

# TURNAROUND MASTERS

DYNAMIC DUO ROGER CATCHPOLE AND RUTH FRENCH OF LUXURY NURSING CARE PROVIDER STOW HEALTHCARE HAVE ESTABLISHED THE ENVIABLE REPUTATION OF TAKING OVER FAILING HOMES AND MAKING THEM OUTSTANDING. CHP WENT TO MEET THEM TO FIND OUT HOW THEY DO IT.



Ford Place

**T**urnaround masters Roger Catchpole and Ruth French of family-owned Stow Healthcare have made their name in the care home sector by achieving the remarkable feat of gaining CQC Outstanding at two formerly troubled care homes.

Firstly, their second acquisition Brandon Park in Suffolk, which they acquired from Bupa in 2014, achieved Outstanding in September 2017.

“The building was in a poor way, morale was low and occupancy numbers were below 50%,” Roger said.

It was an achievement Stow Healthcare repeated when Ford Place Nursing Home in Norfolk gained the

CQC’s top rating in February this year.

Like Brandon Park, Ford Place was a home acquired from a large provider, in this case Barchester Healthcare, with management issues.

The family team have acquired a further three homes, two from independent operators and a further Bupa home. All five share the same characteristics of being heritage buildings with modern extensions.

Roger, who hails from a housebuilding background, said: “Most people shy away from these sort of projects but with my construction background, if I think there’s real character and interest there, I don’t worry about the project.

“We are not afraid to take on a

challenge if we can see potential in a home and a group of staff.”

Stow Healthcare has its own building team who upgrade acquired homes in a sensitive manner with minimum disruption to residents.

“It’s very important to get the environment right to enable the care team to get the care right,” Roger said.

“If we haven’t got the equipment, if we haven’t got the facility, no matter how hard we try, it’s very difficult to deliver quality care.”

It’s an approach that goes against the prevailing wisdom that purpose-built homes are more conducive to providing a modern, adaptable quality care environment.

“It’s easier to find storage solutions in modern buildings,” Ruth told me.

“What we have are buildings with true character. If people don’t walk into one of our homes and go: ‘Wow, this wasn’t what I was expecting!’ then I feel we’ve failed.

“I want people to come in and think the home has the feel of a boutique hotel.”

Roger agreed that new care homes had their advantages with being easier to staff and manage but pointed out that didn’t necessarily create a better environment.

“Often a group builds to a model where every room is the same,” he added.

“In some ways, there isn’t the personality whereas all of our homes are different. Virtually every one of the rooms in our homes is different. People like that. It gives extra choice.”

Stow Healthcare’s double triumph has been all the more impressive considering both Brandon Park and Ford Place are nursing homes. Because of their greater acuity of care and associated recruitment issues, nursing homes have statistically gained fewer Outstandings than residential homes, so how have Roger and Ruth done it?

Achieving strong recruitment links with local universities has been key to their success. Stow Healthcare employs three preceptorship nurses one of whom started with the business as a carer six years ago.

Roger and Ruth have established Stow Healthcare homes as centres of learning by taking on student nurses, paramedics and physios.

“It was interesting because the universities said no-one else is coming to us and asking our students to work in a care home environment,” Ruth said.

“We found that 50% of the nurses who came to our recruitment event wanted to be in a nursing home environment with the options that gives. They understand they have a lot more autonomy in this kind of environment than they would in a hospital.”

With neither of them coming from a medical background, Roger and Ruth admitted it had been a steep learning curve going straight into nursing care.

They added that coming from outside the sector was beneficial also, however, as they could look at care provision with a fresh pair of eyes.

“We didn’t have a feel of what a nursing home should be like, we just knew what we wanted it to be like and that’s quite a different approach to take,” Ruth said.

“If we had gone out and looked at other care homes and thought that’s what care should be, we probably would have run a pretty average care home,” Roger added.

“We came with the mindset of ‘what would we be prepared to accept for our own family?’”

After taking on a nursing home with their first acquisition, the family team’s second home was a nursing and residential service, with the third and fourth being mainly nursing.

“It’s been easier to step down in terms of intensity of care than it would have been to step up,” Roger noted.

As he admitted, however, the Stow Healthcare approach is a model that requires a certain scale to be successful.

“It’s very difficult to deliver quality care with 20 residents,” Roger said.

“You need a certain mass to get the social events and clubs and activities but you also don’t want to get too big and lose the intimacy.”

Stow Healthcare’s five homes average 40-50 beds.

“That size has worked really well for us,” Roger noted. “We are expanding and some of those homes will be bigger. We are thinking we can lead in care and technology and still do it in a building that is a little different.”

Roger admitted that serious investment is required, however, to make the group’s acquisitions fit for purpose.

“We have never bought a care home with Wi-Fi and electronic care records,” he said.

“We introduce that to every home we go to.”

Stow Healthcare uses Caresys care home management software.

“We were among the first home to start utilising tablets,” Roger said.

“There’s an awful lot of new-build homes where they are not using tablet



technology where they so easily could. They are still relying on one person going back to a central computer to record a care note whereas this way any one of our team can pick up a tablet and add something.”

It’s an inclusive approach to care that involves all members of staff from the carer to the kitchen staff and cleaners.

“We have got members of staff who are not part of the care team who may have had a conversation with someone and it’s important we record that to know it took place,” Roger said.

“It’s a real boost to be giving that person a chance to be part of the care planning.”

Of course, it’s people not technology or a beautiful period home that provide great care.

Stow Healthcare achieves this by bringing in its own quality management team to drive improvements.

“Often when we go into a home, even though it’s a troubled home, there are some great staff and people who want to do better but just haven’t been able to because of reasons that are beyond their control,” Ruth said.

“We try to bring some quality senior people to lead the home forward.”

Having installed its leadership, the provider engages with the local community in the turnaround of the home through setting up schools, community and toddler group visits.

“We have a really active social media presence to get the message out there about what we are doing,” Ruth said.

The Stow Healthcare formula looks set to attract more plaudits from the CQC. Stay tuned: these turnaround masters are ones to watch. [CIP](#)