2016 Schedule: Rowles (November 2016)
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1. Introduction

1.1 Details of visit

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<th>Details of visit:</th>
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<tr>
<td>Service Address:</td>
<td>28-30 Barton Road, Luton</td>
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<tr>
<td>Service Provider:</td>
<td>Rowles House Limited</td>
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<tr>
<td>Date and Time:</td>
<td>14 November 2016, 10am-12pm</td>
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<tr>
<td>Authorised representatives:</td>
<td>Lucy Nicholson, Terri Brooks, Phil Turner, Jamu Patel</td>
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<td>Contact Details:</td>
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<td>CQC Rating:</td>
<td>Good</td>
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<td>Healthwatch Luton rating:</td>
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1.2 Acknowledgements

Healthwatch Luton would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View Programme.

1.3 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.

2. 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 run and make recommendations where there are areas for improvement.

The Health and Social Care Act 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 need to 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.

2.1 Purpose of 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
- Capture the experience of residents and relatives and any ideas they may have for change

2.2 Strategic drivers

- CQC dignity and wellbeing strategy
- Care homes are Healthwatch Luton’s priority for 2016, and a general local Healthwatch priority

2.3 Methodology

This was an announced Enter and View visit.

We wrote a letter to a member of management before we spoke to anyone in the care home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Authorised representatives conducted short interviews with members of staff, relatives and residents.

Topics such as quality of care, safety, dignity, respecting and acknowledging the resident’s and families wishes and staff training were explored. We also informally asked the residents about their experiences of the home, and where we could, about accessing other health services from the care home.

Our representatives explained to all those interviews why they were there and took minimal notes.
A large proportion of the visit was observational, involving the authorised representatives walking around the communal and public areas, observing the surroundings to give an understanding how the home actually works and how the residents and service receivers engaged with staff and facilitates.

2.4 Summary of findings

At the time of the visit, 18 people were being accommodated by Rowles which has a capacity for 24. 16 out of the 18 current residents had confirmed Dementia. We spoke with one relative, four residents and six members of staff.

There had recently been changes to this home, so it was hard for representatives to get a feel for the current state of the home regarding governance or care, and in particular, the management of the home, due to their currently not being a manager in place.

The Deputy Manager was currently in charge with support from the owners and Directors. A further Manager was being recruited.

This house was the smallest home we had viewed on our programme, and there was a general homeliness feel to the building. Whilst lacking in decor and colour on the walls, activities for those with Dementia were accommodated and could be seen on entry to the home. Changes were being made in light of the change of management to accommodate these dementia needs further.

Due to the majority of the residents having dementia, it was hard for our representatives to speak to many residents. Those we did speak with spoke highly of the staff and the care they received.

Due to the changes in the home, there was a definitive change in staff outlook to working for the home, being more positive with regards to potential for the home, and morale was improving.

There was one Activities Coordinator who had been involved in the home for nearly 20 years. Whilst it was apparent and obvious some activities were in place, due to the residents almost all having dementia, more activities for this cohort would be good to see.

Overall the Healthwatch Luton representatives admired the staff’s capacity under the change of management to provide such a high quality of care.
3. Results of visit

Environment

Generally the overall environment of the home was good. On arrival there was a washing line for those residents with dementia to engage with an activity. The main communal area or lounge was seated around the walls and some residents were engaged at a table in conversation.

The communal area was light and airy, with access to a large garden which is used by residents and families in the summer.

The walls were generally bare, but the Deputy Manager assured the representatives that this was being changed.

The other communal area felt very homely and residents were engaged with either Television or eating food. The decor was old and it could be suggested to be modernised.

Promotion of privacy, dignity and respect

All the of residents we saw were assigned a member of the care staff and all seemed well attended to, although it was observed on a few occasions that residents were left alone. The staff ratio to residents appeared short, as a Healthwatch Representative was asked to monitor a resident as the care staff tended to another resident out of the room. On another occasion, some residents were left at a table on their own in discussion, which led to an altercation between the residents.

Staff told us that they feel they receive all the relevant information they require to understand an individual's needs.

All the residents we saw appeared well dressed and cleaned.

The staff informed us that the residents were allowed to decorate their own rooms to make them feel more 'homely' and this was observed.

Promotion of independence

Of those residents we encountered, they seemed mainly encouraged to partake in communal gathering, rather than reside in their bedrooms all day, where capacity allowed. They were encouraged to entertain themselves, with carers assisting where needed.
It was noted that few independent areas were available to the residents, such as kitchenettes to produce their own food and drinks. Although this would be fitting with the size of the home, and the capacity of the residents.

Some residents were seen independently eating in the communal areas and carers assisted where needed, as well as initiating attending the communal area and being asked what they wanted to do.

Interactions

Interactions with staff and residents were observed and seemed genuine and caring. Staff and some residents had a good rapport which could be experienced during observation. Some of the relationships and interactions showed great experience of individual needs, and observing one distressed resident whose carer physically comforted her and calmed her the in way she needed was reassuring and credible.

Relatives were encouraged to interact with each other, although there was limited space for setting group discussions or activities within the lounge areas. The one relative we spoke with said, "They are brilliant here and allow me to interact with my wife as much as possible as we would at home. This is her home."

The staff interacted freely, and there appeared to be a happy setting for staff to interact with residents, each other and strangers, such as ourselves.

Residents

We spoke with 4 residents during the visit, however they all had a form of dementia, or were unable to talk through the whole questionnaire.

Generally the residents spoke highly of the home and the care received. They did not feel there was a great change in service at the weekends or evenings, although some noted there were sometimes staff they did not recognise.

The residents generally felt their needs were attended too, and were happy with the level of dignity provided. One resident wanted more time out of the home but it was not clarified if they attended external activities or not.

Food

Overall the food was rated at a high standard. The chef had been a part of the home for nearly 3 years and had no formal qualifications, however both staff and residents and the relative stated the food was of a good standard. It was noted the food would accommodate the resident, and where food was not liked, could be and was changed.
Snacks were provided, but the relative spoken with said he still brought snacks from home, which was allowed. One resident was observed eating and when asked if it tasted good he replied, "Of course!"

Recreational activities/Social Inclusion

The home has a dedicated Activities Coordinator, although this member of staff is also the homes administrator on a dual role.

There were books and limited games available on offer, but the Activities Coordinator provided various activities that ran through the week.

It was noted that one coordinator to 18 residents would be difficult to accommodate, considering the role was duelled with home administration. It was noted that there use to be some activity provided outside of the home, where residents were provided transport to outside the home activities, but this has not happened as often more recently.

Involvement of Key decision

Due to the capacity of the majority of the residents, involvement of key decisions with the residents is limited. The home follows standard procedure regarding involvement with care of the individuals, either direct to the resident or with family members.

Some forums are held with the families, although the one relative we spoke with said he use to be more involved, and would like to get more involved. Residents were unaware of any ability to meet as a group or forum, but this could have been due to the capacity of the residents.

An induction pack/information pack is provided to residents on arrival but some residents were unsure if they knew the contents of the pack, or their care plan.

Concerns/Complaints procedure

It was confirmed the home have a concern and complaints procedure and this was viewed. Some of the complaints and processes following a complaint was shown to the representative, and it showed to be in good governance and working order.

The residents seemed sure to speak with the care worker (key worker) or carer should they have a complaint, and when prompted if the complaint was about the carer some residents did not know who to talk to.

Staff

The staff we met with seemed genuinely concerned with residents wellbeing and capable of addressing any issues. Many of the staff had been at the home for a long time, but some had recently returned.
Most of the staff were honest and informed us that the change in management had had positive effects on the staff and their outlook to working at the home. Whilst many remained loyal and dedicated, they felt more of a ‘team’ and one said, ‘You can’t underestimate how different the home feels, for how we feel, for how we can be with those we care for.’

Most felt that it was a good care home to work in, stating it was rewarding, flexible and varied.

The staff seemed friendly and all were fully trained. There are daily meetings with staff with management, and training was provided, mainly online, but all were up to date. There was a discussion on dementia training within the home, and it was confirmed that many of the staff had not been dementia trained.

**Visitors/Relatives**

We were only able to speak with one relative on this visit. Visitors and family are able to visit whenever they wish, the home has an open door policy.

The relative felt generally well informed by the home and felt communications had improved. They noted that the food the resident received was of a good standard. The relative we spoke with had issues regarding the last management, but was satisfied that changes had been made and felt more comfortable.

The relative was positive about the staff and carers, and said, ‘This is my wife's home. I couldn’t do what they do, but they allow me to come and be with her as I would if we were at our home.’ He spoke highly of the care and work ethic of the staff remaining in place.

**3.1 Additional Findings**

Overall, this home seemed to be very well managed and the residents seemed genuinely cared for.

Overall safety and regard was positively noted, and the residents felt safe within the home.

The home was asked a question regarding their contact with a GP, and whether the home would find it easier with one GP working with the entire home. The home informed us that whilst logistically it would be easier for the home to work with one GP, the residents choice had to be taken into account and they were happy to manage the relationships with the residents GP's.
Healthwatch Luton observed the residents and staff at the home and felt overall the home was well managed, and well run.

From the discussions had, this report highlighted good practice that was observed and reflects the appreciation that residents felt about the care and support provided.

- The report recommends that all the staff have dementia training and that this is of paramount importance. Whilst the home is not a dedicated dementia nursing home, the majority of the residents (16 out of the 18 in accommodation) had some form of dementia, and staff should be provided with the relevant training to be able to handle this.
- Staff ratio’s to residents needs to be addressed. Whilst the report recognises there are significant changes affecting the home, the observations led to the representatives being aware of carers ‘running’ around to attend to the needs of the residents.
- The decor of the home, whilst feeling ‘homely’ was also outdated, and the whole home could use some modernisation. During the changes of management, the new Deputy has added activities such as a washing line in the hallway, and suggested more pictures and colour would be a priority.
5. Provider Response

Awaiting provider response.

Provider response below.

This report was agreed by the provider in January 2017.

Changes or outcomes agreed with the provider are as follows:

- We have successfully recruited an experienced Home Manager and he will commence in post on 16th January 2017, following completion of his notice period with his current employer.
- The activities coordinator does activities every day with the residents, all our activities are geared towards people who suffer with Dementia and therefore getting people to engage can be quite difficult. We feel we run a flexible program that caters for residents who don’t necessarily want to participate at the programmed times. This changes day by day depending on how they feel.
- Your comments regarding the homes ability to change under a change of management is as it should be and reinforces the stability and expertise of the staff we have in place under the guidance of our deputy manager to maintain the standards of care and wellbeing.
- Environment: - The walls you refer to are all decorated and have interesting items for our residents to enjoy. These have been praised by residents families and outside professionals. The home is under going a series of refurbishment as it allows.
- Promotion of privacy, dignity and respect:- it is unrealistic to think that residents will have staff with them at all times, especially where they are independently mobile. The comments regarding staff appearing to be short is not factually correct. There were sufficient staff for the shift, however, when staff are being asked to chaperone and speak with your colleagues along with ensuring our residents are safe, it inevitably puts pressure on the time we could spend with the residents. It was a Monday morning, one of the busiest days of the week for the home. The residents altercation you refer to had a member of staff near by who intervened and resolved the situation.
- This is a residential dementia home, where our residents in the main have no capacity or in some cases awareness of their own safety or environment. Whilst it would be a lovely idea to have kitchenettes for the residents, this
would prove to be both unsafe and impractical in our environment and is not an appropriate recommendation for this home.

- **Interactions:**- We have two large communal areas and a third lounge space where residents can and indeed do have some discussions.

- **Residents:**- Our residents mostly suffer from quite advanced dementia, it is therefore not surprising that you were unable to get information through a questionnaire. Staff are constant and we don’t use agency therefore the mis-recognition is due to the progressive nature of the dementia from which they are suffering. Our service at evenings and weekends is the same as during the week days.

- **Most of our residents lack capacity and may have DOLs in place which could affect their ability to leave our home independently.**

- **Food:**- Our full time cook was on holiday and does hold formal qualifications. The lady you met is our 2nd cook and has been a school cook for many years prior to joining us. She has level 2 food hygiene qualification, COSHH, fluids, nutrition and hydration training, principles of diet and nutrition, diabetes and Infection Control.

- **Involvement in key decisions:**- Due to the severity of our residents dementia, it is unlikely that they would acknowledge the residents guide or their care plans.

- **Complaints:**- again it is unlikely that a resident would have the capacity to be able to raise a concern and follow it through.

- **Staff:**- All staff follow our program of training which includes dementia. Some Staff have also been on the virtual dementia tour. Staff complete their training at various rates due to the rolling program and their start dates. Rowles House is a dedicated Dementia residential home and as such ongoing training is available at all times.

- **First thing on a Monday morning with Dr, District nurses and your visit may have appeared busy, however, we staff as is required by our regulators and increase staff numbers if the need arises.**

- **There are now plenty of pictures, colours and visual effects around the home. We have a program of constant refurbishment through out the year.**