



Enter & View Visit Report

Details of Visit

Service Name and Address	Main Road, Dorrington, SY5 7JR
Service Provider	Consensus, Caring Homes Group
Day, Date and Time	Monday 13 July 2015 10.30 - 12 noon Thursday 29 July 2015 3.30 - 5.30 pm
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Vanessa Barrett Helen Hill

Purpose of the Visit

Dignity, Choice & Respect: To assess the quality of life experienced by service users in this care setting

Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

Context of Visit

In the wake of the Winterbourne Review, Shropshire's Health & Wellbeing Board requested that Healthwatch Shropshire carry out Enter & View visits to some learning disability facilities. This visit is to one of a range of services, planned by Healthwatch Shropshire in response to this request.

This visit was announced in advance.

What we were looking at

Choice e.g.

- Residents' opportunities to socialise and participate in activities.
- Residents' choices in shaping their daily routine, including what they eat and drink.
- Personal choice for themselves and their space.

Dignity and respect e.g.

- Personal privacy.
- Supporting individuals and recognising an individual's needs.
- Managing group dynamics.
- Involvement of advocates, family and friends when desired by the resident.
- Facility to complain.
- Access to healthcare services.

What we did

The visit team arranged a pre visit, with the purpose of introducing themselves to the residents; this took place two weeks before the actual Enter and View visit. We asked the Care staff to contact residents' families and advocates (if appropriate), to inform them of the visit and encourage them to attend or to communicate with the visit team.

This is a home for 15 adults with learning disabilities, with 13 residents at present. Several residents also have autism and some have physical disabilities. The residents are accommodated in two adjacent houses and staff work in both homes.

What we found out

The majority of residents were unable or unwilling to communicate with us, and were unaccustomed to speaking to strangers. Two residents did invite us to visit their flats during our pre-visit and two others were willing and able to talk with us.

Both homes have a separate lounge and a dining area where residents can mix together and these are often used by residents. The decor was restrained, with no bright colours, and furniture appeared functional. One home has two flats located on the first floor enabling residents to live more independently; we were invited to see them by the residents on our pre visit. In one home we saw a sensory room but this appeared to be used for drying washing on the day of the pre visit.

Most senior staff with whom we spoke have worked at the home for three to five years, and we also met new recruits and agency staff. On our pre visit one resident told us that there had been staff shortages over the weekend prior to our visit. On the day of the Enter and View visit we observed several staff in both homes but there were still staffing pressures, as staff were asked to see if another resident would go on a shopping trip to help with managing staff/resident ratios.

Expressing Choice

Most residents were unable to communicate by speech, but some expressed their pleasure (e.g. by clapping their hands, or by smiling).

Choice: Activities, including socialising

Three residents were able to tell us about going out to activities they enjoyed. One resident had been to the cinema that day. Staff told us they arranged horse riding for one resident, and another enjoyed going to the swimming pool. Two residents, living in different houses, had struck up a friendship and did activities together. A resident told us they had their nails manicured and hair done at a local hairdresser every two weeks. One resident told us about a forthcoming birthday and explained there would be a cake but no card. Staff told us residents in both buildings join together for celebrations which assists with integration.

Most activities involve trips outside, e.g. to the shops. Staff told us that there are activities in the home, e.g. colouring, gardening, building bricks, which residents can choose to do, but we did not observe any activities taking place on the days we visited.

On both of our visit days we saw residents and staff in a lounge with the television on.

On the day of our pre-visit we observed a resident being taken out in the minibus with two support workers. Both support workers sat in the front of the minibus leaving the resident on their own in the rear of the minibus.

Choice: Daily Routine

We did not see the menu, but staff told us that the residents contribute to its planning, and take it in turns to go shopping at the supermarket for food. Staff prepare the meals and one or two residents enjoy helping prepare the food. If the residents do not like the menu they are able to select other food. Staff endeavour to introduce healthier foods, for example by introducing small amounts of fruit at breakfast time.

Some members of staff were much more interactive with residents than others, drawing them out to remember something that had happened, or sharing a joke. During one visit we observed two staff preparing drinks. They were talking to each other and not interacting with two residents nearby who were waiting for the drinks. We observed a support worker asking a resident if the cup of tea they had was warm and then saying she would make a fresh cup, she did not invite the resident to assist. The resident was then asked by Healthwatch Shropshire's Authorised Representatives if they made cups of tea to which the answer was "no", but the resident said they did help with the washing up. Although staff were always present, we did not see any activities being encouraged.

Personal Choice: For Self and their Space

During the pre-visit we were invited into one resident's bedroom, which was individualised with personal mementoes; their own TV, a stack of DVDs and lots of family photos. One resident told us how much they enjoyed shopping for clothes.

We were told by staff that all residents are expected to take part in cleaning their room and keeping it tidy as well as being responsible for doing their own washing.

Dignity and Respect: Privacy

Two residents were resting in their rooms at the time of our Enter and View visit, so we did not see them, and the others were in communal areas. We observed one resident removing their property from another who had appropriated it, but it was done gently. This was the only interaction between residents that we witnessed during our visits, but residents in the same room generally appeared comfortable with each other and respected each other's space.

We observed staff knocking on doors and asking if they could enter the room.

Dignity and Respect: Supporting Individuals

Staff told us that each resident has a care plan, and they aim to extend the boundaries for each resident at a pace appropriate for them. Some residents had come from secure settings and needed a lot of time to adjust to greater independence and expressing choices. It was not clear to us whether small goals, in terms of changes in behaviour, were developed for all individuals; however we were told of some goals in developing increased independence and confidence for residents with autism.

Dignity and Respect: Involvement of Friends, Advocates and Family as desired

It was unclear whether any resident has an independent advocate. We were told by staff that many of the younger residents have strong links with their families. These links are encouraged with regular visits from family members and going out for meals together. One resident visits their family home once a month.

Dignity and Respect: Access to Healthcare

We were told by staff that there are ongoing negotiations with the local GP practice to ensure appropriate primary care appointments, such as cancer screening services and the annual health checks, are arranged on a regular basis. One resident is having a spell of poor physical health and staff told us that the input from the practice has been very good. Visits to a dentist in Shrewsbury are arranged and vision and hearing tests undertaken when indicated. In addition we were told that a resident with physical disabilities is taken to regular physiotherapy appointments.

Additional Findings

- We were told that the care home has recently been transferred to the Northern group, having previously been part of the West and Wales group, meaning that the nearest home in the group is in Manchester. Previously it was a home outside Telford. As yet networks of support have not been established.
- One resident told us they had concerns about another resident and claimed the resident hit them. They looked anxious when they saw the person. The resident spoke to a support worker about this whilst we were there and the support worker reassured the resident.

Summary of Findings

- The home comprises two houses for residents who need reactive and proactive care.
- Most of the residents seen in both houses were not actively participating in activities, but we were assured that they take part in many activities outside in the community regularly.
- The atmosphere was calm.
- The buildings are purpose built and plainly decorated.
- In one home there was a 'sensory room' which did not appear to be used very much and was being used for drying washing on the day we completed the Enter and View visit.
- Due to the disabilities of the residents, there is limited opportunity for interaction between the residents.
- Some members of staff were more interactive with residents than others.

Recommendations

- Review the use of the sensory room.
- Review the procedure for transporting residents in the minibus or car. We wonder if it would be appropriate to ensure that, when two staff are present, one sits in the rear of the vehicle with the resident to increase safety and encourage opportunities for positive engagement.
- Whenever possible residents should be actively engaged in everyday activities and staff should be frequently interacting with residents. We suggest that the home use the positive interaction observed between some members of staff and residents as the basis for training on how all staff can actively engage with residents.

Service Provider Response

Margaret Whelan (Registered Manager) has provided the response to this report and its recommendations:

The report was fair and measured.

Review the use of the sensory room.

The sensory room has been cleared; we are looking at purchasing new equipment for this room, i.e. interaction equipment, interactive. This will be overseen by the team leader and completed by the 31st October 2015.

Review the procedure for transporting residents in the minibus or car. We wonder if it would be appropriate to ensure that, when two staff are present, one sits in the rear of the vehicle with the resident to increase safety and encourage opportunities for positive engagement.

Staff should be in the rear of the bus; this will be discussed at the next team meeting. It will be overseen by the manager and completed by the 31st October 2015.

Whenever possible residents should be actively engaged in everyday activities and staff should be frequently interacting with residents. We suggest that the home use the positive interaction observed between some members of staff and residents as the basis for training on how all staff can actively engage with residents.

Each person living at main road has a support plan which explains interaction and engagement. The team leaders will discuss this in 1:1 supervision and this action will be completed by 31st October 2015.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for the contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

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