



## Details of visit

<b>Service address:</b>	<b>Rosalyn House, King Street, Houghton Regis, Dunstable, LU5 5TT</b>
<b>Service Provider:</b>	<b>S A H Nursing Homes Ltd</b>
<b>Date and Time:</b>	<b>6<sup>th</sup> May 2015 10:00 – 12:00</b>
<b>Authorised Representatives:</b>	<b>Nicola King, Den Fensome, Linda Harrison</b>
<b>Contact details:</b>	<b>Healthwatch Central Bedfordshire Capability House, Wrest Park, Silsoe, Bedfordshire, MK45 4HR Tel: 0300 303 8554</b>

## Acknowledgements

Healthwatch Central Bedfordshire (HWCB) would like to thank the service provider, service users, 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 the experiences of all service users and staff, only an account of what was observed and contributed at the time.



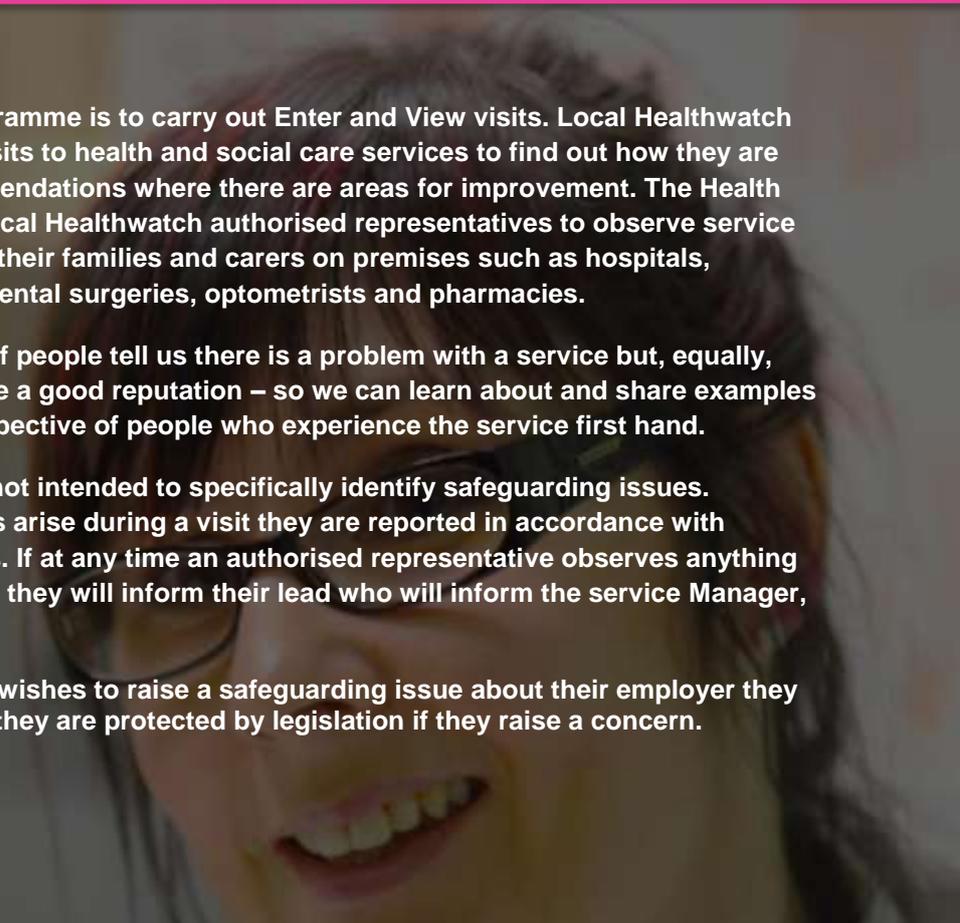
## What is Enter and View?

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 managed 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 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 Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they will inform their lead who will inform the service Manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.



## Purpose of the visit

- To engage with service users of care homes and understand how dignity is being respected in a care home environment;
- Identify examples of good working practice;
- Observe residents and relatives engaging with the staff and their surroundings;
- Consult with residents, relatives and staff about their experiences of the environment within the home and how care is delivered.



## Strategic drivers

- Care Quality Commission dignity and wellbeing strategy
- Care homes are a Local Healthwatch priority

## Methodology

**This was an announced Enter and View visit.**

On arrival at Rosalyn House Healthwatch Central Bedfordshire (HWCB) representatives were met by a member of staff who was helpful in trying to find the Manager. The Assistant Manager informed representatives that the registered Manager listed on HWCB paperwork had left 12 months previously and the new home Manager is currently covering a Managerial role at another home.

The HWCB poster was clearly displayed on the noticeboard in the foyer of Rosalyn House.

Representatives met and spoke to a Bedfordshire Clinical Commissioning Group representative in the foyer waiting area, who praised the home for its quality of care and staff.

HWCB representatives were shown around the home by the Activities Coordinator for the first hour, during which time representatives were introduced to members of staff and residents.



## Summary of findings

At the time of the visit, the evidence is that the home was operating to a good standard of care with regard to cleanliness, dignity and respect.

The Manager advised representatives that the current capacity of the home is as follows:

- 46 bedrooms of which 45 were currently occupied;
- The home has three floors which are accessible by a lift;
- The residents level of need is high from Mental Health to Dementia;
- 10 carers, 2 nurses and 1 Manager cover three floors during the day;
- 4 carers and 1 nurse are on duty at night.



## Results of Visit

### Environment

On entry to the home, a slight odour was noticed although this disappeared once cleaning had taken place.

The waiting area in the foyer was designed to look like a street scene, hosting a painting of a bus stop with posts and a bench for visitors to sit. There were large sunflower pictures decorated on the doors.

The ground floor lounge was plainly decorated with some pictures on the wall; it also hosted a 1950s style kitchen and all items from that era.

The kitchen is on the ground floor and has a large activity lounge / dining area attached to it. A large 'café' sign can be seen with a serving area indicating a place for residents to pop in for a drink.

Activities are often delivered in the lounge which overlooks a large garden area. The garden has high security fencing which lends itself to space for residents to walk outside. A mock-up shop front was set up in the garden depicting an old sweet shop; all part of activity and reminisce.

The first and second floors have large lounge areas and bedrooms along the corridors. Each lounge has a large pictorial weather board to inform the residents of the daily weather. The second floor is home to the large spa bath which is used for activity time for some residents who like relaxation.

### Promotion of Privacy, Dignity and Respect

All residents are assigned their own room with their name and picture plaques on the doors which includes a memory box on the wall outside their door.

Residents are able to lock their rooms if desired; although the high level of need and support required often means this is not needed.

Residents Care Plans are kept in locked secure rooms on each floor and the main files are kept in the Care Manager's office. The plans are reviewed regularly with staff, relatives and residents.

### **Promotion of Independence**

Activities are available daily although the nature of the residents high support needs can make it difficult to engage them. Residents are encouraged to have an input into activity plans.

Residents do not have set times to rise in the morning as this is the individuals choice; they can remain in bed if they so wish, or until they need assistance. Residents on the second floor are more independent and are able to dress themselves.

Although there are set meal times food is available at all times and there are small kitchens in each lounge where staff can make drinks for the residents. Due to the support needs and high risk it is not deemed appropriate for residents to make themselves a drink. Alcohol is not normally allowed due to the different type of medications residents are taking.

Residents are able to access the garden and lounge areas at any time.

### **Interaction between Residents and Staff**

HWCB representatives observed the staff speaking to the residents in a positive and supportive manner.

### **Residents**

The nature of the resident's needs and mental ability to comprehend meant that it would be a challenge for HWCB authorised representatives to interact meaningfully with the residents. In addition, the unpredictability of some resident's behaviour could have created unnecessary risks. It was therefore decided between HWCB representatives and the interim Manager that no full discussions would take place with residents; only observations and short exchanges of words.

HWCB representatives observed a number of residents in the lounge areas, also walking around the home and having tea. They appeared to be happy, interacting with staff, watching TV and taking part in activities.

### **Food**

There is a daily menu which is changed in the summer and winter months; options for dietary requirements are available. Fresh food is cooked on the premises with a choice for residents. A dietician is available monthly to review resident's dietary requirements and make changes where needed.

### **Recreational activities/Social Inclusion/Pastoral needs**

The Activity Coordinator develops a programme of activities, for example, arts; gardening; singing; movie nights; outside entertainment; quizzes and pantomime visits.

The Activities Coordinator is looking to source a mini bus to take a group of residents outside of the home on trips; HWCB representatives suggested that she contact BRCC for the mini bus brokerage.

Key services provided at the home include:

- A local GP from the medical centre visits every Thursday;
- A Hairdresser visits weekly every Wednesday and Friday;
- Foot care is offered every 6 weeks;
- A Dentist visits when needed;
- An Optician visits when needed;
- Religious needs are catered for when needed and some ladies are taken to church as and when requested.

### **Involvement in Key Decisions**

Residents are part of the decision making process of all activities although as mentioned by the Activities Coordinator, it can be difficult to engage the residents in actually taking part due to their support needs.

Residents and relative meetings take place at regular intervals throughout the year to talk through ideas, issues and support.

Noticeboards were visible around the home providing key information about meetings, food options and activities.

### **Concerns/Complaints Procedure**

Staff complaints are always directed to their line manager and dealt with quickly. Relatives can also raise complaints directly with the Manager. The interim Manager informed HWCB representatives that complaints are rare and she is keen to promote a working environment that is supportive and open.

### **Staff**

All staff, HWCB representatives met and observed, were friendly and enthusiastic. Representatives were informed that staff are offered regular training which is often held 'in house' including NVQ courses and manual handling.

The home does make use of agency staff on a regular basis however agency staff are used as a temporary measure due to sickness and staff shortages. HWCB representatives met with an agency staff member on duty on the day of the visit.

### **Visitors and Relatives;**

There is no set time for relatives to visit although they are respectful of busy times during the day. Security at the home includes a door entry code for residents and relatives and telecom for visitors on the gate. Resident's families and friends are involved in activities, particularly tea parties, Valentines dinner and firework night. The mayor has also visited the home and stayed for tea on occasion.

Unfortunately, at the time of HWCB visit, no relatives were in attendance at the home although HWCB posters had been displayed two weeks prior to the visit. HWCB were not contacted by relatives prior to or since the visit to the home.

### **Additional Findings**

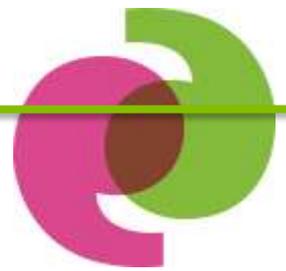
- HWCB representatives noticed that sanitizer's were not available throughout the home;
- Not all staff wore name badges.

---

## Recommendations

This report highlights the good practice that was observed and reflects the resident's satisfaction with the care and support provided.

- Healthwatch Central Bedfordshire recommends that all staff should be issued with and wear name badges to assist residents in recognising care staff.
- HWCB further recommends that hand sanitisers be sited at several strategic locations around the home to assist in infection control.
- Healthwatch Central Bedfordshire recommends that this report is shared with the residents of Rosalyn House and their family members to advise that if they should wish to contribute any additional comments about the report, to contact Healthwatch Central Bedfordshire direct on 0300 303 8554.



## Service Provider response

Rosalyn House response to Healthwatch Central Bedfordshire report on the visit to the home on 6/5/15

Recommendations:

Healthwatch Central Bedfordshire [HWCB] recommends that all staff be issued with and wear name badges to assist residents in recognising care staff.

- All staff who have mislaid badges, and new staff, are being issued with new badges.

HWCB further recommends that hand sanitisers be sited at several strategic locations around the home to assist in infection control.

- Hand soap dispensers are in place in all staff and visitor toilets, food preparation and food serving areas, resident ensuite wetrooms and resident bathrooms following the best practice advice from the Health Protection Agency re infection control in care homes.

HWCB recommends that this report is shared with the residents of Rosalyn House and their family members to advise that if they should wish to contribute any additional comments, to contact HWCB direct.

- Copies of the HWCB visit report have been placed in the reception of Rosalyn House for the perusal of relatives and visitors in addition to a notice drawing the attention of such persons to the HWCB report.

**Kate Dellit**  
**Home Manager**

