



## Kent Learning Disability Services Healthwatch Kent Enter and View Programme 2014

Healthwatch Kent undertook a series of visits to learning disabilities day centres and residential services, as part of a Kent wide observation of provision within the county.

This report features five services visited between September - October 2014:

- Folkestone Independent Living Service, The Bridge Centre, in Hythe
- Future Home Care, Supported Living Services Office and The Birches Registered Respite Facility, in Tonbridge
- Martha Trust residential and day centre, in Deal
- Rosecroft Care Residential Home, in New Romney
- Whiterose Care, in Canterbury

### About Healthwatch Kent

Healthwatch gives people a powerful voice locally and nationally. In Kent, Healthwatch works to help people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Kent is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future

### What is Enter and View?

Part of Healthwatch Kent's remit is to carry out Enter and View visits. Trained volunteers 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 Healthwatch Kent authorised representatives to observe services and talk to service users, patients, 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 observed anything that they felt uncomfortable about they would inform their lead who would then inform the service manager, ending the visit



In addition, if any member of staff wanted to raise a safeguarding issue during our visit, we would direct them to the CQC where they are protected by legislation if they raise a concern.

## **Acknowledgements**

Healthwatch Kent would like to thank all the Learning Disability services, residents, service users, visitors and staff for their contribution to this Enter and View programme.

## **Disclaimer**

Please note that this report only relates to what we observed during our visits. 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.

## **Purpose of the visits**

Healthwatch Kent undertook a series of visits to learning disabilities day centres and residential services, as part of a Kent wide observation of provision within the county. Care homes were selected on recommendation from Kent County Council.

The visits aimed to;

- gather views from service users, residents, carers/visitors and staff about their experiences in the named services.
- explore residents' views on the facilities provided in the named services.

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## **Methodology**

This programme was based on a schedule of announced Enter and View visits. Contact was made with each provider before the visit and information was given to the Manager about the role of Healthwatch. The dates for the visits were agreed with the service managers.

A team of trained Healthwatch Enter and View volunteers visited each service. An easy read questionnaire was designed to create the framework for conversations during each visit see Appendix A.

At each service, Healthwatch Kent checked with the provider if there were individuals who should not be approached or spoken to on the day. All our observations have been shared with the service providers and each were given an opportunity to respond to our findings. Their responses are included in this final report.



Name and address of premises visited	Bridge Community Hub Whitegates Close, Hythe, CT1216BB and Folkestone Sports Centre/ Front Room Radnor Park Avenue, Folkestone, CT195HX
Name of service provider	Kent County Council
Lead contact	Pascall Mitchell
Date and time of visits	28 <sup>th</sup> October 2014. 9.30 – 1.00pm
Authorised representatives undertaking the visit	Elizabeth Lines(Lead) and Paul Burchett

### Background Information

The Bridge Community Hub is one of a number of community hubs for people with learning disabilities. Clients are able to use the facilities of Folkestone Sports Centre to engage in activities there, such as table tennis, mat work and games.

Clients come into the hub each day from a range of residential accommodation. Some are in independent living, some in sheltered housing, some at home and some in residential accommodation.

On the day of our visit there were 10 clients attending, two of whom needed a lot of support, with one person accompanied by an individual helper.

There were 7 staff present. The ratio of staff to clients is worked out each day in relation to a planned attendance schedule of clients and tier assessed levels of need. Two of the clients have recently left school and are undergoing a needs assessment.

Overall there are between 80 and 85 clients who attend across a week and a pool of 16 staff.

### Summary of observations

- The hub was welcoming and friendly all those attending seemed happy to be there.
- People reported being able to chose from a range of activities that were tailored to meet their needs.
- People were treated with respect.

## Observations

### Environment

The Bridge Community Hub has ground floor accommodation for its clients comprising a kitchen, sensory room, IT suite, Music and Art room with office space upstairs. There is also a safe outside area.

The building was clean and had a friendly and cheerful atmosphere. All clients were greeted on arrival in a welcoming way and were clearly happy to be at the hub. The environment was safe and relaxed and staff were on hand.

### Privacy, Dignity and Respect.

Five clients completed our questionnaire, one of which was completed by their carer.

When asked if they felt safe at the hub, were treated with respect, could ask for help if they were unhappy and were called by the name that they liked, all respondents said 'Yes'.

### Recreation, social and pastoral care

Three of the clients were cooking on the day of the visit and they were taken to a local supermarket to buy the ingredients required to prepare their lunch.

A member of staff took one client out individually for the morning and the rest of the group went to the Folkestone Sports Centre.

The Authorised Visitors went with the clients to the Folkestone Sports Centre main hall and saw them involved in a series of activities. The staff were supported by sports centre staff and Front Room Hub staff. The Clients all looked happy and engaged in their activities.

### Food, daily routine and choice

After the various morning activities, people returned to the centre for lunch. With the exception of the three who were cooking, each had a packed lunch.

The Authorised Visitors asked clients if they can choose what they want to do and all confirmed that they could. When asked if they would like to do something different everyone said 'No'.

Clients were asked a number of questions about food, all respondents confirmed that they could choose what they wanted to eat and had time to eat their food. Three of the five people asked confirmed that they liked the food.



### **Personal care**

Staff were seen to complete their work in a good humoured and safe way.

When asked, by the Authorised Visitors, all respondents confirmed that they are able to go to the bathroom when they need to and have help to do what they want to do.

Each respondent confirmed that the staff always listened to them and that they could always find someone to talk to.

All staff are qualified and undertake mandatory training. Currently there is an emphasis on mental capacity and respect training.

Clear programmes are set out for each client and there are clear reporting and recording procedures.



## Response from Community Day Services, Shepway

6<sup>th</sup> March 2015

To Healthwatch Kent,

In 2011 we consulted with the users of our traditional day service on providing a range of community activities utilising community hubs. Below is the decision taken from the consultation report:

*'The new Community Hubs will have good access for everyone, some will have a 'Changing Place' (a toilet and shower and changing area for people who need assistance with their personal care)'*

*'People will have their own space to meet up to talk about what they are going to do. They will have time to rest between activities or to complete some activities when they are not doing other things in the local community. We will also look to develop work opportunities for people in co-operation with our partners in the local community. We shall pay careful attention to equality.'*

*'The aim is to use money differently, which means that it will be used to support people more flexibly instead of spending it on old style day centre buildings.'*

It was reassuring to read in your report the positive comments from people who access the service. It confirms that transformation of our traditional day services has been to the benefit of those accessing our service in Shepway .

Regards

**Kay Owen**  
Provision Manager  
Ashford and Shepway Learning Disability  
Kent County Council



# Future Home Care

Name and address of premises visited	Future Home Care Kent Supported Living Provider Offices and The Birches Registered Respite Facility at, Salisbury Road, Tonbridge, Kent. TN10 4PB
Name of service provider	Future Home Care Ltd
Lead contact	Wendy Barnes - Service Manager Debbie Sharp - Deputy Service manager
Date and time of visits	17 <sup>th</sup> October 2014
Authorised representatives undertaking the visit	Penny Graham and Mike Mckenzie

## Background Information

Future Home Care tendered for service provision from Kent County Council about seven years ago. The Authorised Visitors went to the office to meet with clients who are supported in the community in their own homes and also to The Birches, a respite home in Tonbridge.

Future Home Care supports over 60 people in Kent, some for a few hours each week and others who require greater levels of support. The Maidstone office also offers an in-house training room which is fully equipped with bed, lifting equipment and other training resources.

The Birches is a 3 bedroomed respite home for people wishing to access Future Care Home Respite services.

The Enter & View visit took place in two parts, meeting clients, carers and staff at the main office in Maidstone as well as a visit to the residential Respite in Tonbridge.

## Summary of observations

- People using the support service reported flexible carers who supported their chosen activities.
- The residential home was clean and comfortable.
- The rapport between staff and clients in both setting was relaxed and good.



## **Observations from the meeting in the Office at Maidstone**

The Healthwatch Authorised Visitors met with four clients, two men and two women. The two women had personal carers who were their main channel of communication. Both carers confirmed that the clients were relaxed and happy to meet the Authorised Visitors.

In addition, the Authorised Visitor met about a dozen of the small team based at the office, including the manager as well as two project managers, four support staff and some administration staff.

### **Environment**

The office was clean, tidy and calm. The welcome from the reception staff and all the other staff was warm and friendly.

### **Privacy, Dignity and Respect.**

During the meeting with clients, refreshments were offered to everyone. The Authorised Visitor observed one carer, who was new to working with her client, demonstrate caution and respect as she did not know the degree of assistance the person in her care would need in the process of drinking.

### **Recreation, social and pastoral care**

The two men, whom the Authorised Visitors spoke to, explained that they were living on their own but have a helper to support some aspect of their daily living. They spoke about eating out with their helpers, friends and family if they did not wish to cook and pursuing hobbies such as playing a number of musical instruments and singing in two choirs. The two men were in fact planning a joint Halloween party.

One of the men explained that he had a girlfriend and is very keen to find some work that he can enjoy. He had tried gardening but didn't like that. The Authorised Visitors suggest some organisations that they thought could support his endeavour to find work.

The support workers explained that they arranged trips out on a regular basis for both able bodied and wheelchair bound clients. They explained that each client was allocated support hours through assessment by Kent County Council in conjunction with Future Home Care's Development Manager and senior staff members.





## **Observations from The Birches respite home.**

The Birches is a respite facility, mostly used at weekends and evenings during the week when families may require a break.

### **Environment**

When we arrived we were shown into two bedrooms (one was occupied), the toilet and shower, the kitchen, the staff bedroom, The Sensory room and the comfortable lounge.

The lounge was furnished with quality sofas and other higher chairs. There was a very large and comfy bean bag, a television with lots of DVDs adjacent.

It was explained that a "personal" box of belongings was being assembled for each of the residents, to help them feel more at home by having their own things each time they visited. Each box was to be identified with a photo of that person.

There was clearly a very good rapport between the staff.

### **Privacy, Dignity and Respect.**

During the visit, the Authorised Visitors met with three clients and spent time with them in the communal lounge. They did not complete the questionnaire with any of the clients, but just made general conversation, talking about clients' items, such as a cuddly toy or an ipad.

The Authorised Visitors observed that the clients did not show any obvious reaction to having two people join them that evening and concluded that this was because they were in a place that felt familiar and safe.

### **Recreation, social and pastoral care**

One client staying in the respite home had family visitors that evening. The Authorised Visitors reflected that the client seemed calm as her visitors left and again concluded that this was possibly because she was in a place she recognised and was comfortable in.

### **Food, daily routine and choice**

There were no areas that clients were unable to enter and were able to do whatever they wanted, including sleep in the day time if they wanted. There was no "bedtime" as such but people were 'encouraged' to retire by recognised means, such as quiet television or lower lighting etc.

### **Personal care, interactions with staff**

The Authorised Visitor saw the staff team and residents work together to prepare the meal and table and sat down together to eat their evening meal.

16<sup>th</sup> March 2015

To Healthwatch Kent

We were fortunate to have had members of Healthwatch Kent visit us at our Offices, also meeting with some of the people that we support on two occasions, to seek their views in relation to the support that Future Home Care provide to them.

A Representative also visited our Registered Short Breaks / Respite Service in Tonbridge and met with both staff and the people who were at that time accessing the Service, in order to collate their report.

We shall always be happy to accommodate visits from Healthwatch Kent, as they are in place to ensure the people that we support receive a good service, suited to their needs and enabling them to have a voice.

Kind Regards

Wendy Barnes  
Service Manager  
Future Home Care Ltd



# Martha Trust residential and day centre

Name and address of premises visited	Martha Trust Homemead Lane, Hacklinge Deal Kent Ct14 0PG
Service provider	Martha Trust
Lead contact	Director of Care Services Glenda Roberts
Date and Time	15 and 28 October 2014 11.00- 1.00, 1.30-3.30pm
Authorised visitors	Paul Burchett, Jill McDougal, Hilary Clayden and Theresa Oliver

## Background

Martha Trust in Deal provides life care for adults of all ages with physical and profound learning disabilities. It is based on two sites in South East England Hastings and Deal. Healthwatch Kent visited the site at Deal which comprises of two main residential homes, Frances and Martha, a day centre, a therapy unit and an office suite. There is a hydro therapy pool housed within the office and day centre building.

The Residents come from around the UK and are funded by different local authorities and fundraising activities.

In the Day Centre there are four staff to four clients which means they have time to support each person and respond to their needs. There are five staff in Frances House and seven in Martha House. These include nurses and care staff. Martha House is managed by a Senior Nurse. At night there are two members of staff in each house including one nurse. Shifts are arranged so that there is an overlap which enables a smooth handover of information and more staff members are available to provide support at times of high need, for example meal times. We were told that staff turnover is low.

New residents have a phased introduction to the home, which can be up to two months. During this time they come for respite care and attend the day centre. Staff and families find that this really helps new residents to settle in. The new residents are allocated a key worker based on interests, background, age and need. The key worker will visit the client in their home wherever that is within the UK.

There are usually eight residents in Frances House and 14 in Martha House, including one respite room. Currently there are 9 residents in Frances House, as they had had an emergency admission and had converted the sensory room to enable them to care for the new resident until a more permanent place is found. Nine families are being supported with respite care on a rotational basis. The Day Centre has four users per day, and is open during weekdays only. The Day Centre



is used by some residents and by some of the clients who are using the respite care facilities.

The initial visit was undertaken by four Healthwatch Authorised Visitors and the second by two. Due to the communication and comprehension issues of all residents it was not appropriate to use the questionnaire directly.

As well as staff, the Authorised Visitors spoke to four parents and a Family Forum representative who was also a parent.

## Summary of observations

- Staff had a good rapport with the residents and provided a high level of care
- Care was personalised to the resident's needs and respectful of their dignity.
- Residents were encouraged to make some decisions and be involved in every day personal tasks where possible
- The management try to resolve any issues by regular contact with parents individually and through the Family Forum and are constantly looking at ways to improve the service they offer.
- The CEO has developed a Parent's Representative Group who meet regularly with him

## Observations

### Environment

The home was clean and spacious throughout with good lighting and at a comfortable temperature and no unpleasant odours. Furniture and decoration was in good order.

There was generally adequate space for movement of wheelchairs and the therapy centre is due to have some redevelopment to improve access. Several residents had specially adapted personal comfort chairs which enabled them to sit more comfortably and with better support than in their wheelchair.

There is a landscaped garden which can be used by the residents and their families

### Privacy, Dignity and Respect.

Residents were called by their preferred name and had their own room which was personalised. Where possible the residents had been involved in the decoration of their rooms together with the families.

Bathrooms were clean and equipped with hoists and specialised baths and showers. In Frances, generally one bathroom was shared between two residents.

### Recreation, social and pastoral care

The Centre is working with Canterbury Christchurch University to introduce a system of Active Support or Personal Centred Care. In this the residents are encouraged and supported to achieve things for themselves if this is what they would like, promoting a sense of achievement and control. We were shown how



some of the residents were able to use switches to turn on and off cooking aids and inputs in the sensory room. We observed a resident helping to fold her clean clothes. This programme is being developed and extended over the next few years with ongoing staff training.

Various activities are arranged both within the centre and outside. Families and staff are aware of which activities the residents enjoy and try to ensure that they are given the opportunity to take part in those.

The Therapy rooms are used by Day Centre users and residents. The staff in the therapy unit were long term employees and so have a good rapport with the residents and day centre users and know what they enjoy doing. There is a sensory room in the unit where two residents at a time can relax. There are specially adapted switches so that those with more movement can turn on or off various light, music and sound inputs. We saw one resident using the room to relax and listen to a talking book.

Another room in the therapy unit had a large touch screen computer where clients could play games or Skype their relatives.

The centre has a Hydrotherapy Pool for residents and day care clients, equipped with hoists and flotation equipment. The pool was clean and well adapted to the residents needs with two nurses in attendance. Day centre clients use it three days a week and most residents several times a week. The family members we spoke to thought this was a vital resource as for some it was the only time their relatives were able to move freely.

Additional internal activities include cooking, tactile activities, music therapy and use of the sensory room. We observed five clients having a music therapy session, one using the sensory room and four doing assisted cooking in Martha.

Residents are taken to activities outside the centre particularly those with visual or audio stimulation such as the theatre, carriage riding, sailing and concerts as well as regular trips shopping, to dentists, hairdressers etc.

Some parents we spoke to felt that sometimes regular outside visits were cancelled due to staff shortage which although they understood they felt was disappointing as these visits were very important in the holistic care of their relatives. Others seemed to be quite happy with the level of outside activities.

One parent told us that the centre has started logging residents' monthly mileage so that relatives can see how much time has been spent in external activities. Families have the use of the centre's adapted transport to take their relatives out if applicable.

All residents except one, who has an advocate, have regular family contact. Family contact is actively encouraged and families can visit at all times. Some parents come in most days but others who live further away or work, come less often. The use of Skype is encouraged for those residents who are able to use it and whose relatives cannot make regular visits.



### **Food, daily routine and choice**

In Martha house we observed a communal meal time with some residents eating around a central table assisted on a 1:1 basis by staff. Authorised visitors saw food charts which monitor both food and liquid intake. Individual preferences for food textures and eating techniques (the where, when, how and with what) were known by staff and applied. Residents had their weight measured at different intervals to try to ensure a healthy weight.

However the parents we spoke to said they were concerned about the nutritional content of the meals. This is currently being addressed by the home working with the Family Forum and the cook uses locally sourced produce and provides variety in the menu.

In Frances the residents had a variety of different nutritional complications which meant that they did not have a communal eating time. Several were nil by mouth, some were on fluids only and others had nutritional purees. We were told one younger resident had chosen to have nil by mouth as eating had become too unpleasant. Another resident who was on fluids was able to indicate which flavour she preferred.

The Day Centre has devised bright individual laminated mats for each client, which shows their interests, feeding method and helped the staff to ensure that they were meeting each client's needs and preferences.

### **Personal care, interactions with staff**

The relatives we spoke to, described the staff as 'friends' and the care as 'holistic'.

The Authorised Visitors saw staff interacting well with clients and showing sensitivity in interpreting ways of communicating specific to particular residents.

In addition to a key worker, each resident has a named nurse and a co-key worker. The relationship between resident and key worker is central to Martha Trust's philosophy of care and we saw this in practise.

There is a 6 monthly family forum, held on a Saturday which is well attended and which provides a means of interaction between the families and the management where issues can be raised. We spoke to one of the representatives of the forum who felt that it was generally an effective way of resolving issues and that the management always listen to the parents' comments but cannot always achieve the outcome parents would like.

### **Comments from family / visitors**

The parents of a Day Centre client said they were pleased with the care their relative was receiving, especially on site medical care. Whilst another parent said *"I cannot fault the care at Martha Trust. They are always very welcoming; you can go in any time."*



Residents frequently use incontinence pads. A Family member expressed concern about the frequency that these were checked to ensure that their relatives were not left wet for extended periods.

Because of the degree of learning difficulty most residents were not able to make a choice about what clothes they wore. Family members provided clothes that their relative was comfortable in and the staff ensured that that the resident was dressed appropriately for the weather or outings. Two family members remarked that sometimes the residents were given clothes that were not theirs despite everything being named.

An issue raised by three family members as a cause for concern, but beyond the control of Martha Trust, were problems when their relative needed hospital treatment because of the breaks in the continuity of care. Authorised Visitors were told that residents rarely saw the same GP and GPs did not attend the annual reviews so tended to just treat the symptoms rather than being aware of the resident's complex needs. It was felt that hospital staff may not have the time, expertise or staffing levels to provide the care that their relative would need.

It was mentioned that Martha Trust often had to chase up GPs and hospitals for test results. One family member of someone using the Day Centre said that the staff at Martha Trust have devised an innovative care recording system in conjunction with the regular health professionals and were very positive about this system of monitoring improving care and continuity in treating the complex medical conditions for their relative.



# Response from Martha Trust residential and day centre

24<sup>th</sup> February 2015

To Healthwatch Kent

It was nice to get such an encouraging report particularly because the team from Healthwatch Kent who spent two days with us included inspectors who are experts by experience. Martha Trust strives to be an organisation that is always supportive and encouraging not only to those who use the service, but also to families and our fantastic staff.

We recognise though that there are always areas that we can improve on and with particular regard to communication we have had for the last year a Parents representative forum where three parents selected by families meet regularly with myself to look at ways of making the lives of their loved ones as fulfilling as we can. We are passionate about the Active Support system of care and in January took the decision to employ a full time Active Support practitioner to enhance the work we had already commenced which is mentioned in the report. Despite the reduced budgets we have to work on how we are determined to make Martha the best choice for people with PMLD.

Yours faithfully

George White  
CEO Martha Trust





# Rosecroft Care Residential Home

Name and address of premises visited	Rosecroft Care Home 69-71 Meehan Road Greatstones, New Romney Kent TN28 8NZ
Service provider	Rosecroft Care Ltd
Lead contact	Managed by Mark Ulph Owner:-Lisa Ulph
Date and Time	10 October 2014 11.00am- 1.00pm
Authorised visitors	Junetta Whorwell Theresa Oliver

## Background

Rosecroft is a small friendly care home for adults with learning disabilities. It is a chalet bungalow which has been kept as far as possible as a family home for the residents. There is a secure garden which the residents can access freely.

There are currently five residents, four female and one male, who all have their own large room each with their own television and washing facilities. One resident is a wheelchair user and staff use a hoist to assist his movement in and out of the chair. We were able to speak to all the residents.

Although one of the residents has some family locally others were from a wider area.

Two staff members and the owners were on duty when we visited. There are two sleep-in staff who cover the night shift. The staff appeared to have a good rapport with the residents and responded promptly to their queries and requests ensuring that their needs were met.

As all residents had communication difficulties the staff helped by either signing or repeating the question and/or answers, although where possible the residents answered directly. We were able to speak to all five residents and all gave positive responses to every question.

We used two methods of presenting the questions to the residents, the first was to use the questionnaire sheet as it was, the second was in the form of a game where the questions were cut into individual strips which the resident picked out of a bag and then chose the appropriate response. Both methods seemed to be effective and some of the residents were quite excited by picking the questions out of the bag.

There were no visitors or external carers present at the time of the visit to ask about their experiences of Rosecroft.



## Summary of observations

- The residents generally have been living at the home for some time
- There is a low turnover of staff and a good rapport between staff and residents.
- The staff respect the fact that the centre is the residents' home and encourage them to make choices and decisions about their care and daily living but are always on hand to help when needed.
- Residents reported being able to exercise choice in their daily routine.

## Observations

### Environment

The home was clean and spacious with good lighting and at a comfortable temperature and no unpleasant odours. There was adequate space for movement of wheelchairs and walking frames and no obvious obstructions or trip hazards. Furniture and decoration was in good order. The down stairs bathroom was clean and easily accessible.

A hoist was used to assist the movement of the wheelchair user.

### Privacy, Dignity and Respect.

Residents were called by their preferred name and had their own room which was personalised. Staff knocked before entering a resident's room and responded when a resident spoke to them or needed assistance.

All residents said they were able to use the bathroom when needed with staff assisting as required.

All Residents said they were able to choose what clothes they wanted to wear and some had matching personal jewellery.

### Recreation, social and pastoral care

A range of activities were available both at the house and in the surrounding area including going to local farms, theme parks, bowling, cinema, shopping etc. While we were there some of the residents were doing craft activities, one was reading and one resident had chosen to do something different in their room. Residents are able to help with cooking if they enjoy that.

The centre has outdoor games and a bouncy castle for use in the garden and residents use the owner's swimming pool in the summer.

The residents were taken out to medical or dental appointments if possible. Some of the residents had family who visited but others who did not have family had the opportunity of 'sleep overs' at the owners nearby home.

**Food, daily routine and choice**

Lunch was taken in a communal dining area. We observed residents choosing what they wanted for lunch. Allowance was made for variation in speed of eating by appropriate seat placing. Everyone agreed they liked the food.

**Personal care, interactions with staff**

As most of the residents had lived at the home for some time they appeared to have a good rapport with the staff and were confident and relaxed with them. One lady who was relatively new appeared to have settled in well. All residents agreed that there was always someone to listen to them and help them when needed.



# Response from Rosecroft Care Residential Home

23rd February 2015

To Healthwatch Kent

We think your report is accurate and the information was gathered in sympathetic, non leading way. We would like to thank you all for your observations regarding our service.

Yours faithfully

Lisa and Mark Ulph



Name and address of premises visited	Whiterose Newlands 4 Church Lane Westbere CT2 0HA
Service provider	Whiterose Care Homes
Lead contact	Manager:- Lucy Fenton Owners:- Julie and Gary White
Date and Time	24 <sup>th</sup> September 2014 1.30-3.30 pm
Authorised visitors	Hilary Clayden Paul Burchett

## Background

The home has a complex layout, having been created from an original bungalow design to have an additional lounge and rooms downstairs which would be difficult to reach internally using a wheelchair.

The garden and art and craft room can be accessed through the downstairs lounge. In the summer some of the residents are given support to perform gardening activities and a resident from a sister home comes to Newlands to work independently in the garden.

There are currently 21 residents, 2 share a room from personal choice. The home also offers end of life care, so that residents do not need to be moved into unfamiliar surroundings.

There is a bank of 33 staff members, who perform a range of different shifts depending on changing needs. There are less staff at night, usually three, as generally it is calm and quiet. The home has recently taken on five new staff members who are undergoing a three month training period. Staff are allocated tasks at the beginning of a shift so that more junior members of staff will know where to find support if they need it in addition to resident's care needs being properly met. Different coloured polo shirts are used to clarify the roles of managers, senior care workers, support staff and catering staff.

Five residents answered the questionnaire. Authorised Visitors were guided by staff as to who might be interested in completing the questionnaire

## Summary of observations

- There was a positive and calm atmosphere in the home
- Staff demonstrated support and concern for residents' emotional wellbeing as well as providing care for their physical needs.
- Staff were welcoming and helpful before and throughout the visit.



## Observations

### Environment

The upstairs lounge was the main focus for social activity on our visit. The area is divided into smaller spaces which allow for individualised activity. These smaller spaces also increase opportunities for staff / resident interaction and interesting things to observe for those who didn't want to communicate.

The communal area extended into the hall and during our visit the two easy chairs positioned in the hall were very popular: so much so, that some of the decor on the wall behind the chairs had been knocked about, because of the constant use of the chairs. This had been noted by the owners and is to be redecorated soon. The rest of the home was clean and homely.

### Privacy, Dignity and Respect.

Rooms and internal entrance doors to them had been personalised and there were individual or small group photographs of the residents in the communal parts of the home.

Residents who were bed bound were in rooms which were open to the corridors so that their needs could be more easily monitored staff more easily accessible for all and they would feel less isolated.

All of the respondents to the questionnaire said that they liked their room and felt safe living in the home, were treated with respect and called by the name they wanted.

Staff were seen to interact politely, using residents' chosen names, taking account of differing needs and offering reassurance in a range of situations.

Four residents said they could choose what they wanted to wear, with one person going further to add '*I put them on on my own*'.

### Recreation, social and pastoral care

There is a range of different activities both within the home either organised by the staff or external providers or at the community hall at Hersden. These include exercises, singing, drama, dancing and art and craft. The Authorised Visitors saw staff helping some residents with activities during the time of the visit.

One resident goes to work outside of the home and one does some clerical work at the home.

Approximately half the residents have visits or telephone calls from family or friends, but at the time of our visit there weren't any to speak to.

In response to the questionnaire, five residents said they could choose what they wanted to do. One resident explained that he liked drama and had done a show.



One person said they didn't like craft so they didn't do it but liked to stay in their room and watch television.

When asked about doing something different one resident said they would like to go out more (staff confirmed they go out every day), two didn't answer and one was unsure of the meaning of the question.

Three residents said they either had phone calls or visits.

### **Food, daily routine and choice**

A number of questions in the questionnaire explored how residents felt about food and mealtimes.

All five residents asked said they liked the food and could choose what they wanted. One resident mentioned choosing from the menu in the morning.

All five residents said they had enough time to eat their food, with one resident commenting '*I don't eat quickly*' and another stating '*I eat up quickly*'.

During our visit staff asked residents if they wanted a drink and they could choose what they wanted. One resident said '*I like the bubbles in cherryade*'. They were offered help with their drinks if necessary.

### **Personal care, interactions with staff**

As well as observing the interactions between staff and residents, the Authorised Visitors asked specific questions to explore residents experience.

Four residents said that they could find someone to talk to if they were unhappy but one person said that they didn't like to talk to people if they were sad.

When asked if they felt that staff listened to them, three residents said 'yes' whilst one resident didn't know and one person was worried about the question and didn't answer.

Four residents said that they felt they could find someone to talk to, with one resident naming a specific member of staff they liked to talk to.

All five residents who took part in the questionnaire said they could go to the bathroom when they wanted, one person stated '*I can go on my own*'. Staff showed awareness of non verbal signals that a resident needed to use the bathroom and provided support.



Although Whiterose Care has agreed our report is factually correct, they have decided not to make a formal response to the report.