



## Details of Visit

Service Name and Address	Baschurch Care, Church Road, Baschurch, SY4 2EF
Service Provider	Baschurch Care Ltd. (also known as Select Healthcare Group)
Date and Time	16 February 2014
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Kate Prescott Roz Conway

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## Purpose of the Visit

**Dignity, Choice & Respect: 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.

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## 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 report. Once all the visits have taken place Healthwatch Shropshire will produce an overarching report.

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 individuals' 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

There are three houses located on the same site accommodating 26 residents, the Old Vicarage, Briery Lodge and the Coach House. It was agreed that the Enter and View visit would focus on the Old Vicarage House which provides accommodation for 10 adults with learning disabilities, autism, personality disorder and mental health needs in the home itself. Another individual lives independently in supported living on the site and was present at the Old Vicarage during our visit.

On 19 January the visit team made an informal afternoon visit to the Old Vicarage in order to introduce themselves to the residents and staff. The manager conducted the introductory visit, introduced the team to the residents and staff present, and spoke briefly about the organisation of the home. The Enter and View

visit itself took place 4 weeks later. The manager and staff encouraged all the residents to meet with the visit team in the sitting room, and eight of the residents were present for some or all of the time. The staff supported, encouraged and cajoled the residents to respond to the questions of the visit team, adding additional information as appropriate.

The ages of the residents ranges from young adults to pensioners. Some had been residents since the home opened in 1998; one had only been resident for just over a year. The manager agreed to contact some family members and an advocate to see if they could be present at the Enter and View visit; unfortunately they were not available on the day.

The entrance hall is welcoming, with photographs of the residents and key staff. The kitchen, sitting room, dining room and one bedroom all lead off the entrance hall, with all but the kitchen overlooking a large and pleasant garden which is used by the residents and staff. There are more bedrooms upstairs.

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## What we found out

### Choice: Activities, including socialising

Each resident has activities which they enjoy doing. On the day of the visit some of the residents had been to Oswestry as a group in the home's car to pick up a resident who attends a care centre. They had coffee/hot chocolate in town and were keen to tell the team about this. The residents also told the visit team about the following activities that they take part in, either as individuals or as a group:

- Attending college each week
- Going to church
- Barbecues in the garden
- Disco
- Being visited by family members at home
- Going shopping with family members
- Going out with social groups based around college
- "Creaky chair' aerobics in the village
- Music therapy
- Special Olympics' groups
- Swimming
- Pantomime in Wolverhampton
- Bingo
- Horseriding
- Music concerts
- Baking

- A Christmas party for all the homes on the site, which was held in the village hall in late 2014
- Holidays. Past holiday destinations have included Disneyland Paris, Blackpool, Aberaeron (the home hires a large house for a week every year, and residents go there for a few days) and Alton Towers

The residents meet formally as a group once a month. At these meetings they are told of any changes happening in the home e.g. building work, and discuss items of common interest e.g. what they like to eat. At these meetings they also talk about what activities and trips they would like to happen.

From the way the staff spoke about and with the residents it seemed evident that they go to great lengths to enable residents to go on holidays to suit them and reflecting their individual interests, involving them in the choice of holiday where possible. Residents also meet individually with their keyworkers on a regular basis to talk on a one-to-one basis. Staff said this is helpful for individuals who aren't so good at talking to the group.

Residents explained what they had done for their last birthday. Staff explained that residents are given the choice of having a party or going out for dinner for their birthday.

### **Choice: Daily Routine**

Staff take it in turns to prepare the evening meal, assisted by a resident. Staff said some residents get more involved in the task than others. The menu is put together at the monthly house meeting. The home had celebrated Pancake Day by making and eating pancakes the day before the visit. Many residents said curry was their favourite meal. Residents eat together at lunch and supper times.

One resident puts out breakfast cereals in the dining room the night before. There is a residents' rota for housework chores and cleaning. Staff and residents explained that most have a day in the week for tidying their room.

One resident said they get themselves up in the morning and staff explained if the resident ever wasn't up, they knew it was because they needed the rest. Another resident said staff wake them up in the morning. Staff explained that for a lot of the activities the residents leave the house at eight in the morning, to go to college in Telford, so some need prompting to wake up in time for these.

Residents freely came and went about the home during the visit. One resident appeared to be receiving one-to-one support and a staff member went about the home with them. The staff member appeared to take the lead from the individual, following them where they chose to go. Another resident preferred to stay in the dining room during our visit, and also chooses to eat their meals in the kitchen.

This resident also appeared to have one-to-one support during our visit as a staff member was with them the whole time.

Staff explained that one resident has been risk assessed to come and go from the home and around the town as they please, however the resident doesn't do this, although they did at the previous home they lived at.

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

Several residents wanted to show the visit team their ensuite bedrooms. The two rooms that were visited were spacious, well-decorated to the resident's taste (both quite different), and included personal items, such as teddies, certificates, photos and entertainment systems.

The resident who lives in a separate flat explained they join the other residents at meal times and to socialise. At night the flat is connected to an alarm system within the house for their security.

Some residents were keen to talk about their new clothes and accessories. One resident particularly enjoys going shopping, another goes shopping with family members; one resident was keen to show their new shoes; another, their watch. The manager explained how they have had the Edinburgh Woollen Mill visit the home in the past with a collection of clothes for residents to look at. Staff explained how over the course of living at Baschurch Care one resident has gone from never having worn trousers before to wearing jeans most days.

A resident who had decided to grow a beard last year was supported by staff in keeping the beard smart. Staff said that another resident had wanted to change their hairstyle and had been growing their hair, but had changed back because the longer hair irritated them.

On occasion a hairdresser visits the home; some residents go to the hairdresser in a local village.

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

All residents have a lock on their bedroom door and can choose to lock their door, but none have done so. Staff said residents socialise with one another in the sitting room and dining room rather than visiting one another in their rooms.

When one resident was ill, staff told the visit team that other residents 'popped their head around his door to see if he was alright'.

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

Each resident is linked to a key worker with whom they meet regularly. Photographs of these pairings are on display in the entrance hall.

The visit team saw evidence that residents are encouraged and supported to personalise their rooms and themselves and do activities of their choice (see above).

The manager and a staff member in the lounge clearly knew the residents very well. As we spoke staff were encouraging different individuals in different ways to interact with the visit team and our questions. With one resident staff used gradual hints to help their memory recall of past activities; with a different resident who had hearing difficulties staff sat next to them and repeated what we said directly to them.

Staff were also able to explain the different likes and dislikes of residents, along with other information about the residents activities schedule, holiday plans, previous birthday celebrations, health conditions and behaviour traits. This showed they knew the individuals very well.

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

Staff showed great skill in managing group dynamics during the group discussion in the sitting room, encouraging all residents who were able to participate in discussion to do so. Staff sensitively and respectfully dealt with two residents who were upset by each other. They recognised the situation was agitating the individuals and prevented the situation from escalating by repeatedly reassuring the individuals.

Most of the residents were interacting with each other in the lounge. Residents were kind, patient and respectful to one another, showing understanding of differing personalities. Those who were able to referred to other residents by name.

One resident preferred to stay in a different room away from the other residents. Staff politely encouraged the other residents to respect this.

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

The manager explained that residents have different preferences for contact with families, which the staff facilitate, and different family circumstances. Some have regular visits from family; others have more spasmodic visits. One resident explained they have a phone which they use to talk to family members in the evening. The manager explained the home has used skype to enable family contact with some residents, with varying degrees of success.

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

One resident informed the visit team that they would tell a staff member if they had a problem. Another resident wanted a new waste bin in their room; when the visit team suggested they spoke to a staff member they went straight and asked

the manager for a new waste bin. Judging from the manager's reaction she was used to responding to similar requests from residents.

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

The local GP practice visits the home annually for health checks, and provide healthcare as necessary. Residents also have regular dental checks. Staff informed us that one resident has specialised foot care.

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## **Additional Findings**

The communal rooms are pleasantly decorated, with photos of the residents in the dining room, lounge and in the entrance hall.

There were posters in the entrance way, including one naming the Infection Control lead in the home and another on Dignity in Care.

Staff explained that when someone new moved into the home it was done very gradually. It started with day visits, eventually building up into longer stays before the resident moved in: this helped the individual and the other residents become acquainted gradually.

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## **Summary of Findings**

The visit team witnessed staff and residents behaving respectfully and with care towards one another.

There was a relaxed and homely atmosphere and residents showed pride in their home, possessions and lives.

There is a wide and complex programme of activities for the residents - some undertaken by groups of residents, some individual activities and some activities with groups of non-residents. These activities appear to take full account of the preferences and capabilities of individuals.

The home actively encouraged residents to be involved in setting meals and activities, working with residents both as a group and as individuals.

Residents are encouraged to show their own personalities through their appearance and rooms. Communal areas are attractive and appear to be well-used by the residents.

Many of the residents were able to communicate with the visit team independently and others were supported by the staff to do so. Staff demonstrated that they knew each individual resident and how to support them in communicating with the visit team. Support was given in an encouraging, positive and sometimes humorous way.

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## Recommendations

There was a resident who at their previous home had gone about independently but had stopped since moving to Baschurch Care. We recommend that the home check that this isn't a de-skilling of the individual, so they may continue to live as independently as possible.

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## Service Provider Response

The service user is asked on a frequent basis if they would like to go out on their own, or have a look round Oswestry/Shrewsbury with an agreement of where to meet, but always wants to be with their peers and/or staff. The service user has chosen not to go out on their own despite encouragement that they can do so, especially as they like to buy a lottery ticket on a weekly basis.

## 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 peoples 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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