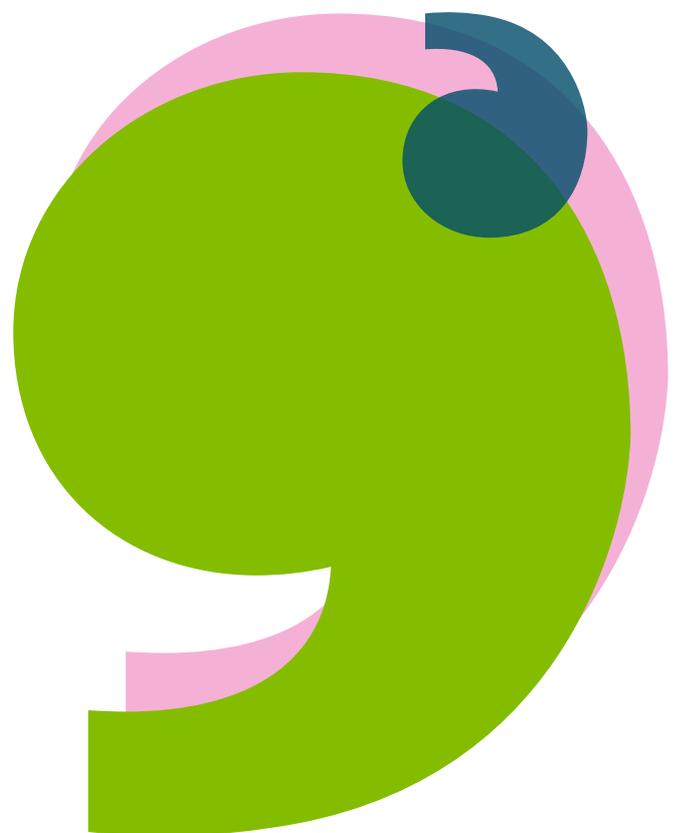




**Healthwatch Doncaster
Enter and View
Roman Court**

23 May 2019





Contents

- 1 Introduction 4
 - 1.1 Details of visit 4
 - 1.2 Acknowledgements 4
 - 1.3 Disclaimer 4

- 2 What is Enter and View? 5
 - 2.1 Purpose of Visit 5
 - 2.2 Strategic drivers 5
 - 2.3 Methodology 5
 - 2.4 Summary of findings 6
 - 2.5 Results of visit 6
 - 2.6 Recommendations 9

 - 2.8 Service provider response 9



1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Roman Court, Old Farm Court, Mexborough, S64 9ES
Service Provider	Maricare
Date and Time	10.45 23 rd May 2019
Authorised Representatives	John Burke, Sandra Hodson, Sue Flintoff, Diana Foster
Contact details	Healthwatch Doncaster 3 Cavendish Court South Parade Doncaster DN1 2DJ

1.2 Acknowledgements

Healthwatch Doncaster would like to thank the service provider, residents, visitors and staff of Roman Court 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 residents and staff, only an account of what was observed and contributed at the time of the visit.



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 be undertaken if people tell us there is an issue 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.

2.1 Purpose of Visit

Healthwatch Doncaster is undertaking a series of Enter and View visits in local care homes to build a picture of the quality and range of care provision in Doncaster from a resident's perspective.

2.2 Strategic drivers

Healthwatch Doncaster are undertaking visits to local care homes as part of a wider piece of work to look at the quality of care provision in Doncaster.

2.3 Methodology

- The Healthwatch Doncaster Enter and View Planning Group met to discuss the methodology for the visit. A checklist was devised outlining key observation areas (outlined in results of visits).
- The group decided who would undertake the official Enter and View visit it was decided that four of the eligible members of the group attend, It was agreed that the group would split into two pairs so as not to overwhelm the residents.
- During the visit the teams spent time in all the lounges and dining room as well as the corridors of the resident's rooms both on the ground and first floor. Interaction was observed between staff and residents.
- Observation sheets were used throughout the visit and these were collated in a meeting of the four Authorised Representatives shortly after the visit.





Items for inclusion in the report and recommendations were also discussed and agreed.

2.4 Summary of findings

- The Authorised Representatives felt the home generally had good atmosphere.
- Interactions between staff and residents were positive.
- The environment was clean and tidy.

2.5 Results of visit

The findings of the visit are summarised below:

Environment

- The homes layout made it simple to observe the residents and staff without overwhelming the residents.
- The entrance hall was welcoming.
- The notice boards in the entrance hall were well laid out and uncluttered and one board for general information and one for specialised information for example fire evacuation procedure.
- The notice informing visitors of Healthwatch's visit was prominently displayed.
- Hand cleansers and moisturisers were available around the home.
- The fire zones were comprehensive and clear.
- There was a clear flow chart available indicating the procedure for safeguarding.
- There was a notice on the board for the benefits of visitors indicating that they could receive a weekly email update on their relative's activities/welfare during the previous week.
- Each resident had their own room door which carried a laminated poster with the residents name and a visual indication of their interests.
- Each resident's door had been re-designed to resemble a front door and were numbered.
- Each room could be decorated to suit the residents taste and residents and relatives are encouraged to personalize their rooms with their own mementos and keepsakes.
- There were some examples of residents own artwork displayed in the hallways.
- Vinyl pictures (decals) were affixed to walls to brighten up the corridors.
- Boards were located in various areas with simple welcoming message, such as good morning, or uplifting messages.

- There were various clocks throughout the lounges all giving the correct time, these were not dementia friendly but the day/date/month were displayed in a separate display.
- Toilet doors were in contrasting colours to other doors, toilet doors red and bathrooms blue.
- It was noted that the sign on one toilet upstairs was different to downstairs, which could be confusing.
- One short length of handrails in the corridors was not in a contrasting colour, all the rest were fine.
- Facilities were provided for any residents who smoked.
- All the windows that could be opened had restricted openings.
- There were photographs of staff displayed on the walls indicated the areas that they championed.
- We were informed that there were regular fire drills.
- There were alarm cords in the toilets though not all were the recommended length.
- On the day of the visit alert mats were activated by a resident getting out of bed and this registered on a display alerting staff to this fact.
- The outside area has a special softer floor covering to make it safer for anyone falling. Funding for this was raised by a resident's family.
- One of the team noted some floating display boxes in a hallway jutting from the wall at head height which could pose a hazard.

Promotion of Privacy, Dignity and Respect

- All residents were clean and dressed appropriately.

Promotion of Independence

- One of the residents visits a day centre three days a week, this does not impinge on staff ratios as she is collected and returned by the day centre.

Interaction between residents and staff

- Interaction between residents and staff was excellent, all staff appeared very caring and used first names when talking to residents. Staff were working one to one with residents colouring, massaging hands and chatting.
- Some residents were listening to music through headphones.

Residents

- We were able to talk to some of the residents about their past lives all seemed contented.

Food

- On the day of the visit, due to timings, it was decided not to observe the lunches being served or eaten, one resident told us that the food was excellent and filling. Staff told us that residents were shown food and allowed to choose at mealtimes.



Recreational Activities, Social Inclusion and Pastoral Needs

- Church service times were on display.
- There were one to one activities such as colouring.
- It was observed a staff member massaging resident's hands.
- One resident goes to a day centre three times a week.
- A hairdresser visits every week.

Involvement in key decisions

- As all of the residents have some form of mental incapacity the relatives have full input into any key decision on behalf of their relative. Where such a representative is not available an advocate is engaged to support residents.

Concerns and Complaint Procedure

- There is a complaints procedure, but the manager has an open door policy to enable relatives and/or staff to raise any concern or complaints as they arise in order to resolve at an earlier stage if possible.

Staff

- All the staff were very open and friendly, they knew all the names of the residents and their likes/dislikes.
- Staff turnover is generally low but Rachel the manager noted a spike in new staff leaving, this was due to staff being interviewed in an area where there were no residents and new starters were not prepared for the complex needs of the residents. All staff are now interviewed within the working environment and this has helped.
- One of the staff commented "Rachel is fantastic and supportive."
- A member of staff told us that when staff are dealing with residents who are in the end of life care they are supported throughout.
- We saw evidence of staff training opportunities and reminders about mandatory training throughout the home. The staff we spoke to told us about training and development opportunities with the company. There is a dedicated trainer for the home.
- Personal development was strongly encouraged.
- When asked if the home had links with the local school it was explained that due to some of the complex needs of some residents children who were not used to the environment could be scared, but that staff's own children did visit the home on a regular basis, which the residents enjoy.

Visitors and Relatives

- Several relatives were spoken to and their views were positive about the staff and the home in general.





2.6 Recommendations

We have only minor recommendations to make, these being:

- Make toilet signage consistent through the home.
- All alarm cords should hang to within 6mm of the floor; this was not always the case.
- Rectify the colour contrast of the short section of handrail.

2.7 Service provider response

Maricare appreciate your positive observation and report of Roman Court. We always welcome people to come and see what Roman Court is about and see the care provided.

We have taken into account your recommendations and are working to put these into place.