

Enter and View

Report

Rushall Care Home

Carried out 4th December 2017



**Local voices
improving local
health and social care**



Part of the Healthwatch Walsall remit is to carry out Enter and View Visits. Healthwatch Walsall 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. 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 Walsall 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 Walsall safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.



Provider Details

Name: Rushall Care Home

Address: 204 Lichfield Road

Rushall

Walsall

WS41SA

Service Type: Elderly residential care

Date of Visit: 4/12/17

Authorised Representatives

Name: Ross Nicklin

Role: Healthwatch Walsall Advisory Board

Name: Tom Collins

Role: Community Outreach Officer, (HWW)

Purpose of Visit

- To observe the physical environment of the home and the interactions of staff and residents
- To listen to, observe and capture the experiences of service delivery from the residents, relatives and staff
- The reason for the announced visit was that the last CQC inspection report dated 19th August 2015 stated that Rushall Care Home was rated good overall

Physical Environment

External

The exterior of the building was well maintained with off road parking to the front. There is CCTV to the exterior of the building. Entry to the home was via a bell.

Internal

Visitors are requested to sign in; **however, consideration should be given by management/owners to providing a visitor/contractor signing in book which both meets**

legislative requirements and imparts the relevant health and safety information at the point of signing.

This would include a tear off identification pass facilitating and indicating authorisation to be on site.

The reception area displayed the obligatory documentation, such as the certificate of employer's liability insurance, documented fire procedures and CQC registration.

In addition, we also saw details of the memory club and a stakeholder survey displayed. The entertainment board had a copy of the 'Rushall Gazette' attached.

The resident rooms are arranged over 3 floors with the upper ones accessed by stairs and a lift.

The ground floor is decorated to a high standard. Furniture is plentiful, in good condition and is arranged to encourage interaction between residents. There is a large communal lounge with TV. In addition, the main dining room, kitchen and offices are all accessed from the central reception area.

All of the communal areas are bright, clean and free from clutter, therefore reducing the risk of trips and falls for residents.

There is a large communal garden area accessed from the dining room which has recently been redesigned and developed to a high standard with the introduction of many sensory aids and planting to enhance resident experience.

There is a further communal area on one of the upper floors, a hairdresser's room and carers' stations. The upper floors, although well decorated, are also planned for refurbishment.

One of the communal bathrooms we saw had been completed to a very high standard. Indeed, we were told by the owner of the home that additional plans were presently being considered to extend the building physically to provide better facilities.

Resident Numbers

Capacity is 39 and at the time of our visit there were 35 residents. Currently there are 31 single bedrooms and 4 doubles.

Staff Numbers

There are presently 54, including 2 management, 1 part time maintenance, 1 activity coordinator and 2 catering.

The remainder are carers and nursing staff, arranged over day and night cover

Typically, this is 6 carers and 1 nurse at any given time of the day, reducing to 3 plus one for nights.

Agency Usage

Not applicable at the time of our visit.

Resident Experiences and Observations

We managed to speak to 3 residents who were able to share their experiences.

The feedback received from all individuals was positive as they told us that their personal choices in respect of dress, food and drink, bedtime and personal care were always respected.

We were also told that residents felt able to speak readily to staff regarding their individual needs and that they were responsive to their requests. One resident was able to tell us that staff always seek permission before providing care. All of the residents we spoke to felt safe and free from risk. They were aware there was scope to raise concerns or complaints with staff, although none had cause to do so.

The residents appeared to be well looked after. The attention to personal care was much in evidence. We were also told there were regular visits from healthcare professionals.

The residents we spoke to confirmed that they were treated with dignity and respect. In addition, there was positive feedback regarding the interaction of the staff with residents.

We were told that the staff were polite and used resident first names in conversations. **However, one resident told us that they didn't feel there were enough staff on duty at all times.**

One of the residents we spoke to understood how to use the call bell which was accessible both in communal areas and resident rooms as told by the individual.

Residents seemed to be aware of activities available to them and there seemed to be a strong emphasis on external outings at an individual level. In addition, we were told that special events such as birthdays are celebrated.

Religious preferences are also respected.

Access to external professional care such as the GP is possible, although most of the residents we spoke to take advantage of healthcare visits to the home including chiropodist.

One resident was complementary regarding the variety and quality of meals provided.

Overall, the residents we spoke to felt happy and safe within the environment.

Family and Carer Experiences and Observations

We were able to speak to 2 family members on the day of our visit. They were also positive regarding their experiences.

They were made to feel welcome in the home and able to visit at any time.

They felt they were kept informed regarding the relative at all times and involved in the care process and able to take part in meetings with staff.

In both instances the relatives confirmed that they felt the resident was safe, well cared for and treated with respect and dignity.

They also confirmed that any concerns that they might have would be considered and acted upon.

One told us that the staff were proactive in the level of care provided and also that they felt there was adequate staff cover.

Another told us that the entertainment, (activities), provided by the Home has improved and there is now a greater emphasis on external outings.

They also thought that the standard of food was very good.

Activities

The residents we spoke to were aware of the activities available, but also felt that they had a choice in their level of participation.

At the time of our visit we did not actually see anyone involved in an activity, however we were told that the home provides individual and group activities. These are arranged both internally and externally by the activities coordinator.

We did not see many examples of past resident activities displayed around the home at the time of our visit other than the central entertainment board in reception.

The sensory aids displayed around the home were typically of the antique variety.

In the main reception area, a cabinet display had been constructed entitled 'Betty's Emporium 2015' in memory of a previous volunteer. This displayed many different and interesting curios.

Catering Services

The current food hygiene rating is 5 which means good.

The residents we spoke to were happy with both the quality and variety of meals provided.

Kitchen preparation areas were clean and food storage was adequate. There is a choice of menu which is changed regularly, and individual documented dietary needs are catered for which are developed right from pre-assessment of the individual resident.

There is an understanding of nutritional requirements and soft/puréed meals are provided.

Meals can be taken either at the designated meal time or at resident request and residents are asked where they wish to eat.

Due to the timing of our visit we did not see a food service.

Staff Experiences and Observations

On the day of our visit we managed to speak to 4 staff members, including the home manager, carers and chef. We also spoke briefly to the owner of the home.

There is a good emphasis on staff training and staff are able to progress their roles and acquire new skills accordingly. Both e-learning and face to face training is utilised. There is a training matrix to cover all employees. Training is also carried out either by external trainers or in house. Staff are knowledgeable of the Mental Capacity Act and also DOLS procedures.

Recruitment carries a high priority to include DBS checks and a focus on NVQ accreditation.

One carer told us that there is an open culture in which staff concerns can be raised with management and that their views have been considered when adapting care procedures. They also told us that they felt supported in their role and to undertake additional training.

We were shown the quality assurance system by the owner and manager and they confirmed that owner and herself were responsible for carrying out mandatory audits. We saw evidence of recent audits being carried out.

We saw evidence that concerns are documented and are followed up with remedial actions put in place.

We were also told by management that they encourage and facilitate visits by healthcare professionals into the home.

We observed a number of staff and resident interactions during our visit. Staff used first names when speaking to residents and addressed them in a caring and friendly manner.

Special mention must go to the owners and management for the introduction and utilisation of the Safety Board tool. This provides, at a glance, simplified resident information using an easy to use coloured legends etc. This enables staff to more easily access pertinent resident knowledge and apply much more direct lines of effective care.

Summary, Comments and Further Observations

The feedback received was extremely positive and the staff are striving to provide a high standard of care for the residents.

The staff and management are putting the residents at the centre of the service provision and there is a strong sense of community.

Indeed, the ongoing planned refurbishment can only serve to improve stakeholder experiences and levels of care.

We thank the residents, relatives, staff, management and owner for their cooperation and contributions during our visit.

Recommendations and Follow Up Action

- Tear off identification pass facilitating and indicating authorisation for visitors and contractors to be on site
- Revisit once refurbishment has been completed

Provider Feedback

Page 4. Staff numbers

In addition to the typical staff numbers we have an Early Bird worker, Tea Time Assistant and twilight worker 7 days a week to cover busy pockets to ensure resident care is attended to promptly.

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.



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