



### Details of Visit

Service Name and Address	Merrington Grange Care Home Bomere Heath Shrewsbury SY4 3QJ
Service Provider	Adelphi Care Services
Date and Time	21 <sup>st</sup> July 2015 at 3.30-4.45pm
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Roz Conway Clare Cooper

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### Purpose of the Visit

To gather information on the quality of life experienced by residents with regard to choice, dignity and respect.

### 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 residents 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 and a pre-visit was made to introduce ourselves to residents and staff and explain the reasons behind the Enter & View visit.

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### What we were looking at

Focusing on choice, we sought to speak to residents and staff around the following:

- Choice over activities, including engagement with family and friends, employment, social activities and entertainment.
- Choice over shape of daily routine such as times of rising or going to bed, food and drink preparation and clearing, involvement in shopping and inviting family or friends to a meal.
- Personal choice of residents and their space, including arranging their bedrooms, shopping for clothes and what they want to wear.

Focusing on dignity and respect, we sought to speak to residents and staff around the following:

- Privacy: how staff prevent residents from invading another's privacy such as entering their room; what steps staff take to protect dignity during personal care.
- Supporting individuals and recognising an individual's needs: staff prevention of behaviour escalation; balancing risk with choice in realising the potential of individuals and helping them to achieve their goals; whether they have access to advocates.

- Managing group dynamics: how staff promote respect for other people; how social interaction between residents is promoted; respecting the need to be alone; consensual sexual relationships.
- Involvement of friends and family: are they encouraged to be part of residents' lives?
- Facility to complain: What procedures or channels are in place for residents and their families?
- Access to health: e.g. dentists, hearing services, primary healthcare and free annual health check for people with learning disabilities.

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## What we did

A pre-visit was arranged prior to the Enter and View visit so that the team could meet staff and residents. It was hoped that familiarity with the Enter and View team would put residents at their ease during the second visit. The Enter and View visit took place between 3.30 and 4.45pm.

Merrington Grange is a privately owned residential care home with nine adults between the ages of 18 and 64 who have physical and learning disabilities. Each has one-to-one care from a staff member. Staff members regularly change shifts to rotate between residents.

We were greeted by staff at the main, secure entrance and asked to sign the visitors' book. The manager explained during our first visit how the home was run, showed us around the site and introduced us to some of the staff and residents.

The accommodation is divided into three 'homes' and a one bedroom studio flat which are interconnected. Two or three residents live together in each 'house' and share kitchen and lounge facilities. Each resident has their own lockable bedroom with ensuite bathroom and a telephone point.

At the back of the houses there is a basement level sensory room and the manager's office. A large, secure garden with seating and trampoline backs on to farmland, with very pleasant views. A small car park is to the front of the building.

During the Enter and View visit we communicated with six residents with their staff carers present. One was unable to communicate by speaking. We spoke to four members of staff in addition to the manager. There were no relatives or friends present at the time of the visit.

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## What we found out

### Overall impression

On entering the home, our immediate impression was of a welcoming, 'homely', clean and tidy environment. The staff appeared friendly and relaxed, and the residents seemed at ease as staff explained who we were.

'Incentive' charts, information, photos and signs relevant to residents and staff were displayed in appropriate areas, along with art work done by residents and other 'homely' pictures and furniture.

When verbal communication abilities of residents were limited, staff helped us to understand what they wanted to communicate.

### Choice

**Choice over activities, including engagement with family and friends, employment, social activities and entertainment.**

In one house, two staff discussed how residents had the choice to socialise, including engagement with family and friends. There were no restrictions in place for residents in the use of the telephones or for visits to relatives or friends, with the exception of situations where the resident could be vulnerable.

In another house, a resident goes to their family home regularly for a day - their family live locally - and Merrington Grange and the family share a diary so that they know about the activities done in each location.

Each resident has an individualised planner for the week, outlining the activities in which they are participating. This is displayed on the house notice board.

When asked about employment, one staff member and a resident said that they could work on a voluntary basis; the resident said that they had two voluntary jobs. A second resident described the two half-days a week they spent helping at a dogs' home.

The social activities available included, amongst others, swimming, hydrotherapy, football, working on the allotment, the 'Move On' club, the youth club and the gym. All these could be accessed in one of three possible ways - residents' car, staff's own car, or service car.

One staff member commented that residents are encouraged to go out for group activities. For example, it would not be cost effective to hire a hydrotherapy pool for one person. In this situation, agreement between residents is carefully taken into account, so that everyone's preferences can be met, especially in the case of a non-verbal person, or those who lack mental capacity.

**Choice over shape of daily routine such as times of rising or going to bed, food and drink preparation and clearing, involvement in shopping and inviting family or friends to a meal.**

Two residents agreed when asked that they were free to get up in the morning when they wanted. One resident said they liked to have a lie-in on Sundays. Staff told us that residents could decide what to eat. This was aptly demonstrated when one resident made some beans on toast and sat down to eat it in front of us. Staff said that this resident liked to do their own shopping and this was confirmed by the resident. One resident liked to shop for themselves as well as others in the house. Clearing up dishes was also something which staff told us they encouraged as a sense of independence. One resident agreed that they used the dishwasher and another agreed that they helped in lots of ways to do the cleaning and tidying up. In one house the menus for each meal were clearly displayed, with pictures of the food to aid communication. Excellent arrangements were in place for the resident requiring liquidised food, with photos used so the resident knew what was being eaten. Branded rather than 'own label' food goods were purchased in this house, to aid recognition by the residents.

When asked about friends and family joining them for a meal, staff told us that they could, and that they actively encouraged friends to visit. Some residents preferred to visit family regularly, especially those whose family lived some distance away.

**Personal choice of residents and their space including arranging their bedrooms, shopping for clothes and what they want to wear.**

One staff member told us that residents had a choice of what to wear in terms of daily dressing and in shopping for clothes; and in how to arrange their rooms. Three residents agreed with this and one wished to show us their bedroom, which had personal touches, belongings and family photographs on the walls. The staff member said that they were encouraged to make decisions based on personal preferences and individuality.

Merrington Grange assists and supports residents to arrange individual holidays supported by staff members. One resident said they were going on holiday in the autumn and had been arranging it in the week we visited.

## Dignity and Respect

**Privacy: how staff prevent residents from invading another's privacy such as entering their room; what steps staff take to protect dignity during personal care.**

Staff always knock and wait for the door to be opened when entering a house.

Residents' privacy is protected by locks on bedroom doors and bathrooms. Safety measures are also in place which staff can use to protect residents from potential harm. There is an alarm system which alerts staff to possible problems when residents leave their rooms. Two staff told us they felt confident to respond immediately and that they had been adequately trained to deal with a variety of situations.

Each house has a member of staff on duty overnight.

One staff member told us that on first joining the staff team, they were “very impressed” with the privacy offered during personal care. Another staff member told us that they were careful to cover stomas with a towel and to protect personal dignity in similar ways when assisting with personal care; and that residents were asked if staff could enter their room.

Two staff members mentioned that the quality and amount of training given staff was “very good”. The staff rota changed frequently so that residents had a chance to get used to all the staff on a one-to-one basis and to provide variety of personal interaction, as well as to minimise disruption to residents in cases of staff absence or annual leave.

**Supporting individuals and recognising an individual’s needs: staff prevention of behaviour escalation; balancing risk with choice in realising the potential of individuals and helping them to achieve their goals; access to advocates.**

When asked about behaviour escalation, one staff member said that it was important to use communication methods appropriate to the situation and the residents involved. For example, social stories, written communication and agreed rules were used. They were also sensitive to the needs of each resident in terms of number of people present, awareness of social situations and their effect on individuals. This was evident when the staff member asked us to enter a ‘quiet’ room to meet one resident and to sit in a particular chair.

In terms of recognising the potential of individuals, one staff member told us that the use of personal goals was very helpful. This method was appropriate for each individual in the form of ‘rosettes’, tick charts, ‘dry night’ charts as examples. They were essentially good behaviour rewards and served as an incentive for individuals to achieve something positive. Rewards were individually matched to motivate the resident. For example one resident was particularly interested in torches and balloons.

All residents are allocated a key worker and one resident liked to keep in regular contact with theirs.

Each resident has a review every six months, attended by the resident, family (if available), the manager and her deputy, the key worker for the resident and a psychologist.

**Managing group dynamics: how staff promote respect for other people; how social interaction between residents is promoted; respecting the need to be alone; consensual sexual relationships.**

Respectful social interaction between individuals was promoted by staff. This was evident during the visit when two residents were present in a room. Staff were present continuously with residents, but kept a distance if they wished to be more alone. The garden provided a space for either group activities or being alone. Communal lounges were also places where group activities and interactions were promoted and supervised as required.

Consensual sexual relationships were not something with which the staff had had any experience, as the situation had not arisen.

Regular residents' meetings take place every three months where residents are encouraged to attend and set the agenda. One staff member said that this was a good forum for social interaction and where residents could respect one another. One resident described how they liked to meet up with a resident in another house to talk and play pool, though sometimes the other resident was 'too bossy'.

**Involvement of friends and family: are they encouraged to be part of resident's lives?**

Family contact is encouraged; for example one resident visits their family every week, facilitated by Merrington Grange.

**Facility to complain: What procedures or channels are in place for residents and their families?**

Two staff talked to us about the complaints procedure. They told us that residents could speak to a person of their choice about anything that they were not happy about at any time, or write it in the form of a letter. They could also bring it up at the residents' meeting. They also had a poster in their rooms which told them how to make a complaint. Some of these were in Makaton format and some were in appropriate format for the relatives of those residents who lacked mental capacity. Their families were given an information pack when the resident arrived, which detailed how they could make a complaint or help their relative in the home to make a complaint.

**Access to health: e.g. dentists, hearing services, health tests and free annual health check for people with learning disabilities.**

Each resident has a care plan and if access to healthcare is required, there are procedures in place to record this in a medical appointment diary and medical records so that all staff are made aware of the resident's health situation or appointments booked to attend. Residents have access to all healthcare services such as dentists, hearing services, GPs, including the annual free check for people with learning disabilities.

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## **Additional Findings**

The décor in some areas appeared a little tired and in need of freshening up due to heavy usage.

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## Summary of Findings

The authorised representatives were impressed by:

- the personalised programmes provided for each resident reflecting their individual interests and development, encouraging contact with groups outside Merrington Grange
- the care with which appropriate responsibility was given to residents in maintaining a comfortable and homely environment, including personalisation of rooms and clothes, purchasing and preparation of food and household chores
- the quality of life of the residents, including the respect shown between residents and staff
- the various ways in which communication with residents was facilitated
- the training staff said they had received
- the caring, supportive, homely environment created by residents and staff within a professional framework.

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## Recommendations

- Consider whether freshening up of decor is needed.

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## Service Provider Response

‘We have already started decorating since the visit and will continue to freshen up the whole home.’ Michelle Evans, Manager

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## Acknowledgements

Healthwatch Shropshire would like to thank the service provider, residents, 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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