

Enter and View Visit



Background to 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. Providers can also invite us to visit a service. 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.

Disclaimer: Please note that this report relates to findings observed on the specific date stated above. Our report is not a representative portrayal of the experience of all service users and staff, it is only an account of what was observed and discussed during the limited time of the visit.

Name and Address	Rogers House Drewery Drive Wigmore, Gillingham
Date & Time of Visit	21st December 2015 11am – 1.30pm
Authorised Visitors	Graham M Trice Joy Bryson Peggie Jonas

Introduction & Methodology

This was an announced Enter and View (E&V) visit undertaken by Healthwatch Medway's E&V trained volunteers. Letters of introduction and announcement were sent to this provider two weeks in advance of the visit, together with laminated posters and leaflets advertising Healthwatch Medway and the date and time of the visit, these were displayed for staff, residents and visitors to see and were clearly visible at the time of our visit within the hallway.

Healthwatch Medway has designed a question prompt sheet inspired by useful resources supplied by organisations such as (the King's fund / the Alzheimer's Society) which promote person centred care to people with dementia deserve.

The question prompt sheet was used during and after this visit and surrounded provision of activities & occupation / care and treating residents with dignity & respect / the relationship between care homes and relatives and friends / the setting.

The Alzheimer's Society states that 'good care homes have a good atmosphere and warm relationships among residents, staff and relatives'.

During the course of our visit there were 38 people in residence at Rogers House. We spoke with 23 residents, 1 family member/carers.

Rogers House has a total of 65 employees , Gillian Pemble is the registered manager. 10 members of staff were on duty during our visit, additional staff members were arriving to assist in the afternoons pantomime outing. We were able to speak with the Care Co-Ordinator and the Manager . Staff members told us that as well as care staff, 4 cleaners, 2 chefs and 2 kitchen assistants are also employed.

Shifts are operated by 6 care staff and 1 senior being on duty during the mornings , 5 carers and 1 senior during the afternoon and 3 care staff and 1 senior during the night.

Staff members told us that although Rogers House is registered for 43 they like to keep it to 41, 25% of the residents had Dementia at the time of our visit, Rogers House does not offer nursing care.

Rogers House can accommodate couples

At the time of our visit the residents were having an early lunch as they were going on a group outing to watch a pantomime during the afternoon and we observed family members and carers leaving as we arrived so the early lunch could take place .

The Setting

Rogers House is operated by Abbeyfield Kent Society Limited and was Kent's first Abbeyfield home when set up in 1967.

Rogers House is a two-storey home, which specialises in elderly frail care for up to 41 people.

Positioned in a quiet residential suburb of Gillingham (Wigmore), Rogers House is under five miles from Gillingham's town centre, local shops and rail links.

The Home has excellent transport links to the M2 and A2, allowing easy access to and from the home and benefits from parking facilities for visitors.

The home has five large lounges and a dining area, giving residents the opportunity to socialise with each other.

There is a kitchenette for residents to use freely.

Each bedroom is carpeted and equipped with a call system. A lot of the rooms at Rogers House are en-suite, as well as being close to a disabled-friendly bathroom. All bedrooms are furnished, however residents are encouraged to personalise their room with their own belongings, to make them feel more at home. The extensive gardens are planted with a range of flowers and shrubs, making it a pleasant place in which to relax all year round. We observed that the gardening space had been utilised for sitting and eating.

We were told that a Chiropodist and Optician visit regularly, a reflexologist also visits and that there was good communication with the GP from Rainham HLC and that the GP holds a mini clinic each week.

We were also told by staff members that residents are encouraged to participate in resident committees as a space to talk things through.

We observed good door security and noted that residents were able to personalise their own room door, through colour and photographs.

We observed that the complaints procedure for Rogers House was evident in all the communal rooms and large clocks that clearly displayed day, date and time were on every floor.

We observed lots of conveniently placed sitting areas along the corridors.

Rogers House is registered with the Care Quality Commission;

As a result of an unannounced CQC inspection during October/November 2015 the recent published report from CQC January 2016 rates Rogers House as Requires Improvement.

Provision of activities & occupation

We observed that a calendar was displayed advertising activities and we were informed that an Activity Co-ordinator is employed, 10-3pm six days per week and that morning and afternoon activities are available 6 days per week.

We observed that a reminiscence album was available in the lounge area , along with board games and playing cards.

A resident told us that seated dancing is a regular activity and that recently due to the Christmas period the residents had sung carols for staff members and they had been visited by the Salvation Army.

At the time of our visit a Pantomime outing had been organised.

A resident told us that outings can include trips to the coast. Another resident told us of an outing to the garden centre and to the pub. A mini bus is used for group outings.

We were told by a resident that they can play games outside in the garden and that staff encourage residents to be involved in the raised flower bed area and planting the hanging baskets.

Care at the home

We observed staff talking and treating the residents with respect, we observed staff sitting and eating with the residents within the dining room and we observed staff members patiently encouraging some residents to eat.

We observed a staff member calling a resident 'Mum', when we asked about this we were told 'this is because the resident wants to be called this'.

Residents told us they used menu cards, indicating their individual needs are catered for.

Staff members told us that residents were involved in the menu planning process and they were encouraged to take part in taster sessions.

The manager told us that care plans are reviewed monthly (routinely) or changed as necessary; from listening to residents they described examples of having their individual needs met and talking with staff if they wanted to make changes.

We observed that Rogers House offered spiritual choices, we saw opportunities to attend church and communion services.

We observed that all the residents appeared clean and tidy. Sanitising gel was present across all the floors. The seating was reasonable and the areas we visited appeared clean and tidy.

We observed a couple of tiles were missing from one of the bathrooms.

We observed the provision of individual 'snack boxes' containing fruit, crisps, biscuits was available to residents and the dining area included numbered dining tables.

The meal we observed involved members of staff sitting with the residents during their meal, enjoying jokes, banter, generally a good rapport throughout.

The relationship between care homes and relatives and friends

We were only able to speak with one family member due to visitors leaving early on the day of our visit. A resident told us that his family had visited five other homes before choosing Rogers House, he told us he had lived here 3 years and had never had cause to complain.

Conclusions and Recommendations

- We found Rogers House to have a warm and homely atmosphere. Every member of staff that we spoke with was very friendly and appeared to be knowledgeable regarding the individual needs of each resident.
- We was impressed with our observations during the mealtime, this displayed an excellent balance of fine dining / family atmosphere, the staff encouraging and facilitating gentle humour and conversations that included all residents.
- Every resident that we spoke with, spoke about their experience of living in Rogers House in a very positive manner, no one was able to tell us 'something they would change'
- Staff members were observed as working as a team and those we spoke with spoke positively about the training that is available. For example we were told of a 12 week training course that needs to be completed before they can handle medication.
- Published guidance by the Alzheimer's Society shows that reminiscence can be a powerful way of communicating with a person living with dementia. It can help a person to gather personal memories and awaken memories of life years ago. Kent Libraries offer a scheme for those living with Dementia / memory loss, these include Reminiscence boxes and books, care homes and nursing homes are included in these lending schemes, we would recommend Rogers House consider this as an additional resource.

• Rogers House Response

The provider chose not to comment on the report