



Healthwatch Kingston  
Enter & View Report:  
Rosclare Residential Home

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## 1. Background to and purpose of visit

In the autumn of 2024, the [Royal Borough of Kingston upon Thames \(RBK\)](#) and [Kingston Care Governance Board \(CGB\)](#), entered into conversations with HWK to pilot an announced Enter and View at a local care home. The idea being that the independent legal power for a local Healthwatch to visit NHS health and social care services and see them in action, could support a wider understanding of care provision and the wellbeing of elderly residents in the borough. This work would also support the 'Age Well' focus in the ['Kingston Refreshed Health and Care Plan 2022-2024'](#) and 'Age Friendly' ambitions set out in the ['RBK Director of Public Health's Annual Report 2023: Ageing Well in Kingston'](#) and ['A Decade On: Report on progress since 2013, the previous Kingston DPH Report focussing on older residents living in the borough: 'Older People: Living Well in Later Life'](#)). Our Enter and View work will also allow us to support the RBK new vision for Adult Social Care and Health which aims to better understand the needs of residents from all of our diverse communities.

The remit of the CGB is to report on and manage quality and risk across the whole care market in Kingston. This board also helps report on any issues and concerns, manages risks in the marketplace and supports good practice in quality and delivery. CGB members include RBK Adult Social Care and the Quality Assurance Team, Care Quality Commission (CQC) and HWK.

As there is already oversight of local care provision via members of the CGB, regarding risk management, safeguarding, performance monitoring and quality management, the HWK Board made the decision to focus this Enter and View on three areas (environment, activities and mealtimes) within a care home setting. By focusing the visit on 3 areas, it would allow residents to share their lived experience of being in a care home, and for the HWK team to observe mealtimes and the care home activities throughout the day. It will also provide independent insight into local care provision.

It was later agreed that this Enter and View would act as a pre-pilot for a series of announced HWK Enter and View visits to local care and nursing homes between April 2024 and March 2025.

### 1.1 How did HWK decide to Enter and View visit Rosclare Residential Home?

The CGB provided local insight with a suggestion of two Kingston care homes for the HWK Board to consider for the pre-pilot. Due to size, location, and information from the CQC Inspection in 2022, it was decided that Rosclare would be approached. Rosclare welcomed the opportunity for an announced HWK Enter and View, and on 14<sup>th</sup> March 2024, worked with HWK and their authorised representatives on the pre-pilot.

This Enter and View report builds on HWK previous engagement with residential care in the borough.

Previous Healthwatch Kingston reports:

- [HWK Residents, family and friends' experiences of residential care during the coronavirus pandemic](#)
- [HWK Care Workforce Wellbeing: Engagement Report 2023](#)

## 1.2 What is Enter and View?

Healthwatch have a legal power to visit health and social care services and see them in action. This power to Enter and View services offers a way for local Healthwatch to meet some of our statutory functions and allows us to identify what is working well with services and where they could be improved.

## 1.3 Healthwatch statutory functions

The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the [Local Government and Public Involvement in Health Act 2007](#) and [Part 4 of the Local Authorities Regulations 2013](#) to carry out Enter and View visits.

Healthwatch should consider how Enter and View activity links to the statutory functions in section 225 of [Local Government and Public Involvement in Health Act 2007](#).

The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system wide. For more information on Enter and Views please visit the [HWK website](#).

## 1.4 Disclaimer

Please note that this report relates to findings observed on Thursday 14<sup>th</sup> March 2024. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and those that contributed at the time.



## 2. Recommendations

Overall, we found Rosclare to be a comfortable and friendly environment where residents seemed generally happy and well cared for. Being present throughout the whole day our Enter & View team were there from 7am to 7pm - meant that we were able to observe that on the particular day of our visit, Rosclare ran smoothly, and the residents were provided with a number of different activities which many seemed to enjoy. The food provided was generally a good standard and was appreciated.

The main things that worked well were that the building has a comfortable feel and although is not purpose built, has been largely well-adapted for its new purpose.

### Healthwatch Kingston Recommendations to Rosclare Residential Home and their response:

#### Recommendations (1-3) - Building exterior:

1. Review ramp access up to and into the building through the front door and ensure disabled access is clearly visible.

**Rosclare Residential Home (RRH) Response:** 'Reviewed - identified need for small additional ramps on internal side of door sills.'

**Action:** 'New ramps and signage fitted on internal side of front and back doors 7/5/24.'

2. Consider requesting additional bins from the council (if recycling bin capacity is an ongoing issue).

**RRH Response:** 'RBK Waste Collection did not collect the recycling for 12 consecutive weeks despite RRH chasing. Routine collections have started again as of 5 Apr 24 and bin capacity is once again ample.'

3. Explore a front garden area development project to improve residents' view through the lounge window. Consider how to include residents in the project to promote a sense of ownership and safe use of the space. This could include introducing more flowering plants for seasonal awareness, and perhaps a bird table to provide visual stimulation and connection to nature.

**RRH Response:** 'The front garden has been planted with flowers several times, however this is south facing sun-trap in which flowering plants quickly wither and die due to the heat despite maintenance. Therefore, hardy green bushes are planted around the perimeter of the garden, some of which flower seasonally.'

**Action:** 'A colourful bird bath has been purchased (1/5/24) and will be placed in view of the living room window. - Delivered broken, waiting for return and replacement 14/5/24. Residents involved in planting herbs for back garden (see point 12 below).'

#### Recommendations (4 and 5) - Rosclare reception area:

4. Introduce a second notice board in the reception area, where the fire and evacuation procedures can be grouped together with clear signage.

**Action:** 'A dedicated board has been purchased for all fire and evacuation procedures. Ordered 1/5/24. Installed with all fire notices 6/5/24.'

5. Add a notice asking visitors to wait in the reception area until a member of staff is available to help them.

**Action:** 'Signage ordered 7/5/2024 delivered 14/5/24, awaiting handyman to fit.'

#### **Recommendation (6-9) - Communal spaces:**

6. Consider making a memory space for residents with dementia in the lounge.

**RRH Response:** 'There is actually already a dedicated memory space for residents on the easel in the Living Room. The other side of the easel is used for word games; the word games side is the side that was facing outward during the HWK visit, hence it may have been overlooked.'

7. Introduce signage to where the fire evacuation sledge is located on the first floor, with clear instructions on how to use it.

**RRH Response:** 'We will add evacuation slide signage with directions to instructions. Evacuation slide has clear printed instructions on front cover and staff have been trained to use it.'

**Action:** 'Custom signage designed and ordered 14/5/24. Fitted 16/5/24.'

8. Consider implementing a handrail on the corner to the first-floor bedrooms, to allow for additional support with the overlapping step.

**RRH Response:** 'There are banisters on both staircases. On advice of fire safety inspector, we cannot add a further handrail to the corner as this will limit the width of the fire escape route. The chair lift handles do provide additional stable support even for residents who do not use the lift itself.'

9. Install a banister or handrail leading up to the landing on the second floor, to provide support for those that may need it.

**RRH Response:** 'Where the banister stops there are balustrades to grip on to so our residents and visitors have not had an issue with this. It is important that we do not create a hazard by adding a section or banister which sticks out.'

**Action:** 'Carpenter will attend to design a bespoke extension to handrail without creating a safety hazard if possible - instructed 10/5/24, awaiting site inspection.'

#### **Recommendations (10) - Dining:**

10. Explore introducing staggered mealtimes to help alleviate cramped dining.

**RRH Response:** 'We will stagger according to resident preferences and practicalities. NB. Most residents choose to eat together.'

**Action:** 'Some residents who don't eat well around others are brought in early for meals and this is in their care plans. Others prefer to eat in their rooms. Some prefer to eat a little later so come in later on.'

#### **Recommendations (11-14) - Back garden area**

11. Introduce fire safe bin for smokers to safely dispose of cigarettes.

**Action:** 'Fire safe bin ordered 1/5/24, delivered 9/5/24, awaiting installation.'

12. Explore including herbs and other textural plants in the garden borders to provide a sensory garden space for residents.



**RRH Response:** 'At the time of the visit none of the flowers had bloomed. There are now a number of bright plants (red, pink, blue and yellow/white) in bloom. Rosemary and bay leaf are now producing scent.'

**Action:** 'Sage, Fennel and Oregano purchased and placed in garden 15/5/24. To be planted in planter during resident gardening activities on Monday afternoon 20/5/24.'

**13. Ensure the door to the garden shed is always locked.**

**RRH Response:** 'Handyman had just opened the shed to do a job.'

**Action:** 'Staff have been instructed to shut and lock sliding door even during jobs.'

**14. Consider a better way to safely navigate the access ramp to the garden.**

**RRH Response:** 'The access ramp through the conservatory is for wheelchair access rather than self-mobilisers (who are familiar with the dining room route). Conservatory door is unlocked by staff for wheelchair users as necessary.'

#### **Recommendations (15-16) - Environment:**

**15. Create accessible infection control signage for use at each entrance of the building so that if there is an infection outbreak in the home, visitors are informed of the risk before entering the building. It would be helpful if this signage was made available in languages spoken by the resident and their visitors.**

**Action:** 'White boards for infection notices to be mounted at both entrances. Boards ordered 14/5/24. Delivered 15/05/2024. Handyman to fit.'

**16. Create a general repair and maintenance log to track required actions such as changing light bulbs and fixing the front gate.**

**Action:** 'Maintenance log and Improvement log created 15/3/24 and kept updated on an ongoing basis.'

#### **Recommendations (17-19) - Mealtimes:**

**17. Improve vegetarian menu and include hot and cold vegetarian options for all three mealtimes.**

**RRH Response:** 'Menu is being revised as suggested. NB. Vegetarian options have proved unpopular with the majority of residents - this may be a generational issue.'

**Action:** 'Menu with hot and cold vegetarian options revised and implemented 14/05/24.'

**18. Conduct frequent surveys with residents to refresh mealtime menus and introduce variety.**

**RRH Response:** 'Residents are surveyed every 3 months with regard to meals. In addition, meals are tweaked on an on-going basis according to feedback at mealtimes from residents.'

**19. Consider how to include different fruit and vegetable options and promote to resident like the suggested 'Fruity Fridays'.**

**RRH Response:** 'NB. Bananas and canned fruit are available daily. Vegetables routinely served as part of balanced meals.'

**Action:** 'Seasonal fresh fruit is now purchased for residents once or twice a week. The fruit must be ripe and soft enough for the residents to chew. The exact day of the week depends on the availability of suitably ripe fruit but is usually on Weds/Thurs/Fri.'

**Recommendation (20-24) - Activities:**

**20. Consider alternatives for those that are not engaging in the group activities, such as more outdoor activities, and walks (weather permitting).**

**RRH Response:** 'As noted, some residents do not like to participate in group activities. We do offer individual activities such as walks, colouring, crosswords, puzzles, and beauty care. However, we cannot make residents participate and we have to respect their preferences.'

**Action:** 'Continuing to offer individual activities on an ongoing basis.'

**21. Contact Kingston Voluntary Action to find out if they could direct to volunteers visit the home for coffee mornings where residents can have regular informal chats.**

**RRH Response:** 'We already have volunteer (i) local Duke of Edinburgh school children and (ii) Kingston Advocacy Group volunteer coming in for regular chats with residents on an on-going basis.'

**Action:** 'Contacted KVA by phone on 8/5/24, awaiting email with potential additional volunteers. Existing volunteers will continue as usual.'

**22. Consider using puzzle mats, so that residents can do puzzles and roll them up at the end of a session, as surface space is limited within the communal areas.**

**RRH Response:** 'We do have large jigsaw puzzles which residents and staff do together and then staff tidy up.'

**Action:** 'We have purchased a bingo set which is played in communal areas then tidied up.'

**23. Introduce dementia friendly training, from an external provider, along with how to better support young older residents with dementia.**

**Action:** 'Shortlist of accredited trainers including Alzheimer's Society and University College London (UCL) identified 14/5/2024. Discussions starting with a view to providing training by 30/06/24.'

**24. Set times for activities to help residents and their family and friends to plan appropriate time for their visits.**

**Action:** 'Activity times added to activity chart 16/5/24.'



### 3. Background

Online information states that Rosclare Residential Home (Rosclare) is a privately owned care home situated in a residential area near Surbiton and Tolworth. It is close to public transport, churches, leisure facilities, park, and local shops. It offers care and support for older individuals, including those with dementia and sensory impairments. The rooms are available for private self-funded residents or placed by the local authority.

There are 19 bedrooms in total, laid out over two floors with a chairlift for those who may have difficulty accessing the first floor. 12 of these rooms have ensembles or washbasins and toilets, for the rooms without ensembles, toilets and bathrooms (including walk in bath and showers) are situated close to the bedrooms. On the day of the Enter and View the HWK Enter and View Visiting Team (visiting team) were informed that all current residents had dementia to some extent, with varying needs and capacity, and that all 19 rooms were occupied. Rosclare facilities include a kitchen, laundry room, dining area for the residents, conservatory, lounge, and front and back gardens.

Rosclare employs 16 care workforce, plus the management team and at the time of the visit, no agency staff. These support daily activities with residents. A number of the staff told us that they had worked at Rosclare for a several years. Two of the staff speak more than one language, including Tamil and Sinhalese.

#### Details of Visit

<b>Service Provider</b>	Rosclare Residential Home
<b>Service Address</b>	335 Ewell Road, Surbiton KT6 7BZ
<b>Registered Manager</b>	Shehani Fonseka
<b>Data and Time of Enter and View Visit</b>	14 March 2024 - 7am - 6pm
<b>Status of Enter and View Visit</b>	Announced
<b>HWK Authorised Representatives</b>	Graham Goldspring Jillian Dempsey
<b>HWK Visit Lead</b>	Candy Dunne, HWK Deputy Chief Officer
<b>HWK Visit Support Lead</b>	Scott Bacon, Engagement Officer
<b>HWK Contact Details</b>	<b>Address</b> - Suite 3, 2nd Floor, Siddeley House, 50, Canbury Park Road, Kingston upon Thames KT2 6LX <b>Phone</b> - 0203 326 1255 <b>Email</b> - info@healthwatchkingston.org.uk

## CQC Inspection

Previous CQC Inspection of Rosclare Residential Home on 16 March 2022, rated provision as: 'Overall Requires Improvement' (see further detail below). For the full CQC inspection report please visit the [CQC website](#).

### Overview

Latest inspection: 16 March 2022

Report published: 14 April 2022

Safe	<u>Requires improvement</u> ●
Effective	<u>Requires improvement</u> ●
Caring	<u>Good</u> ●
Responsive	<u>Good</u> ●
Well-led	<u>Requires improvement</u> ●

## 4. Methodology

### 4.1 Preparation for our visit

In November 2023, in preparation for our proposed Enter and View, HWK ran an Enter and View training session for our volunteers. The 12 volunteers that completed the training became Healthwatch Kingston Authorised Representatives. Some Authorised Representatives supported HWK to co-design the observation and question framework for the visit.

The HWK staff team conducted a literature review prior to the visit, this included:

- Discussion with the Kingston CGB to identify suitable care settings
- CQC reports
- RBK quality assurance guidance
- Online reviews by the public.

The research was then presented to the HWK Board to support decision making. Other factors that influenced our decision included size of building, it's location and the number of residents. HWK followed Healthwatch England Enter and View guidance.

Our Enter and View of Rosclare was an announced visit, meaning that the setting was aware that we would be conducting an Enter and View. We formally contacted Rosclare to explain our plans and set up a planning meeting. The management team at Rosclare welcomed the opportunity to engage with HWK.

#### 4.2 The day before - 13th March 2024

We conducted a wellbeing check ahead of the visit to ensure the safety of Rosclare residents, care workforce, and the visiting team, to check if there had been any health outbreaks that might have prevented the visit. We also confirmed the visit lead and our Authorised Representatives who would be attending.

#### 4.3 On the day - 14th March

The visiting team was issued with an observations and question framework that supported engagement with residents, visitors, and the care workforce. The visiting team engaged 20 people at Rosclare (12 residents, two visitors, three care staff and three from the management team). All observations and feedback were collected at the end of the day by the visit lead for analysis and reporting.

## 5. Demographics and Health and Care Inequalities

### 5.1 Kingston Data

Local data taken from the Census 2021 indicated that the current population of Kingston is 168,063, with 25,000 people aged over 65 years old. The [Kingston Joint Strategic Needs Assessment \(JSNA\)](#) states:

‘With 766, Kingston has the second highest number of care home beds per 100,000 population (second to Croydon, which has 779) in London in May 2023. Kingston has 1,286 care home beds across 39 care homes.’

### 5.2 Dementia and Depression

At Rosclare we learned that of the 19 residents, 17 are living with dementia, with varying levels of capacity.

**HWK notes:** The [‘Kingston Refreshed Health and Care Plan - 2022-24’](#) estimates that there are 1,700 people in Kingston living with dementia, of which 61% (1,037) are diagnosed. The plan also informs us of the following:

‘One in five older people, and two in five living in care homes, have depression, although it is not always recognised and treated.’

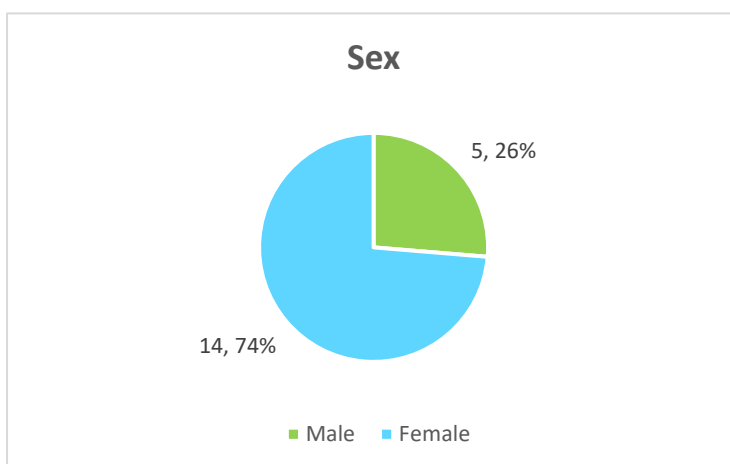
The Kingston JSNA also inform us that Alzheimer’s Disease and other dementias were the third highest cause of ill health for people over 70 in the borough. The JSNA also mentions dementia as being the top 5 causes of death in Kingston for people aged 70 years and older.

### 5.3 Age of residents

The age of Rosclare residents ranged from 70 to 96 years old.

### 5.4 Sex of residents

At the time of our visit, there were a higher percentage of female residents (14) to male residents (5).



## 6. Environment - HWK team observations

### 6.1 External Environment

The HWK visiting team used an observation and question framework to prompt insights about the environment, activities, and mealtimes at Rosclare. The framework included prompts for both internal and external observations.

It was not obvious that Rosclare was a residential care home, as the front of the building was of similar design to neighbouring houses. There was, however, a large sign at the front of the building that read, ‘Rosclare Residential Home’, that was easily visible from the main street. The gate to the main entrance also had clear signage, however, upon entry, the gate was heavy and dragged on the ground making it difficult to open and access the Rosclare front garden area.



The building was not a purpose-built care environment, but rather a building that has been modified for the purposes of care provision. The care home extended from the front entrance on the busy Ewell Road to the quieter more residential Derby Road at the back. The back entrance was equipped with ramps for wheelchair access and provided



accessible parking. However, the visiting team did not notice a sign at the front entrance, explaining the availability of supported access via the Derby Road entrance. At the time of the visit recycling bins were overflowing at the back of the building.

Externally, the front and back of the building were clean, tidy, and inviting. The front garden was well-kept and free from obstacles. There was a bench by the front door, but the visiting team felt that the front garden could provide further opportunities for residents to sit with family and friends.

The front garden area showed some signs of spring (a few bulbs were flowering). The window from the main lounge area overlooks the front garden and the visiting team noted that other than the spring bulbs, there was limited additional visual stimulation for residents. There are entrance buzzers on both front and back doors. The team noticed the lower part of the front door ramp did not sit flush with the floor. Additionally, there was no ramp inside of the front door (as there is a small step down into the building).



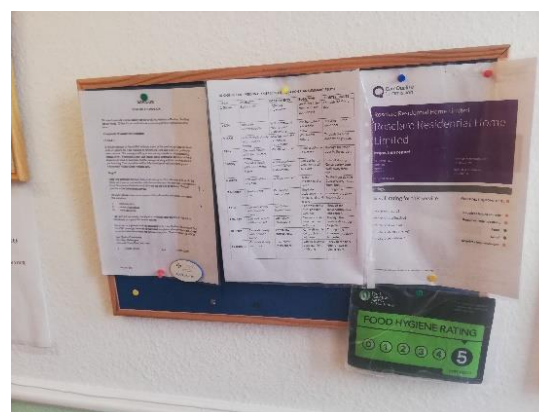
#### **Recommendations - Building exterior:**

1. Review ramp access up to and into the building through the front door and ensure for disabled access is clearly visible.
2. Consider requesting additional bins from the council (if recycling bin capacity is an ongoing issue).
3. Explore a front garden area development project to improve residents' view through the lounge window. Consider how to include residents in the project to promote a sense of ownership and safe use of the space. This could include introducing more flowering plants for seasonal awareness, and perhaps a bird table to provide visual stimulation and connection to nature.



## 6.2 Entering Rosclare and early morning observations

We arrived at Rosclare at 7am. On entering the building there is a small reception area, with a guest book. The visiting team were asked to sign in on arrival and again when we left the building. We were greeted by the resident manager who was warm and welcoming. There was a double lock on the front door, and a code was required to open the door to ensure residents were unable to leave via the front entrance without company. This was especially important as we observed some of the residents wandering around (which can be a behaviour of dementia).



**HWK notes:** Wandering is a common behaviour among people living with dementia and it is estimated in the Alzheimer's Association that it can affect six out of ten people with dementia at some stage, therefore it can be a major priority for care givers.

There was no waiting area in the reception. The visiting team noticed that this was an issue when two visitors entered the home for the first time and were confused as to where there should wait.

The reception area had one notice board, but signage including the current CQC inspection report rating, food hygiene standards, information on how to make a complaint, Personal Evacuation Plan Summary (PEEPS), fire alarm instructions, and fire procedure were also placed on the opposite wall, were un-grouped and appeared jumbled.



The reception area leads to a long narrow (one person wide) corridor that runs through the length of the building with access to some ground floor bedrooms and utility areas. The main stairs to the upper floors begin in the reception where there are more bedrooms and the Rosclare office (on the second floor). There is a stair lift from reception to the first floor to provide accessibility for residents needing assistance to the first-floor bedrooms. The stairs are narrowed due to the stair lift, but the accessibility modification felt necessary as this is the only indoor access to the floors above (there was an external fire escape to allow exit points from both the first and second floors in an emergency).

Immediately to the right of the reception was the entrance to the residents' communal lounge. At 7.15am the communal lounge was mostly unused, with only one resident reading a newspaper and having their morning mug of tea. The team noticed a care

worker check in on the resident and chat to them before the resident was encouraged to have breakfast.

Overall, the Rosclare environment felt relaxed and welcoming. As we were shown around the building, many of the doors to the residents' rooms were open. The manager explained that some of the elderly residents' do not like their doors shut, however some do, and residents' wishes appeared to be respected by the care workforce during the time of the visit. The visiting team observed some staff attended residents in their rooms and helped them get ready for the day - we also noticed one of the bedbound residents being supported to have the morning meal. Residents had freedom to find a comfortable space within the home and were supported by care home staff to do this.

The care provided, by the morning shift workforce was personalised, as residents were not being rushed and the carers were working with residents at their own pace.

#### **Recommendations - Rosclare reception area:**

4. Introduce a second notice board in the reception area, where the fire and evacuation procedures can be grouped together with clear signage.
5. Add a notice asking visitors to wait in the reception area until a member of staff is available to help them.

### **6.3 Communal spaces on ground floor - Lounge**

The communal lounge has plenty of space with chairs positioned around the outside of the room. There was a large TV which on the morning of our visit was playing morning news. There were only 11 available chairs for the 19 residents. The Rosclare manager explained that not all residents use the room at the same time and that they had two bedbound residents that never used communal spaces. When the activities were running later in the day the space proved popular with the residents and most chairs were occupied.

The lounge was accessible, clean, warm and decorated in pastel shades with contrasting colours (which is recommended for people with dementia by the Alzheimer's Society). Throughout the day either the TV was on or music was playing. There was a small bookcase under the TV, and a piano that was used for activities. The room was free from obstacles. Situated





on the fireplace was a dementia friendly clock, with large numbers and a clock to show days of the week. Unfortunately, the batteries had died as the day was showing a Friday and our visit was on a Thursday. There were also plain carpets and laminate flooring, which can be important for residents with dementia by reducing sensory confusion.



On the wall, in the lounge and throughout the building there was artwork on the wall, but this didn't feel over cluttered or busy. The lounge was well lit with natural light that came in through a large window that overlooks the front garden area which provided clear visibility. Natural light also helps to provide a sense of time for those living with dementia. From the window, residents could see the buses outside, and we were told by a staff member that:

“Sometimes the resident can see the buses and wants to go outside, they recognise the routes sometimes and want to go shopping or go home.”

#### Recommendation - Communal spaces:

6. Consider making a memory space for residents with dementia in the lounge.

#### 6.4 Communal spaces on ground floor - The conservatory

In the centre of Rosclare there is a small conservatory that joins the front and back of the building. The conservatory is light airy and warm, with six brightly coloured chairs to allow for either the residents to sit quietly, or space for family and friends to visit. There is a TV, which during our visit, was not switched on. Before breakfast on the day of the visit one resident was taking advantage of this quieter space in the conservatory, where he looked comfortable. He told us:

“I like to sit here on my own where it's quiet.”

An activity schedule was displayed in the conservatory along with further notices about 'meaningful engagement' and guidance on 'caring conversation'.



## 6.5 Communal spaces on ground floor - The hallway and bathrooms

The hallway that runs through the centre is long and narrow, only allowing for one person to pass through at any one time, especially if aided by a mobility equipment. The only way to allow for people to pass each other in the hallway is to step into the doorway of another resident room, whilst this wasn't ideal, we noticed the care staff being considerate of residents whilst delivering breakfast and allowing residents time, space, and priority to make their journey through the building. There were handrails along the walls to help residents to move around the building, and these were painted a brighter colour in contrast to the walls as recommended in dementia friendly practice.



The morning was busy, but the atmosphere was friendly, and residents were cheery and welcoming of the visiting team. One lady was making her way to the dining room at the end of the hallway still in her nightwear. She did stop to speak to us and the carer with her at the time, shared that she preferred to have her personal care after her breakfast. Again, we noted the care workforce being respectful of residents' preferences.

Throughout the day the conservatory was frequently used by residents, and their family and friends. The visiting team observed a cleaner attending to the conservatory and other parts of the building throughout the morning and afternoon on the day of our visit. At one point the cleaner was mopping the floor, and immediately drying it afterwards to prevent any accidents, slips or fall from the residents. The visiting team did not observe a cleaner present in the evening, up to 7pm.

There were bathrooms and toilet facilities opposite the bedrooms on the ground floor, these were all clean and free from odour. The visiting team did not notice any water on the floor, and they all had soap for hand washing and sanitiser available. The toilet seats were brightly coloured allowing easy visibility for residents. There was also equipment available by the toilets that aided mobility. The bathroom downstairs had access to a walk-in shower and a bath, as well as a separate shower room. In the day the rooms were lit by natural light, however in the evening one of the bathroom lights did not work, making it unusable at the time.



## 6.6 Communal spaces - The first floor

The stairs to the first floor had access to a chair lift if required by residents. The manager showed the visiting team where the bedrooms were situated upstairs. The bedroom doors all had a large photograph of the resident on them, helping to prompt the residents to their personal space. A number of the bedroom doors were open allowing us to see that the residents' rooms had been personalised with photographs of their family, or themselves to make the space more homely. As the building had been modified for purpose, each room felt unique in space and size and individually decorated in soft shades. The rooms looked clean; however, some did seem sparse. We did not ascertain if this was due to the request of the resident.



Like the rest of the building the first floor smelled fresh, looked clean, but a little tired in places. After the visit we were contacted by the manager who explained that they had been waiting for a new fire door to be fitted, and redecoration commenced on 14.05.24.

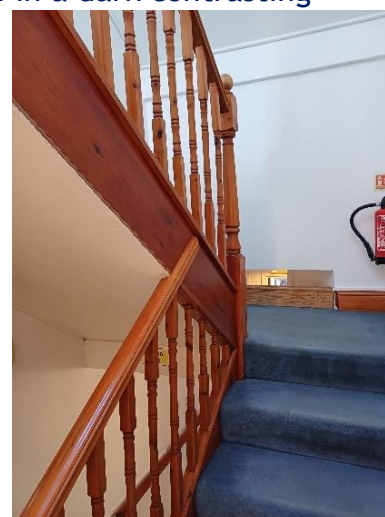


Next to the fire exit, there was access to an evacuation sledge. This was recognised by the visiting team having seen the equipment on previous Enter and Views, however, there wasn't any signage to raise awareness for the use of this equipment during an emergency.

Some of the bedrooms on the first floor were accessed through an entrance on the landing, directly after the top step. The doorway to this entrance slightly overlaps the top step and there is no handrail support on the corner of the doorway. This could potentially be hazardous to residents and visitors, especially if they were unfamiliar with the building or living with dementia. All steps were clearly marked in a dark contrasting colour to make the end of the step easily visible.

## 6.7 Second floor - manager's office

The manager's office is on the second floor of the building and whilst these stairs are carpeted and clearly different from the stairs running to the first floor, they can still be accessed by residents. The stairs to the manager's office lead to a landing, and there was a break in the handrail, making it difficult for anyone needing support to access all the steps. Whilst there may be little need for residents to access the manager's office, the floor is still accessible.





The manager's office was lit well with natural light provided by sky light windows. The space was organised and uncluttered. During our end of visit meeting with Rosclare management, we learned that the day prior to our visit, blister packs containing medication for the residents had been delivered by a local pharmacy. The team noted all medication was safely and securely stored away from residents. The manager locked the door as we left.

**Recommendation - communal spaces:**

7. Introduce signage to where the fire evacuation sledge is located on the first floor, with clear instructions on how to use it.
8. Consider implementing a handrail on the corner to the first-floor bedrooms, to allow for additional support with the overlapping step.
9. Install a banister or handrail leading up to the landing on the second floor, to provide support for those that may need it.

## 6.8 The dining room

The dining room was a clean and tidy environment, but space was clearly tight for the number of residents eating at the same time. There are three large tables in the dining room with 6 seats at each table. One of the tables overlooking the garden was a bit of a squeeze to access. Tables were placed around the edges of the room to provide space for residents to access them. Space in the centre of the room was needed to allow for walking aids and mobility equipment, these were stored at the sides of the room during service.

There was a one person serving hatch from the kitchen to the dining room from which care workforce delivered meals to seated residents. There was a selection of breakfast options available from the 'breakfast bar'. When the visiting team arrived at breakfast, we were invited to join some of the residents at one of the tables. To allow for as little disruption to the residents as possible, the visiting team refrained from using survey questions during breakfast and instead engaged the residents in light conversation. The residents were very chatty and alert and appeared to enjoy the opportunity to share their stories, experiences and thoughts about Rosclare.

One of the residents was enjoying the background music playing in the dining room and danced and the staff on duty, although busy, were happy to engage the resident and assisted her when she was ready to sit down. The service to the residents from the care workforce throughout all meals was caring, considerate, helpful and personable.

During the lunch time service, there was a spillage from one of the residents and this was handled seamlessly by the staff on duty, ensuring that there was no water left on the floor and ensuring the resident was comfortable and supported to clean themselves.

Throughout the day the dining room was always used by one or more of the residents, and the staff accommodated resident wishes to utilise the space. The care team also supported residents to sit down and be comfortable and were available when residents needed assistance. While there were a number of carers delivering food to rooms and supporting residents with their morning activities, there were two key staff managing the food service. There was also a third carer managing the medications during mealtimes. This member of staff wore a red apron, that read 'Do not Disturb', to alert people that they were managing medications. After the meals the dining area was quickly cleaned up to allow for residents' general use.

The kitchen was spacious, well kept, clean and organised on the day of the visit and in the morning and afternoon there was a cook available to prepare the food. The dining room was always in use by one or more of the residents so we were unable to photograph the space.

### Recommendations - Dining:

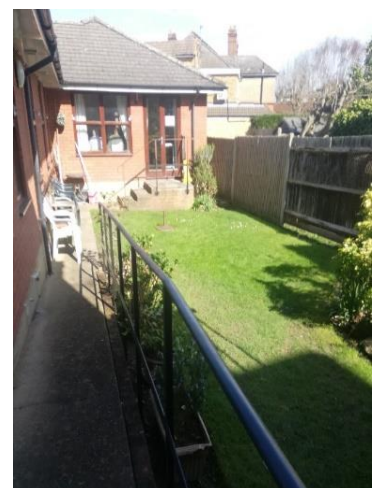
10. Explore introducing staggered mealtimes to help alleviate cramped dining.

## 6.9 Garden

The back garden area is accessible by steps from the dining room, the garden is also accessible via a ramp from the main building however, this was locked at the time of the visit.



The garden provided some outdoor space for residents to enjoy during nicer weather. At the time of the visit, the garden did not have many seasonal plants or flowers. There was some seating available, and we observed the space being used by residents to smoke. We did not see any ashtrays available and observed butts from the cigarettes were discarded on the floor. The gardening shed where tools were kept had been left with the door open, allowing access to the tools inside that could be a potential safety hazard.



Gardens can provide a perfect space for resident to enjoy being connected to nature, the manager informed us that there were gardening activities on a Saturday.

### 6.10 Morning Team Meeting

The HWK visiting team were able to observe the 8am morning team meeting and handover. Available care workers who were not attending to residents joined the meeting in the dining room. It appeared that notes from the evening activity were logged by mobile device, and the visiting team were told that all notes were recorded electronically. The manager explained that they have been routinely using digital care plan and observation recording since 2019. The only remaining area still to be migrated to digital is Medication Administration Recording (MAR). We were told that Rosclare aspire to move MAR to a digital system too, however the current digital offerings available for MAR are not reliable, causing problems at other providers.

During the morning team meeting there were some residents still using the dining room, so the conversation wasn't private, but the staff team never used names while talking about residents and instead used room number to provide updates.

There was a range of information shared about the nighttime activities, and staff appeared to understand the individual needs of the residents. There was an update provided about every room, and included information about how residents slept, bowel movements and medication requirements. Where a resident was experiencing mental health issues more time was offered to share information and updates about that resident. The handover was thorough, informative and the care team involved were focused on the handover.

#### Recommendations - Back garden area

11. Introduce fire safe bin for smokers to safely dispose of cigarettes.
12. Explore including herbs and other textural plants in the garden borders to provide a sensory garden space for residents.
13. Ensure the door to the garden shed is always locked.
14. Consider a better way to safely navigate the access ramp to the garden.

## 7.Environment - Residents' and relatives' feedback

The visiting team aimed to avoid disruption during resident mealtimes and when medication was being distributed, however at breakfast we were invited to sit with residents in the dining room. They were happy to engage in informal conversation and shared stories of their youth, one told us about what it had been like to live through 'the

war' and another shared stories about their family. There was a positive atmosphere during breakfast and the residents were happy to talk to the visiting team over coffee.

We asked them about their experience of Rosclare and what they thought of the environment, they shared the following:

“Beautiful.” and “Staff are nice can and you have a laugh with them.”

“Staff listen to what I want to say, I like it here, but want to go home. Not their fault, just how I feel.”

We asked if there was something they would like to change at Rosclare or if they had any suggestions for improvements:

“We have a garden, but I can't go further. Would like to go to the shops - but understand why this doesn't happen, staff are so busy.”

We had plenty of opportunity to ask these questions of several residents throughout the day, there was a common theme that although they liked Rosclare, saying things like, “It's nice”, “not too bad” and “Its comfy, friendly and about average” some residents expressed that they would like to “go home”.

We also heard that resident disagreements were sometimes problematic. At one point we observed a resident getting upset with other residents' behaviour, they were asking to be left alone. This resident also became frustrated when someone sat in their preferred seat and demanded that people move. When we had an opportunity to talk with this resident, they told us that they felt Rosclare “was badly run”. They also shared that they felt rushed during mealtimes, however this was in contrast to the visiting teams' observations as we saw them being helped in the dining room. They were one of the first to arrive and the last to leave. We also noted the staff's attempt to ensure this resident had access to preferred spaces within the building, where they were most comfortable and frequently checked in on them, whilst respecting their space.

Some residents told us that if they could change something they would like more opportunities to “Go outside”. Other responses to this question included:

“A bit more freedom” and “I would like more freedom, to be able to go outside”.

One person said they would like to “Go shopping” and another to “use the garden more when the weather is nice”.

The visiting team also had the opportunity to talk to family members of the residents while they were visiting. When asked about the environment they told us:



“It’s very caring, so lovely. Smells nice. Staff have been so helpful. Dad has made great improvements so quickly. Staff so quick to realise what he needed. After a stroke in December (4 months ago) and being transferred from hospital he made huge improvements. Initially he couldn’t sit up when they first arrived at the care home, and now sits up, can walk and his memory is improving too”.

“Overall, everything is fine. No problems at all. Sometimes think the premises is not big enough for their partner, who used to go for long walks about 2-4 miles at a time”.

The family member explained that there had been some initial settling in issues however, their partner was “more settled now”. We also spoke with staff about this resident, and they explained that they had been working with them to help them settle in. They said sometimes the change in environment can be confusing for new residents especially when they live with dementia.

We also heard that sometimes there can be a language barrier with some of the staff. A family member shared an experience that happened in the winter of 2023, when they arrived at Rosclare and the staff member on duty opened the door to let them in, they couldn’t understand what the staff member was saying so carried on with their visit. When they went into the resident’s bedroom, the resident had been unwell, and the staff were trying to attend to them. There had been a norovirus outbreak in the building, but this wasn’t understood by the family member due to the language barrier. The visiting team had a conversation with them about what could have been improved if there were infection control issues within the care home. They suggested that clear signage on the entrance would have been helpful.

HWK would like to note that we did not have any issues communicating with staff during our visit nor when arranging the visit. Rosclare worked collaboratively with HWK to safeguard their residents and the visiting team to prevent inadvertent harm, by adhering to infection control procedures.

#### **Recommendations - Environment:**

15. Create accessible infection control signage for use at each entrance of the building so that if there is an infection outbreak in the home, visitors are informed of the risk before entering the building. It would be helpful if this signage was made available in languages spoken by the resident and their visitors.
16. Create a general repair and maintenance log to track required actions such as changing light bulbs and fixing the front gate.

## 8. Mealtimes - Visiting team observations

During the day of the Enter and View the visiting team were able to observe mealtimes at breakfast, lunch, and dinner. On the day all meals were delivered efficiently. There were enough staff present and there appeared to be two care assistants at each meal delivering food to tables in the dining room. There was also a care assistant managing medication, All staff wore appropriate personal protective equipment (PPE) and gloves and there was good communication between the staff as they seemed to know what residents had ordered and how they liked their particular meals.

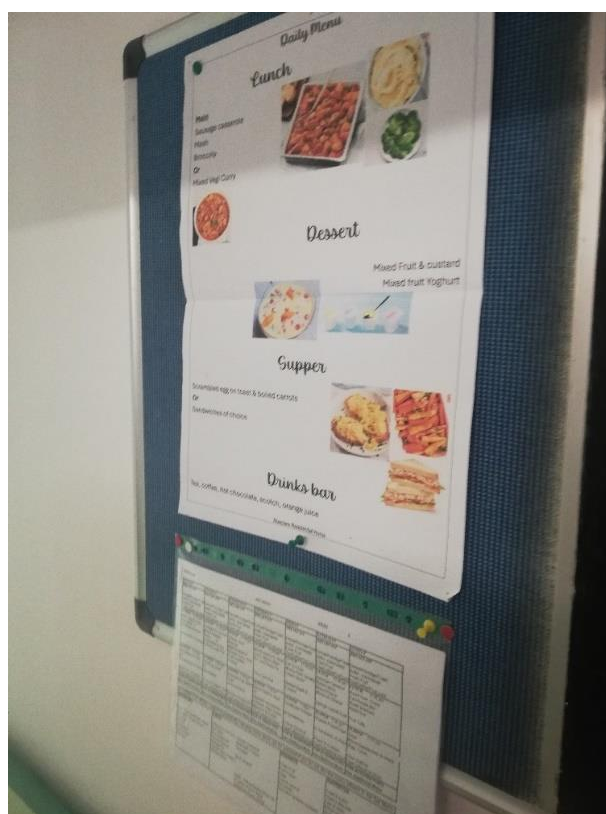
At breakfast the residents were offered a choice of food including cereals, toast and scrambled eggs (there was also scrambled eggs offered as a choice of hot food in the evening). Coffee and tea were available, as well as fruit juices, water and squash. The residents were presented with a large A3 picture menu, and read the options for lunch and dinner. We did find that when talking to residents in the evening that several of them had forgotten their earlier order, one even commented, “Every day dinner is a surprise”.

The menu was also placed outside the dining room for residents to view and there was a schedule displaying the menu choices for the rest of the week.

The morning was busy, staff were delivering meals to some of the rooms and managing personal care as well as breakfast. We observed the care team assisting some residents to the dining room.

Although we didn't observe anyone supporting the residents to eat breakfast, we did see them cutting up food during lunch and dinner if people wanted help. A member of the staff team explained that “We like to encourage the residents to feed themselves, and to do as much as they can for themselves, but are always happy to help if they need it”.

During the breakfast serving, bowls of fruit were put in the centre of each table (strawberries, blueberries and grapes). The residents were delighted with this addition, sharing the bowls and enjoying the food that they recognised and trying something new. One resident told us, “We don't usually get this, they should do it more often”. All on the table we were sitting on agreed that they would like to see different types of fresh fruit during at mealtimes.



At lunchtime one of the residents said that the food “Smelled yummy”, the sausage casserole, mash potato and vegetables that the majority were eating looked appetising and was well presented, the lunch portion sizes were appropriate, and residents said that there was always plenty of food for them.

The visiting team at dinner did note that the food on the picture menu in the morning was different to the evening, as soup was also offered to residents as an alternative hot meal, residents were also offered scrambled eggs on toast. The visiting team learned that these were made from fresh eggs. Some residents had sandwiches and again the food looked appetising however, the portion size for the soup looked small. The food was delivered at different stages, so some residents had food at the tables while others were waiting. This didn't appear to bother the residents and they seemed to be enjoying the company of other residents and the food when they received it.

We did note that one of the residents, who was vegetarian, asked for a cheese sandwich at lunch, and was given this again during dinner. Vegetable curry was the alternative option for the main choice at lunch, and they told us that they “didn't like spicy food”.

After each meal the food was cleared away quickly and the dining room was made available for residents that wanted to use the space.

#### **Recommendations - Mealtimes:**

17. Improve vegetarian menu and include hot and cold options for all three mealtimes.

## **9. Mealtimes - Residents' and relative's feedback**

On the day of the Enter and View, the visiting team were able to talk to residents throughout the day about the food at Rosclare, below is what we heard:

“I feel rushed. Given food and told I can leave.” (NB: Not what was observed by the visiting team).

When asked what meals residents enjoyed, people shared the following:

“I enjoy the veggie food. There's a good choice of food.”

“I was brought up to eat what's in front of you.”

A few people commented on how much they liked the fish and chips, and everyone we spoke to said they enjoyed the sausage casserole prepared at lunchtime on the day of the visit.

Family members of residents that we spoke to told us that they are “Really happy with the food” another said, “The food smells amazing” and “Meals look ok, but a bit mushy and prepared for somebody with no teeth, but still looks appetising though”.

We also heard that although the food looked good, one visitor told us, “There nothing wrong with the food, got no complaints, just the food is often a bit simple, and X really likes spicy food like curry”.

One family member said that sushi was the preferred choice of food for their parent and we also heard that things like noodles were also missed.

We didn't hear any complaints about the quality of the food, only there could be more choice. The families of the residents also commented that “It must be difficult to cater to so many people and please everyone, especially as some people in here may be ‘very old’ and struggle to eat some foods”.

A few visitors spoke to us about the difficulties in managing food for people with dementia, and two people told us that since being at Rosclare their family member had gained much needed weight.

One person told us about the dramatic weight loss her father had had in hospital during his stay, due to being unwell. She said that when her father came to Rosclare the staff noticed he had difficulties eating, “they changed his diet and now he's put on weight and has really improved”. They also told us that their family member had seen huge improvements in many areas since coming to Rosclare, including mobility, “They were bedbound before and now they are up and about and out of bed”.

Another said the resident they were visiting had eating better since being at Rosclare, they said, “X has put weight on since being here and not complained about the food”.

In contrast, we also heard that one resident who had settling in issues has lost weight since being at Rosclare, and the husband was concerned about recent blood tests that showed a lack in folic acid.

We heard from another family that there is always coffee and tea on offer and drinks available if the residents wanted them. One person said, “There is always water in the bedroom if X wants it”.

At breakfast we spoke to a group of residents who were very complementary about the food, and staff at Rosclare, one said, “Oh the food is lovely” and another shared, “We

never go hungry” but she did comment on the fruit tray we had seen at breakfast and followed up with “but I would like some more of that fruit”. When we spoke to the management at Rosclare we were assured that fruit is always available in the kitchen, however on the day of the visit they had presented in in a different way by offering the trays. Also that they had a different selection of fruits on the day of the visit. They agreed to consider introducing a ‘Fruity Friday’ where they could try a different selection of fruit to offer more variety at breakfast.

After lunchtime, when asked about their meal, one resident said, “I gobbled it up” one resident said, “There is a very good choice” but added they would like to have “more crisps”. We found that there was good spirit amongst many of the residents and when asked about food they would like to be available some joked about wanting things like beer, gin & tonic, and more chocolate. Residents largely confirmed that they were either happy with the food or that it was OK.

#### **Recommendations - Mealtimes:**

18. Conduct frequent surveys with residents to refresh mealtime menus and introduce variety.

19. Consider how to include different fruit and vegetable options and promote to resident like the suggested Fruity Fridays.

## **10. Activities - Visiting team observations**

### **10.1 Available activities at Rosclare**

The activity schedule was available in the central conservatory. The schedule is large, brightly coloured and offers a variety of activities throughout the week. The activities are either led by a member of the staff (such as the daily mindfulness) or by an external provider (such as ‘Keep Fit with Dawn’). There were a variety of activities for residents to take part in. These included emotional support dog visits (twice a week)

The morning activities after breakfast can include:

- Manicure and pedicure
- Getting crafty with carers

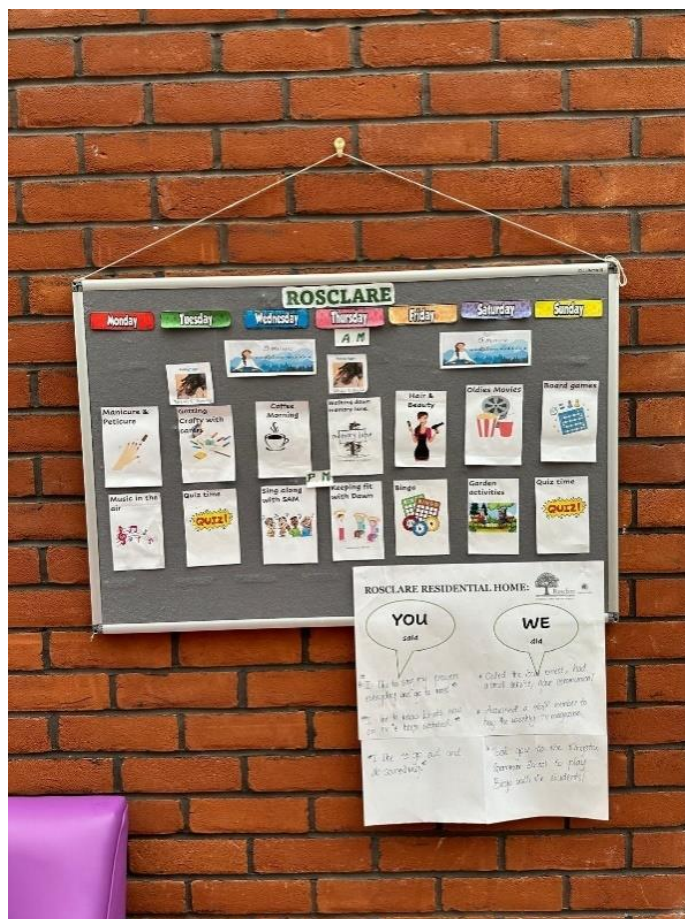


- Coffee morning
- Music in the air
- Hair and beauty
- Board games
- Oldie movies.

After lunch or in the late afternoon, residents could take part in the following:

- Tea party
- Quiz
- Sing along with Sam
- Keeping fit with Dawn
- Bingo
- Garden activities.

The schedule did not have any identifiable times for the activities and may happen when there is a convenient opportunity or when the staff team are available.



In the evening after dinner there are no arranged activities for the residents. We were told by a member of staff that, “residents can either sit in the communal lounge or can watch TV from their rooms. We were also informed that many of the residents prefer to have a quiet evening, and some of them will engage in activities in their rooms, this can include things like colouring and crosswords”.

## 10.2 Activities on the day of the visit:

On the day of our visit we were able to observe ‘Mindfulness’ in the morning, ball games and chair-based exercise in the communal lounge, a visit from the ‘Emotional Support Dog’ and ‘Keeping Fit with Dawn’ in the afternoon. There was also a picture quiz. In addition, Rosclare staff were available for chats with the residents throughout the day. Some of the activities were not on the schedule but were led by a member of the Rosclare care workforce. We were told by the care home manager that the staff are encouraged to lead on some activities, as it gave them an opportunity to engage with the residents and, the residents enjoyed the opportunity to engage with their care workers in group led activities.

While there were plenty of activities available in the communal lounge, there was a mixed response from the residents we spoke with on the day of the visit. The majority

appeared fully involved and enjoyed the activities. Staff encouraged people to take part however, some residents were reluctant. We did not see any alternatives offered for those that did not want to engage in a scheduled activity, but we noted alternatives were offered to residents throughout the day. HWK understands that in managing a large group, it may not always be possible to please everyone at the same time.

- **Mindfulness in the morning**

The sessions began after breakfast in the communal lounge, this was a busy session with 11 residents attending and was led by one of the care workforce. Most of the residents enjoyed the session, and were calm and relaxed throughout however, there were frequent interruptions from a couple of the residents who wanted to chat or were unable to sit quietly and benefit from the session. As this is a shared space the session was frequently interrupted. Some residents shared with us that they find this morning opportunity to relax after breakfast “really lovely”.

A staff member who was involved in running the mindfulness session explained that some of the residents would rather talk or find it difficult to engage in the mindfulness sessions, but still wanted to be included. They told us they were exploring ways to involve talkative or restless residents in separate activities later in the day.

Refreshments (orange squash) were brought into the communal lounge at 11.30am for the residents that wanted a drink. This was shortly followed by a sensory picture quiz for residents, phones were passed around the room with pictures so they could identify what they had seen. The staff team were helpful and supported the residents to be involved if they chose to, and the game was adapted if they needed help.

- **Keep Fit with Dawn**

Later in the morning there was a fitness session with Dawn (an external provider). This was a gentle exercise class where the instructor knew the names of all the residents and clearly had a rapport. The sessions were lively with a flexible approach, some residents engaged from their chairs, while others were standing. The session felt slightly crowded with eight residents in room, with their mobility and the exercise equipment. But every attempt was made to involve all the residents that wanted to engage in this session.

During this exercise session, one of the residents tried to leave the building through the front door. The front door security prevented this and the carer was able to calmly distract the resident without causing distress.

There appeared to be a constant opportunity for engagement throughout the day, and when there wasn't an activity in the communal lounge the TV was on for the residents to watch. The visiting team noted how calm and positive the care workforce had been



throughout the day of the visit. There were a few incidents that were dealt with compassionately and professionally by the Rosclare team.

- **Afternoon**

Residents were given the opportunity to relax before further activities. They appeared to be free flowing and offered choice, allowing the residents an opportunity to be active as and when they wanted. At one point Elvis was playing in the background and there was a gentle ball game that was easy to follow, six residents were fully engaged in the game that involved gently throwing and catching a ball. Other residents in the communal lounge at this time were able to talk amongst themselves.

Later, some residents danced with staff, and one resident was frequently encouraged to join in. They were asked several times to take part, but they were reluctant. The visiting team were told that this resident usually enjoyed the dancing, so this was why they were trying to motivate her.

- **Emotional Support Dog**

At 3.15pm an emotional support dog arrived. There were nine residents in the lounge, and some showed clear joy and interest in seeing the dog, many of them remembered previous visits. For the resident with mobility issues who could not bend over to pet the dog, the dog was picked up so they could be included. The residents really enjoyed the opportunity, and we could see the benefit from the visit by the positive reception from the residents.

- **Dining Room**

A few of the residents preferred to be in the quiet space of the dining room throughout the day, and this was made accessible to them. This space was used for some family visits, and residents were also sitting quietly listening to music, talking to staff and one resident was using the tables for their colouring.

### **10.3 Staff observations during activities**

The visiting team observed that the Rosclare team were caring, considerate and patient with the residents, trying to encourage them to engage in the group led activities, although sometimes this was a challenge. There were plenty of staff available to engage with the majority of residents in a meaningful way, and with the variety of activities available on the day of our visit, most residents who wanted to be involved had a choice of activities.

Throughout the daily activities the staff team dealt with a couple of incidents, arising from resident disagreements, (sometimes one person's behaviour or comments could

upset and frustrate another resident). The care workforce were very calming when managing disagreements between the residents, they knew their residents well and understood the best way to support them. For example, when one resident was getting upset, the member of staff knelt down beside them and spoke calmly and quietly. They also provided physical reassurance by holding their hands to provide comfort. This action helped the resident to calm down.

There is an age difference between the residents at Rosclare ranging from 70-96 years old, and also varying levels of capacity both physically and mentally. We observed that the varying needs of the residents at times made it challenging for staff.

#### 10.4 Bedbound activities

Throughout the day on the walks through the building, the visiting team were able to sporadically observe the activities for bedbound residents through open doors. At breakfast it was noted that one of the carers was feeding one of the residents who was comfortably sat up in her bed. The carer took her time and went at the pace of the resident.

We enquired about the activities for these residents as they are unable to join in planned activities, in the communal lounge. Although we were not able to observe this for ourselves, we were told that there are sensory activities for people who are in their rooms, that they receive mobility massages for their hands and feet to help with circulation, and that the care staff would “pop in for a chat” when they were free. At one point during the visit, the visiting team noted that a carer was in one of the rooms reading to a bedbound resident. We also noticed that TVs were on while the resident was awake, and that it had been turned off in another room to allow for a resident to rest.

## 11. Activities - Residents' and relative's feedback

On the day the visiting team observed a number of activities for the residents, however residents sometimes struggled to remember activities from the previous day. One of the residents told us that they, “would like to go shopping and have more time outside, but the staff are always very busy, and she didn't want to disturb them”. Later on, during our visit the same resident asked one of the carers to add something to their shopping list, and the carer replied that they “could pick it up next time”. The care staff explained that this resident has an allowance for them to go shopping once a week, and that unfortunately due to the dementia the resident couldn't always remember the trips.

This was something the visiting team observed several times during our visit, comments from residents that they later contradicted, indicating that for some there is a level of confusion due to dementia.

Other comments from residents included:

“I like listening to the music and dancing, the staff are lovely and they all dance with me.”

Another resident shared that, “I like colouring and I’m very good, it relaxes me” when asked what other activities she would like to see at Rosclare she said, “I would like to do more puzzles but there isn’t anywhere to put it, the tables in the dining room are always busy and I would have to keep moving it”.

One resident said, “I love it when the dog comes in to see us”.

After breakfast, one of the residents who joined the visiting team for an informal conversation told us, “Sometimes they put movies on or there is a guy that plays the piano”.

Naturally differences exist. One lady said, “Oh I like the bingo” and this was instantly disagreed with by another resident who told us “I can’t stand bingo, but I like playing cards. I used to play cards here, but we haven’t done that in ages”.

The three residents were complementary about the staff at Rosclare, one telling us, “They are all so lovely, and always happy to have a chat”.

One resident happily told us, “They keep us busy doing stuff in the lounge” and that they were “Looking forward to the story later” (mindfulness).

We were also told that “Sometimes they get a haircut”.

All agreed that they would like to go outside more, especially when the weather was better. Some said they would like a day trip, or to be able to go to the park. There was a common theme from residents wanting more freedom and the opportunity to engage in activities they enjoyed before living in the care home.

The residents at breakfast also told us that they “really enjoyed having a little chat” with us. We asked if this was something they would like to do more often, and they said, “It would be nice to have a little coffee morning or something”. From the conversation we had, it would appear that they would like more opportunity for informal conversation, someone to listen to them talk about their memories at their own pace. They were hugely respectful of the care workforce and explained that they were always around, and “very helpful and really nice” but sometimes they “feel bad bothering them, as they are also so busy”.

After lunch, in the afternoon, the visiting team were able to talk to another group of residents who were sitting in the lounge. When asked about activities at Rosclare they said, “I like watching the telly”, another mentioned they “enjoyed the music playing”.

One resident said, “We are busy all day, there’s lots on, but I can’t remember what.”

Not many of the residents told us about activities outside of the building, and this may be due to short term memory loss. One resident said “I liked going to that place” but was unsure where that place was.

The visiting team spoke to several care staff at Rosclare and the management about available activities, and were assured that as well as the activity schedule, they were also visited by students from a local secondary school, the students have engaged in tea parties for the residents and occasionally they visited the local church, park and local schools. She confirmed that some residents have money for shopping and are taken to the local shops when required.

We spoke to some family members about the activities at Rosclare and heard a varied response. One person said, “My partner loves walking, and now she’s here she doesn’t get out much” and he was concerned that they had “muscle wastage” and were not engaging. They told us, “X could do with some more encouragement to get involved with the activities on offer”.

Another said, “My dad doesn’t really want to get involved, maybe in time he will, but at the moment he just wants to be in his room”.

The visiting team recognised the difficulties in supporting younger elderly people with dementia, who want to have a level of independence and engage in activities that they were used to. We also heard from the management team that some residents can be challenging when asked to return to the home after leaving the building.

#### **Recommendation - Activities:**

20. Consider alternatives for those that are not engaging in the group activities, such as more outdoor activities, and walks (weather permitting).
21. Contact Kingston Voluntary Action to find out if they could direct to volunteers visit the home for coffee mornings where residents can have regular informal chats.
22. Consider using puzzle mats, so that residents can do puzzles and roll them up at the end of a session, as surface space is limited within the communal areas.
23. Introduce dementia friendly training, from an external provider, along with how to better support young older residents with dementia.
24. Set times for activities to help residents and their family and friends to plan appropriate time for their visits.

## 12. Thank you and next steps

Healthwatch Kingston would like to thank Rosclare Residential Home and their staff and management team for supporting this Enter and View, and for their prompt response to many of the Healthwatch Kingston recommendation. We would also like to thank all the residents and friend and family at Rosclare for their rich and valuable feedback.

The report will be shared with Rosclare Residential Home, Kingston upon Thames Council, the Care Quality Commission, the Kingston Care Governance Board and other stakeholders. We will also share this report with Healthwatch England and will publish the report on our [Healthwatch Kingston Website](#). We will agree with Rosclare the next steps to be taken in response to outstanding recommendations and work with them to ensure any agreed actions are followed through and implemented.

*To share your view about NHS and social care services in Kingston or to feedback on this report you can our Healthwatch Kingston contact details are below:*

### Healthwatch Kingston upon Thames

Suite 3, 2nd Floor, Siddeley House  
50, Canbury Park Road  
Kingston upon Thames  
KT2 6LX

Telephone: 020 3326 1255

Email:

[info@healthwatchkingston.org.uk](mailto:info@healthwatchkingston.org.uk)

Twitter: [@HWKingston](#)

Facebook: [/HWKingston](#)

Website: [www.healthwatchkingston.org.uk](http://www.healthwatchkingston.org.uk)



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