

**Service Provider:**

Roseville Care Centre, Prestige Care Group

**Date and Time:**

15<sup>th</sup> April 2015

**Authorised Representatives:**

Carole Harrison, Beryl Magson and Joanne Shaw-Dunn.

**Contact Details:**

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**Acknowledgements**

Healthwatch Stockton-on-Tees would like to thank Roseville Care Centre, patients, visitors and staff for their contribution to the Enter and View visit.

**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 all patients and staff, only an account of what was observed and contributed at the time.

# 1. Introduction

## 1.1 What is Healthwatch?

Healthwatch Stockton-on-Tees is a patient and service user voice organisation. We listen to people's experiences and views of local health and social care services. We use this information to influence how services are planned and delivered in the future to make sure they meet the needs of those people using them.

We gather the views and experiences of people in a number of different ways, which can include conducting an Enter and View visit.

Healthwatch Stockton-on-Tees is an independent organisation steered by a Board of volunteers. Healthwatch is commissioned by the Local Authority and accountable to the public.

Healthwatch has statutory powers:

- A statutory seat on the Health and Wellbeing Board.
- The statutory right to be listened to. Providers and commissioners must respond to us within 20 days of submissions of requests for information or reports.
- The statutory power to Enter & View health and social care services

## 1.2 What is Enter and View?

Enter and View is seeing and hearing for ourselves how services are being run and allows Healthwatch to collect the views of service users at the point of service delivery.

- This might involve talking to staff, service users and visitors or observing service delivery.
- Enter and View visits are conducted by authorised HW Representatives who are trained volunteers.
- Visits can either be announced or unannounced, although unannounced visits will only be conducted in exceptional circumstances, i.e. where it is the only option.
- All Enter and View visits have a clear purpose, to ensure effective evidence gathering and reporting. The purpose might be to contribute to a local Healthwatch programme of work, or have a more direct purpose as a result of an issue that has been identified.
- Where there are concerns, Healthwatch Stockton-on-Tees will report these to the appropriate organisations, for example, the Care Quality Commission (CQC), the local Overview & Scrutiny Committee and/or Healthwatch England.

## 2. Purpose of the visit

### 2.1 Overall Aim

Following on from intelligence suggesting inconsistency in the delivery of activities, Healthwatch Stockton-on-Tees wished to assess the activities available to residents of Roseville Care Centre, the accessibility of these activities and whether the activities met the needs of residents.

### 2.2 Objectives

- Observe delivery of activities in communal areas of the Care Centre.
- Listen to residents about their experiences of activities within the Care Centre.
- Listen to the views and experience of staff about the delivery of activities within the Care Centre.
- Utilise available policies, procedures and promotional documentation produced by Roseville Care Centre to gain a strategic perspective of how activities are planned and delivered.
- Highlight good practice.
- Make recommendations for the provider on how the delivery of activities could be improved based on our findings from the visit.

## 3. Methodology

This was a planned Enter & View visit. Healthwatch Stockton-on-Tees approached the Manager of Roseville Care Centre in advance of the visit in order to advise her that the Enter & View team would be attending as well as to provide her with details of the Enter & View process. Roseville Care Centre were not, however, provided with the specific purpose of the visit.

The Enter & View team met in advance of the visit to conduct a desk top exercise which included a review of brochures and documentation relating to activities provided at the Care Centre. The team wished to establish how the Care Centre and its management plan and arrange activities and how they are then delivered. This was then compared to what was observed during the visit.

A set of questions was developed for staff and residents respectively and it was agreed these questions would be delivered flexibly and that individual conversations would be driven by individual staff or residents.

On attendance, the visiting team were welcomed to the home and provided with information in regards to the facility, activities and staffing specific to arranging and delivering activities. The team were then given a tour of the Care Centre by the Manager. She provided operational information and introduced the team to key staff who would be able to support the team during the interviewing process.

Healthwatch Stockton-on-Tees were then given ‘free range’ to speak to staff and residents. The Manager wished to be open and transparent and therefore asked that the team make decisions on who was approached to talk about their experiences.

As this is a large Care Centre, it was decided that the team separate and each team member concentrate on a particular area of the Care Centre; EMI, Residential and the Hilton Suite. The team were then supported by staff to approach people of their choosing to offer the opportunity to take part in the interviews.

#### Who did we listen to?

Staff	5
Residents	9

The visiting team then had a brief summary meeting and provided the Manager with initial feedback. Following the visit, Healthwatch Stockton-on-Tees requested copies of supplementary information from the Manager. This was provided without any difficulty.

## 4. Findings

### 4.1 General observations

Roseville Care Centre is a large residential and nursing home situated in Ingleby Barwick. It has a three storey building and two storey annexe which are currently divided into five units. All floors are accessible by lift. There are lounges, dining rooms and bathrooms on all floors and bedrooms are en-suite. The service provides care and support for people with nursing care needs, dementia and those who require residential support. It is registered to provide care and support for 103 people.

Healthwatch were welcomed into the Care Centre by all the staff who were keen to demonstrate that they were proud of the standard of care being delivered. It was a busy environment with people coming in and out of the building. The team observed relaxed interactions between relatives, visitors, residents and staff. Residents were utilising all areas of the Care Centre and the atmosphere was calm.

A singer was performing in the residential area and a group of residents were assembled observing this and appeared to be enjoying this activity.

Notice Boards were visible in various areas of the Care Centre detailing a coffee morning and church group. There was an Activities timetable on the wall.

Every area of the Centre was clean and tidy and there were no odours. It was decorated tastefully and appropriately with new furnishings. The dementia area was dementia friendly and equipped with features to support people living with dementia.

The team observed staff interacting with residents in a positive manner. They appeared to have a good relationship with residents and were interacting well with them, offering refreshments or engaging them in conversation. Throughout the visit, several of the residents expressed contentment at living at Roseville Care Centre, for example, "I like living here." They also often made positive comments about the staff; "he's my knight in shining armour".

#### **4.2 Training**

There was no evidence that the staff had attended or been offered training on the delivery of activities in the Centre. None of the staff interviewed on the day had been given specific training relating to this aspect of the residents' well-being; it was felt that the role should be learned 'on the job'.

A member of activities staff told the team that no specific training had been given since starting at Roseville. The team were told that this person did not have experience in a similar role prior to appointment and had not undertaken any specific training relating to their role or training in Dementia awareness. Although new in post, no reference was made to any training offered through an induction process.

#### **4.3 Activities Co-ordinator post**

The team received conflicting information from staff as to how many Activities Co-ordinators are in post. This varied between one part-time member of staff to two part-time posts fulfilling 45 hours per week. Residents' knowledge of the Activities Co-ordinator also varied, with some having a small amount of awareness and some being unaware. In some cases this may have lack communication with residents or due to the short duration of time the posts have been occupied.

Three residents said that the Activities Co-ordinator did not visit the Hilton Annex area very often and that people living in this area were not particularly engaged with activities.

It was clear that staff are still very new in post and therefore still in the process of learning and getting to know residents and their preferences. The visiting team felt that this could be a positive opportunity which will enable Healthwatch to influence how the role develops.

#### 4.4 Assessment and Individual Activities Plans

The team were told by staff that assessment occurs at a number of points during residents' time at the home. These included: a pre-admission assessment, a 'For You' document, as well as a formal Care Plan. The team were told by staff that the Activities Co-ordinator is currently asking residents about their likes and dislikes. Residents did not recall being assessed in relation to their specific interests or wishes regarding types of activities they would like to have available to them. Three residents expressed disappointment that their expectations based on information received in brochures prior to their taking up residence had not been met.

Residents and staff stated that there are no Individual Activities Plans. The Activities Co-ordinator keeps a record of the activities different residents have engaged with and those disliked. The team were shown a file in which participation in activities was to be recorded by staff on individual pages assigned to each resident. Some of these pages did not have any entries and there was no record of particular likes or dislikes in the file which would enable staff, families or assessors to see how activities were provided that were in line with particular interests.

Residents told the team that they are informed about and recruited to take part in an activity just before it starts; there is no formal timetable made available to residents in advance and they do not contribute to planning activities. The team were shown a written timetable by a member of staff but people did not seem to be aware of this. It did not match the timetables displayed in the communal areas and therefore suggested that these times tables were not regularly updated for residents to see.

All current staff seemed to take responsibility for involving residents in activities. Floor staff appeared to know residents and their likes and dislikes well. This was particularly true on the EMI unit. Staff were observed encouraging people to engage in activities such as throwing a ball. Another individual on the EMI unit was being encouraged to play the piano, as this was something he had enjoyed during his earlier life. This was not consistent throughout the centre, for example the team were told that there was a lack of activities for male residents.

#### 4.5 Range of Activities

A relatively limited range of current activities were mentioned by staff which included: ball games, board games, entertainers such as singers, religious speakers, TV, coffee mornings, hairdresser, music, playing the piano, large dominos, race night and painting. These activities seemed to be delivered on an ad-hoc basis and residents were not aware in advance that they were going to take

place. There was an emphasis on aligning activities to seasonal events such as Halloween and Easter.

Some residents told us that their activity preferences were not met. This was particularly true for residents who wanted to take part in physical activity such as Tai Chi, gentle exercise or armchair exercises or where appropriate, more complex activities such as sewing. The team were told that there had been an exercise facilitator but this had stopped because of a lack of funds. Another resident mentioned a special bingo game that she used to enjoy, but stated that it had now 'stopped'.

The Manager had mentioned cooking activities that took place. One resident we spoke to told us about her experience when she undertook this activity and expressed disappointment as this involved watching rather than any active participation in cooking. She also stated that an art activity she participated in did not cater to different abilities and instead involved a simple activity of colouring in a poster rather than being given an opportunity for some residents to design their own.

There were mixed opinions about trips out. Lots of residents mentioned that they would like to go on trips out of the Centre. The team were told that relatives often took residents out and that sometimes staff took people to Tesco's in wheelchairs. However, residents stated that they went out alone or if accompanied by a member of staff, this was in the staff's own time if they agreed to do this, after a shift. One resident believed that trips out were out of the question for her as she was now a wheelchair user.

The team were informed that there is no minibus due to lack of funding and fund raising activities were taking place. The newly appointed Activities Co-ordinator is currently reviewing the range of activities delivered at Roseville Care Centre and exploring the introduction of new ideas such as a 'patting dog'.

Residents did not feel as though they could contribute to the planning of activities or make suggestions. The team were given records of Relatives' meetings and Residents' meetings in which people are encouraged to give their views but people did not seem to be aware of this opportunity/forum for doing so during the visit. It is clear that some activities take place but that residents are not always aware of them or know they can influence them.

#### **4.6 Published delivery of activities**

There was some inconsistency between what Roseville Care Centre and the Prestige Group have published in terms of the approach to delivery of activities and what residents stated was offered to them. For example, the Roseville Service User Guide stated 'Opportunities for people to participate in a wide range of options will be practiced throughout Roseville Care Centre. Each individual will



have a record of choices and preferred activities and an individual plan that will support the person to achieve their goals and contentment.’ The visiting team did not hear from either residents or staff that there were individual plans in place for residents to document their preferences.

## 5. Recommendations

- 5.1 Healthwatch Stockton-on-Tees would suggest that the Activities Co-ordinator may benefit from specific training related to organising activities. In addition to this, due to the size of the Care Centre it is recommended that training is sourced for all staff to support in the delivery of activities.
- 5.2 It is recommended that the range of activities offered within the Care Centre is widened in order to meet the needs of individual residents and in particular those who may be more physically able.
- 5.3 Healthwatch Stockton-on-Tees would recommend that Roseville Care Centre consider the use of individual activities assessments and plans for each resident.
- 5.4 It is suggested that Roseville Care Centre promote and reinforce the activities timetable in order that residents and relatives know what is planned in advance and that they are able to influence this. This could be via the use of a weekly newsletter or use of the notice boards and residents’ meetings.
- 5.5 Healthwatch Stockton-on-Tees would suggest that Roseville Care Centre consider the purchase of a mini bus in order that residents can attend external trips.

## 6. Provider Response

Roseville Care Centre issued the below comments to the Healthwatch report:

‘Just to acknowledge receipt of report and raise a few points in regard to the report.

Thank you for your comments.

4.2. Training: staff have been issued with training booklets specific to activity as advised.

4.3. We were in the middle of recruitment of another Activities Co-ordinator when you visited. There are now two in post.

Residents did say in the Hilton that they are not offered activities, this is not the case. We have documentation to prove this is offered at the Hilton, and is refused by residents. When entertainment is brought in these clients say music is 'too loud' and do not like to move buildings so we cannot please some as you can agree. I'm sure this is only certain individuals in the Hilton suite of the home.

4.4. Team told assessments completed prior to admission, though the activities both past and present co coordinators have gone to great length to discuss preference of activities with clients.

4.5 There is a range of activity available for both men and women?

All activities are aligned to seasons, we have completed ie: pancake day, St Patrick's Day, Easter, Halloween, Christmas, bonfire night, May Day, St George's Day. Notices are displayed all around the home, and clients have now been issued with a timetable as some said they had not received these.

Many thanks for the team's comments, however I did point out before they met service users that some have varying degrees of dementia, and may be unreliable in their answers.'

If you would like more information about this report, please contact Joanne Shaw-Dunn on 01642 688 312.