



## Enter & View Visit Report

### Details of Visit

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| Service Name and Address   | Glenview House, Ludlow                 |
| Service Provider   | MacIntyre Care                         |
| Day, Date and Time   | Friday 19 December 2014. 14.00 - 15.30 |
| Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire) | Vanessa Barrett<br>Brian Willis        |

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### 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 date 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 Partnership Board requested that Healthwatch Shropshire carry out Enter & View visits to some learning disability facilities. This is one of a number that will take place in response to this request.

The visits will take place over a number of months. Each visit will produce an individual visit report. Once all the visits have taken place Healthwatch Shropshire will produce a report bringing all the visits together.

This visit was announced.

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## What we were looking at

We looked at some key things that affect an individual's quality of life: whether they experience choice, dignity and respect in this care setting.

### Do individuals experience choice?

- Choice of activities, including socialising and participating in 'activities'
- Choices to shape their daily routine
- Choices over personal appearance and space

### Do individuals experience dignity and respect?

- Personal privacy
- Supported as an individual and individual's needs are recognised
- The setting manages group dynamics
- Involvement of family and friends in an individual's care
- Facility to complain
- Access to healthcare services.

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## What we did

The visit team arranged an initial visit, with the purpose of introducing ourselves to the residents; this took place three weeks before the actual Enter and View visit. During this period, the staff at the home contacted 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 six severely learning-disabled adults, several of whom have significant physical disabilities in addition. They each require 24 hour care. Only five bedrooms are currently occupied. We were told most residents had been in an NHS hospital for people with learning disabilities from a very young age before

moving to this community home. Generally, they have family connections in Shropshire.

We met all five residents during the introductory visit. At the time of the actual Enter and View visit three residents were present, of whom one seemed to know we had met before and we were greeted with a warm smile. The other two residents had chosen to return to their bedrooms after lunch.

There is a large, cheerfully-decorated dining room; a lounge; as well as a quiet, 'snoezelen' room (multi-sensory room) on the ground floor in addition to a toilet, laundry room and kitchen. The hall has recently been re-painted. There is access to a large garden, where some vegetables are grown.

Most staff have worked at the home for several years, including some since the home opened 22 years ago. On average there are 3-4 on each of the two daytime shifts, with one waking and one sleeping at night.

We were invited to remain in the room during the handover between the staff at the change of shift.

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## What we found out

None of the residents are able to communicate by speech but we observed several occasions when they expressed their wishes (both positive and negative) non-verbally. These wishes were always accepted by the staff with respect and humour.

### Choice: Activities, including socialising

Two residents had been out shopping with two members of staff and returned while we were there. They each indicated to us how much they had enjoyed their outing.

There was a board in the hall with photos of many activities, including gardening, shopping, parties, cooking and painting. The Manager mentioned they will take a picnic to the Castle grounds in fine weather and will go to concerts there. Each resident has particular activities they enjoy and it certainly seemed that there are always activities being planned. The home's minibus is used to take residents on regular outings, including reggae music sessions and to a swimming pool, both of which, we were told, are favourite activities. We learned that the recent Christmas party had included visitors from other community homes in Shropshire as well as residents' family members. Although some residents are normally reserved in company, apparently they all became involved in their party and enjoyed themselves.

### **Choice: Daily Routine**

The menu for the week was on a notice-board for the staff to describe to residents. We were told all the residents have good appetites, with a particular fondness for spicy foods. Staff take it in turn to prepare the meals.

### **Choice: Personal Appearance and Space**

Bedrooms were individualised with preferred colour schemes and personal mementoes; one resident had their own TV, a stack of DVDs and lots of family photos.

### **Dignity and Respect: Privacy**

Two residents were resting in their rooms at the time of our visit. A monitor was switched on to enable staff to hear from those rooms discreetly, but we also observed staff leaving to check on these clients at regular intervals.

### **Dignity and Respect: Supported as an Individual**

In one bedroom there was a pair of canaries. Staff had noticed the resident always responded to the sound of birdsong on CDs or in the garden; apparently the recent acquisition of the birds has had a very positive effect.

We were told that one older resident has an advocate.

### **Dignity and Respect: Managing Group Dynamics**

Staff and residents shared their breaks and mealtimes. We were invited to join for a 'cuppa'. There was laughter and good humour in the one we observed.

On invitation we attended the staff handover session. The enthusiasm of the staff in identifying potential problems or discomforts and finding imaginative ways of solving these was impressive. A good example is the acquisition of the canaries.

### **Dignity and Respect: Involvement of Friends and Family**

The Manager explained that each resident has different preferences for contact with families, which the staff facilitate, keeping in touch on the client's behalf, and encouraging visits when possible.

The guardians of one resident had written to Healthwatch Shropshire in response to our request. They said their relative is extremely well cared for, has access to therapies and services suited to their disability, and their safety is always considered. They said that the home has a very open and welcoming feeling, offering a safe, comfortable and very happy environment for their relative. They

appreciated that they are always consulted with regard to any changes that need to be made.

### **Dignity and Respect: Facility to Complain**

None of the residents would be able to make a formal complaint, but we were told of the high level of communication between the home and residents' guardians, advocates and family members, the idea being that any potential problem would be identified and addressed immediately.

### **Dignity and Respect: Access to Healthcare**

The staff ensure the general health of the residents is carefully monitored. We were told that the local GP practice is very supportive. Health problems are such that visits are more frequent than the obligatory annual health check. Visits to a dentist in Shrewsbury are arranged and vision and hearing tests undertaken when indicated. Telephone access to the Consultant Psychiatrist is readily available when required.

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## **Additional Findings**

It was explained to us how the most recent resident had gradually been introduced to the home: at first brief visits, then staying a whole day, then sleepovers, before longer stays and finally moving in as a permanent resident; and supported throughout by familiar carers from the earlier institution. This gradual approach should benefit both the new residents and the existing ones who had time to become used to a new house-mate.

One member of staff, who has worked in various community homes and special schools, volunteered that this is the best they had ever worked in. Another said that the management support and staff training from MacIntyre Care was the best they'd experienced.

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## **Summary of Findings**

- We witnessed all staff demonstrating very clearly their respect and care for the residents. Since none of the residents can communicate verbally, staff get to know their normal behaviours very well, and are always alert for small changes.
- There is a wide variety of activities organised for the residents, which appear to take into full account their individual preferences and capabilities.
- As well as personalising residents' bedrooms, the communal rooms are designed to meet residents' changing needs or moods, including a room with

gentle stimulation through its lighting and furnishings, in contrast to the family space of the lounge.

- The staff seemed to work well as a team, demonstrating respect for each other's contributions, and showing real enthusiasm for joint problem-solving to make residents' lives more comfortable.
- The guardians of one resident wrote to Healthwatch Shropshire to say they think the care provided is excellent and that the staff are 'exceptional'.
- The home seemed to have a very happy atmosphere, and was very open, demonstrated by the invitation to the visit team to be present for the handover.

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## Recommendations

The Visit Team have no recommendations to make as a result of this visit.

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## Service Provider Response

The provider had no comments to make on the report.

## 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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