

healthwatch

Kingston upon Hull

Enter and View Activity

Rossmore Community
Rehabilitation Centre

Tuesday 19th November 2024



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1. Introduction to Healthwatch

What is Healthwatch?

Healthwatch is an independent champion for people who use Health and Social Care services that exist to make sure that people are at the heart of care.

We listen to what people like about services and what could be improved, then share their views with those who have the power to make change happen. Helping people find the information they need about services in their area is another of our priorities.

In summary, the main aims of Healthwatch are to:

- Help people find out about local care.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.
- Encourage people running services to involve people in changes to care.

Healthwatch Kingston Upon Hull

The Healthwatch Kingston Upon Hull Team consists of members with varying specialties and experiences; they support the core duties of Healthwatch; delivering our statutory and contractual obligations to ensure that our communities' voices are heard by those who provide and commission local services.

Each local Healthwatch is commissioned and funded by the Local Authority. In Kingston Upon Hull, the organisation who has been commissioned to ensure the effective delivery of the Healthwatch Service is Hull CVS.

What is 'Enter and View'?

As part of the legal powers developed under the Health and Social Care Act 2012, local Healthwatch organisations have the authority to deliver Enter and View visits.

Enter and View visits are conducted by a small team of staff and trained volunteers, who are prepared as authorised representatives to conduct visits to Health and Social Care premises to find out how they are being run and make recommendations where there are areas for improvement.

'Enter and View' is an opportunity for Healthwatch to:

- Enter publicly funded Health and Social Care premises to see and hear consumer experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives.
- Observe the nature and quality of services.
- Collect evidence-based feedback.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter and View visits may be carried out as announced visits, where we advise in advance of the time and date of the visit; with prior notice, whereby the service is advised of a period window of when the visit will take place; or if certain circumstances dictate as unannounced visits whereby the service does not know that a visit will be taking place.

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 services first-hand.

2. Abbreviations and Glossary

Abbreviations

- E+V: Enter and View.
- CQC: Care Quality Commission.
- NHS: National Health Service.
- HWH: Healthwatch Hull.
- ASC: Adult Social Care.
- ICB: Integrated Care Board.
- ICT: Intermediate Care Team.
- CHCP: City Health Care Partnership
- CHCL: City Health Care Limited

Glossary

Adult Social Care	Adult social care aims to help people stay independent, safe and well so they can live the lives they want to. This includes people who are frail, have disabilities, are neurodiverse, or have mental health issues, as well as the people who care for them.
Announced visit	A visit planned by Healthwatch, and the place being visited.
Anonymous	Not naming people
Authorised Representative	An Authorised Representative is a trained staff member or volunteer with a current DBS in place who

	takes part in Healthwatch Kingston Upon Hull's Enter and View activities.
Continuing healthcare	NHS continuing healthcare means a package of ongoing care that is arranged and funded solely by the National Health Service (NHS) specifically for the relatively small number of individuals (with high levels of need) who are found to have a 'primary health.
ICT patients	Intermediate Care Team (ICT) aims to provide rapid assessment, treatment and monitoring of patients who have experienced a recent trauma or deterioration in their physical health and are at risk of admission to hospital.
Local authority funded	If the local authority is involved in funding some of your care package then, depending upon your income and savings, you may have to pay them a contribution towards the costs of that part of your care package.
NHS funded	NHS-funded nursing care is funding provided by the NHS, to cover the standard cost of care by a registered nurse in a care home or nursing home. It is only available if you're in a care home. If you've been assessed as needing nursing care in England or Wales, the NHS will pay a standard rate.

Privately funded	Paying for the treatment and care you receive, as your savings and financial situation may mean you are not eligible for local authority funding.
Project Officer	Healthwatch employee who carries out engagements and gathers experiences to create reports and produce findings for projects.
Respite care	Individuals staying at a care home or nursing facility for a few days or weeks to provide short term temporary care.
Service user	Service user describes anyone who has accessed, or is eligible to access, health or social care services.
City Health Care Partnership	City Health Care Partnership CIC (CHCP CIC), previously NHS Hull provider services, officially formed on 1 June 2010 as an independent health services provider separate to the commissioning organisation, NHS Hull. We work as part of the NHS family in a similar way to GPs, dentists and pharmacies.
City Health Care Limited	CHCL is a private limited company whose nature of business is residential nursing care facilities. Rossmore used to be owned by CHCL but is now a CHCP rehabilitation centre.

3. Disclaimer

This report relates to the findings by the Healthwatch Kingston Upon Hull Representatives during the visit to Rossmore Community Rehabilitation Centre, Hull on Tuesday 19th November 2024. This report is not a representative portrayal of the experiences of all service users and is only a representation of those spoken to and observations made on the day, plus feedback gained via online questionnaires.

4. Acknowledgements

Healthwatch Hull would like to thank Rossmore for welcoming us in. We appreciate the cooperation of the manager, staff, and service users who provided their experiences on the day and contributed to the Enter and View.

5. Background

Rossmore Community Rehabilitation Centre is currently providing a service for 53 patients. They are an NHS commissioned service run by CHCP, which delivers respite and rehabilitation to patients who have been in hospital. They are a 60-bed unit. Eight rooms have an ensuite, four bays each containing four beds have shared accessible toilet facilities and six bays each containing six beds have shared bathroom facilities.

Rossmore employs 30 full-time members of staff, 30 part-time members of staff and 60 other members of staff. There are 10 care staff on shift during the day and 6 care staff on a night.

Healthwatch Hull attended Rossmore in October to carry out an initial engagement and to introduce ourselves to Susan, registered manager. We explained what an Enter and View is and the benefits to the service. We have also received some feedback over the last few months via people in the community who have raised some concerns. These have been dealt with and rectified however, we felt it would be appropriate to carry out an Enter and View.

The announced visit to Rossmore took place on 19th November 2024, by two Authorised Representatives: Olivia Stevenson, Adult Social Care Project Officer and Madeline Tweedale, Secondary Care and Mental Health Project Officer.

Website Description

We support your discharge to home by providing outstanding, compassionate care and rehabilitation in a safe, clean and purpose-built facility.

Here at Rossmore Community Rehabilitation Centre, we provide Discharge to Assess and Stroke Rehabilitation. This page is about the Discharge to Assess service.

Discharge to Assess is a short-term assessment of your needs, provided after you have spent a period of time in hospital for an illness or injury.

We will help you to safely manage everyday activities so that you can return home, to your previous place of care, or start a new care placement within 10 days.

At the start of your stay, we will do some assessments. These will help the therapist involved in your rehabilitation set some realistic goals for you.

We will also create a care plan for you so that other people involved in your care such as nurses and healthcare assistants know about what you can do and encourage you to perform activities for yourself wherever possible. During your stay, your goals and progress will be reviewed regularly.

The professionals involved in your care will help work out what is needed for you to be discharged safely. This could include equipment, adaptations and/or referrals for support from other services.

If you need a little longer than 10 days to manage some of these goals, we will discuss the possibility of moving you to one of our intermediate care units. This may give you a little more time to reach your full potential.

The whole team at Rossmore will be involved in your discharge planning. Our Discharge Coordinator will coordinate your discharge and

communicate with all the people involved in your care to ensure a smooth transition to your destination.

<https://www.chcpcic.org.uk/chcp-services/rossmore>

6. Fees and Funding

All patients at Rossmore Community Rehabilitation Centre are funded by the NHS.

7. Details of Visit

Details of Visit	
Service address	Rossmore Community Rehabilitation Centre, Building 35, Gladstone Street, Hull, HU3 3RT
Service Provider	CHCP Registered Manager Susan Parker Telephone 01482 343504
Date and Timings	Tuesday 19 th November 2024 13.00pm – 15.30pm
Healthwatch Representatives	Olivia Stevenson Adult Social Care Project Officer Madeline Tweedale Secondary Care and Mental Health Project Officer

8. Methodology

Healthwatch Kingston Upon Hull notified Rossmore of an Enter and View to be carried out week commencing 18th November 2024. The manager's questionnaire was sent along with the formal notice on 6th November 2024.

Due to shortage of staff and the nature of the job, the manager was unable to return the questionnaire before the Enter and View however, we did receive this afterwards.

Upon arrival at Rossmore, we were shown to a room where we could base ourselves. The facility was bustling, and we commented on how positive staff sounded going about their day. We were shown the different areas of the building and left to carry out gathering feedback for the Enter and View.

We gave a QR code, for the staff questionnaire, to each nurse's station and asked that staff fill these out in their own time. We also provided the manager with a PDF copy for her to print and distribute.

We worked our way through the building, speaking to individuals on a one-to-one basis but making sure we were always in a bay together. There were quite a few family members also available, so we spoke to them too.

Once we had gathered as much feedback as we thought we could, we sat down with the manager to explain the next steps.

9. Findings/ Observations

As previously mentioned, the atmosphere within Rossmore was really positive. Staff could be heard chatting and laughing as they went about their jobs; everyone seemed very busy. Staff were friendly and welcoming and allowed us some privacy with patients to gather feedback.

All areas visited were clean and tidy throughout and there were no unpleasant smells. Within each bay there was a centre table, and some had plants or flowers on. We noted that the rooms were extremely quiet however and all patients were sat facing the centre of the room, not interacting with anyone unless they had family there or staff came to talk to them.

Service User Feedback

General

- We obtained feedback from 8 service users.
- Six out of eight rated Rossmore as good or excellent.
- All feedback regarding the staff was positive.

"It's okay here, the staff are lovely, helpful, caring and understanding. They have a good sense of humour."

There were suggestions of a TV or radio for entertainment

100% agreed Rossmore is clean and safe

"A young lady has been helping me eat as I've been really struggling there. We have a laugh and a joke and it just makes things easier."

"Unless you're having physio though, you don't really leave the rooms, I'd like to have more changes in scenery."

7 out of 8 agreed staff communicate effectively.

Themes from the service user's feedback

Positives

- The building is clean and safe
- Staff communicate effectively
- Service users felt taken care of

Areas of improvement

- More staff/ patient interaction
- Some would like to have more physiotherapy sessions
- Some would like to be better informed about their care
- Some said they would like a TV or radio available within the bays

Staff Feedback

General

- We obtained feedback from 3 staff members.
- Most enjoyed working at Rossmore.
- All felt understaffed and that they are not able to support patients enough.
- Pay discrepancies were mentioned between CHCL and CHCP staff.

We asked... Tell us about your experience of working at the home? What do you think works well and what could be improved?

Staff responded...

- *"It's fantastic, meeting new faces, helping or assisting in different ways. To improve they need to have enough staff on a regular basis to enhance effective care."*
- *"I have had a good time working here but this new place doesn't have enough staff."*
- *"Staffing levels need to improve."*

We asked... Is your training regularly reviewed and updated?

All staff responded... "Yes."

We asked... Do you feel supported in your role and get all the necessary guidance?

Staff responded...

- 🗨️ *"I feel supported, my managers are always ready to guide me."*
- 🗨️ *"No, we could do with more staff. Some days there are."*
- 🗨️ *"At times."*

We asked... Do you feel there are enough care staff on duty (days and nights)?

All staff responded... "No."

We asked... If you had concerns, who would you speak to? Are you confident your concerns would be acted on?

Staff responded...

- 🗨️ *"Yes sometimes, it depends on the mood to approach her."*
- 🗨️ *"Management. Yes."*
- 🗨️ *"I talk to the deputy manager most of the time if I have concerns."*

We asked... Do you feel you have enough time to support residents to meet their needs? If not what would help?

Staff responded...

- 🗨️ *"No."*
- 🗨️ *"No! At the old Rossmore, we used to have two different sides and we could spend more time with the patients. As we've got more patients now we can't do this."*
- 🗨️ *"No. More staff and skilled workers needed so other people can do their own jobs instead of passing jobs onto the care staff. More team work needed and permanent staff!"*

We asked... Is there anything else you would like to tell Healthwatch Kingston Upon Hull?

Staff responded...

- *“Rossmore staff are CHCL paid minimum wage, whilst working alongside CHCP that are paid more.”*
- *“Rossmore staff are CHCL paid minimum wage, whilst working alongside CHCP that are paid more.”*
- *“Working at Rossmore is a very good health care experience.”*

Themes from the staff feedback

Positives

- Most enjoy their work
- All agreed training was regularly reviewed and updated
- All knew who to approach with their concerns, but not all felt supported

Areas of improvement

- Staffing levels, particularly permanent staff, were mentioned as an issue
- Unable to provide care and support for patients effectively
- Roles and responsibilities of staff to be reiterated
- Pay discrepancies between CHCL and CHCP staff

Manager's Questionnaire

How are staff training needs identified and provided?

Staff training needs are identified through staff supervision and personal development review which is done yearly.

We also complete regular staff training audits and review what training staff still need and organize this through the CHCP learning and development team.

Training needs are also identified through concerns/complaints which result in an action plan which often identifies specific training needs, which we then organize through our training team.

We also comply with any new legislation/guidance from CQC/IPC team/Etc. and implement training for the full staffing team.

If following an audit an action comes from it that staff need training in certain areas, then this is arranged and communicated to the staffing team.

How do you manage staff absences?

Managing staff absences has its difficulties, but myself and the deputy managers ensure we follow safer staffing levels and when needed use bank/agency staff for short notice cover. The staffing Rota is produced and sent to the staffing team 28 days before its due to start which gives us an indication of what shifts still need to be covered for that period and in the first instance we ask permanent staff if they can cover extra shifts.

Do you experience any difficulties with staff recruitment and retention?

Recruitment of staff has its challenges as CHCL is a limited company therefore doesn't have the same benefits that CHCP CIC has to offer,

which also effects retention as some staff have recently gone for jobs within CHCP CIC for this reason.

Also in general it's hard to recruit to health and social care sector jobs due to the minimum wage and the work that the job entails.

Although we have adverts out constantly and then short list and interview, a lot of the time people don't turn up for interviews which is a huge waste of our time and very disheartening.

Do you feel supported in your role of manager?

Yes I feel very supported in my role as registered manager at Rossmore.

I am very lucky to have senior managers who are very approachable and supportive and could not ask for anything more from them they are a great senior team.

How are safeguarding issues dealt with?

Safeguarding issues are dealt with on an individual basis by first talking to the patient and family and asking their concerns. We then contact our safeguarding team for advice and support.

We then complete a CQC notification and at times complete a section 42.

We follow CHCL safeguarding policy and procedure at all times and ensure the relevant professionals/staff are informed of the situation. This is all recorded on the patient's system one records.

How often are care plans reviewed / revised or adapted?

Care plans are reviewed as and when needed and every two weeks after that. All care plans are completed on an individual basis and are person centred for the patient.

If changes are raised from the care staff, then care plans are reviewed straight away and changed where needed.

How do you keep resident's friends and family informed of their relative's care and activities?

We have an activity coordinator weekly activity board, which has the weeks planned activities on it for all the patients and families to see.

What measures are in place to identify loneliness or difficulties residents might have in adapting to the transition to your care home?

We have two activity coordinators employed at Rossmore who provide group activities and one to one activities which ever is identified on admission with the patient.

How do you cater for residents' religious / cultural needs?

Yes we cater for religious/cultural needs through ensuring we gather as much information from the patient and their family regarding their likes/dislikes and what religious/cultural needs they require support with. We provide varied diets in accordance with their religious/cultural needs, provide a interpreter when needed and have arranged a priest to come to Rossmore.

Is residents' food cooked and prepared on the premises?

No

How do you cater for different diets?

Our food is supplied from HUTH, this comes frozen and then the kitchen assistants cook this in a regen oven on site and then serve it to the patient.

HUTH provide a daily menu, specialized diets, allergy information, gluten free meals and we also purchase other foods such as tinned soup, beans, various sandwich/jacket potato fillings to be able to offer a choice when needed.

Are residents involved in meal choices?

The daily menu is given to the patient the day before and they complete it for the next day so they can see what choice is available.

We do not have a food hygiene rating as we are classed as a non food production unit.

Do you monitor resident's weight and fluid intake?

Yes we monitor patients daily fluid intake.
All patients are weighed on admission and weekly if needed.

Do you have a complaints Policy in place?

Yes

Healthwatch Kingston Upon Hull (HWH) is always keen to engage with and support our local health and social care providers. Are there any areas which you think HWH might be able to help and support your service with?

I am always looking at ways to improve the service we provide so any advice HWH can offer would be great, thank-you

10. Conclusion

In conclusion, the Enter and View showed that Rossmore has good cleanliness, staff communication and patient satisfaction. However, highlighted areas showing systematic issues like staff shortages, limited patient rehabilitation and pay discrepancies. These areas can all contribute towards hindering service delivery. The below recommendations have been provided to help towards improving the service as a whole.

11. Recommendations

Following the Enter and View, Healthwatch Hull have devised the following recommendations for Rossmore Community Rehabilitation Centre, which have been produced in line with the information collected on the day and feedback received.

Staff

- We recommend the manager addressing staff shortages through targeted recruitment strategies.** Staff felt they were unable to complete their roles effectively due to being understaffed. We appreciate recruitment is ongoing as stated in the manager's questionnaire.
- We recommend the manager and seniors review roles and responsibilities of staff members.** Staff mentioned that they often get asked to do tasks by others which are not related to them. This is taking up their time which could be better spent elsewhere. Another service has recently implemented coloured zones and task cards which are handed out to staff each day at handover. They have also added a notice board in the staff areas that shows where all staff are allocated.
- For the manager to investigate discrepancies of pay between CHCL and CHCP staff.** It may be that there is a reason behind this that we are unaware of, but staff brought this to our attention.

Service Users

- **For the activities coordinators and physiotherapists to look at increasing physiotherapy/ interactive sessions.** Some residents commented that they would like to receive more physio sessions and that they enjoy the ones they do receive. Alternatively the activities coordinators could look into the structure of the activities and try increase social interaction and physical activity.
- **For the seniors and physiotherapists to offer more frequent updates on care plans.** Residents were unsure of their care plans. Seniors could reiterate to carers and physios that they need to update service users or check that they are aware of the care plans in place (if they have capacity).
- **Consider adding a TV or radios to patient bays.** Some patients mentioned that the days are long because there is no entertainment and we did notice it was particularly quiet. This would potentially give service users something to interact with between themselves.

12. Distribution

The report is for distribution to the following:

- Rossmore Community Rehabilitation Centre
- Hull City Council – Adult Social Care Team
- Hull Integrated Care Board (ICB)
- NHS England
- Clinical Director of Nursing – Kate Rudston
- Healthwatch England and the Healthwatch Hull Website

Published on <https://www.healthwatch.co.uk/reports-library> and <https://healthwatchkingstonuponhull.co.uk/>

13. Service Response

ROSSMORE COMMUNITY REHABILITATION CENTRE

HEALTHWATCH ACTION PLAN

Staff recommendations:

<p>1 - Staff felt they were unable to complete their roles effectively due to being understaffed. We appreciate recruitment is ongoing as stated in the manager's questionnaire.</p>	<p>We recommend the manager addressing staff shortages through targeted recruitment strategies.</p>	<p>The shortage of staff is also down to staff sickness which is now been managed by the registered manager and HR. A new system has been put in place by the registered manager and the admin team so we are aware of what stage a new staff member is at in their recruitment and this is followed up daily now by the admin team.</p>
<p>2 - Staff mentioned that they often get asked to do tasks by others which are not related to them. This is taking up their time which could be better spent elsewhere. Another service has recently implemented coloured zones and task cards which are handed out to staff each day at handover. They have also added a notice board in the staff areas that shows where all staff are allocated.</p>	<p>We recommend the manager, and seniors review roles and responsibilities of staff members.</p>	<p>Following this concern, it will be raised at all the next staff team meetings and an action plan put in place following recommendations from the staffing team.</p>

<p>3 - It may be that there is a reason behind this that we are unaware of, but staff brought this to our attention.</p>	<p>For the manager to investigate discrepancies of pay between CHCL and CHCP staff.</p>	<p>The outcome of the Healthwatch audit was sent to the CHCL directors and a request made to bring this to Andrew Burnell's attention again, this was acknowledged by Christy Francis.</p>
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Service User recommendations:

<p>1 - Some residents commented that they would like to receive more physio sessions and that they enjoy the ones they do receive. Alternatively, the activities coordinators could look into the structure of the activities and try increase social interaction and physical activity.</p>	<p>For the activities coordinators and physiotherapists to look at increasing physiotherapy/ interactive sessions.</p>	<p>A discussion took place with the registered manager and the activity coordinator to increase the level of group activity they provide. The full staffing team have also been asked to be pro active in walking patients to and from the toilet and to and from the dining room for their meals.</p>
<p>2 - Residents were unsure of their care plans. Seniors could reiterate to carers and physios that they need to update service users or check that they are aware of the care plans in place (if they have capacity).</p>	<p>For the seniors and physiotherapists to offer more frequent updates on care plans</p>	<p>This was discussed in the communication meeting and fed back to the operations managers of the ICT team and the Stroke team, on admission once the care plans have been created to ensure it is discussed with the patient.</p>
<p>3 - Some patients mentioned that the days are long because there is no entertainment, and we did notice it was particularly quiet. This</p>	<p>Consider adding a TV or radios to patient bays</p>	<p>A large radio has been purchased for each of the bays. We did ask for a quote last year for a TV for each bed but this was very</p>

<p>would potentially give service users something to interact with between themselves</p>		<p>expensive, I have ask if we can get another quote from an alternative company and get a quote for 1 large TV on a mobile stand per bay, I'm awaiting the quote.</p>
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The logo for Healthwatch Kingston upon Hull. The word "healthwatch" is in a bold, lowercase, sans-serif font. The letter "h" is white, "e" is pink, "a" is white, "l" is white, "t" is white, "h" is white, "w" is white, "a" is white, "t" is white, "c" is white, and "h" is white. The letter "o" is replaced by a green circle with a white dot in the center. Below "healthwatch" is the text "Kingston upon Hull" in a smaller, white, sans-serif font.

healthwatch
Kingston upon Hull

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