



Enter & View Visit Report

Details of Visit

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| Service Name and Address | Ruby Unit, Crowmoor House, Frith Close, Shrewsbury SY2 5XW |
| Service Provider | Coverage Care Services Ltd |
| Date and Time | Tuesday 9 June 2015 at 11.00 a.m. |
| Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire) | Suzanne Hutchinson Chris Knight |

Purpose of the Visit

To observe the quality of life experienced by service users in this care setting in relation to Dignity, Choice & 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 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 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 a fortnight previously to introduce ourselves to residents and staff and explain the reasons behind the Enter & View visit.

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?

- Choices in social and leisure activities
- Choices in shaping their daily routine
- Choices over personal appearance and space

Do individuals experience dignity and respect?

- Personal privacy
- An individual's needs are recognised and met
- Group dynamics are well managed
- Family and friends are involved in an individual's care
- Facility to complain both informally and formally
- Access to healthcare services.

What we did

We visited two weeks prior to the formal visit when we met the Manager and spent some time being briefed by her about Ruby Unit and its place within the care home. The unit was set up in 2008 and has the capacity for 10 adults with learning disabilities. All places are pre-purchased by Shropshire Social Services for long-stay residents. The manager told us that the whole establishment will be moving to a new purpose-built site in Sundorne late 2016. We were then shown round Ruby and introduced to the residents and staff who were present. We had the opportunity to explain the purpose of our visit and the report process.

The formal visit took place on the morning of 9th June 2015 with the Manager present. We spent an hour and a half in Ruby, talking to staff and residents and observing the activities taking place. There are nine people, in the 50+ age-group, currently resident in the unit and we met seven of them, one being out shopping with a family member and the other choosing to remain in their room. We talked to the two members of care staff allocated to the unit that day and observed others coming and going. Although we had encouraged the involvement of friends and family in our visit, none were present.

Some of the residents moved together from Kempfield in 2008/9 and were thus a well-established group. Others have moved to Crowmoor House from other homes or after being cared for by their parents. One resident we saw was in a wheelchair and others were dependent to a greater or lesser extent on mobility aids. Communication was difficult with most of those we spoke with, and we relied largely on staff interpretations and explanations, on non-verbal cues, and on our own observations of interactions between staff and residents and amongst the residents.

What we found out

The Accommodation

Crowmoor House is built on one level in the form of a square around a central courtyard garden. Ruby Unit is on one corner of the building; access to it is through the main reception area, where there is a keypad entry system, and down a long corridor past the rooms of other residents. It is L-shaped, with the entrance, bath and shower rooms and communal spaces occupying the short arm and centre, and mostly bedrooms along the long arm. There is a door separating the unit from the rest of the home; residents are able to move freely around the unit. [Since the visit the Director of Operations has informed us that some areas of the building 'have key pads in place on the dementia units which can limit full access for residents'](#).

The communal rooms consist of a sitting room with TV, a dining room with two round tables and two other tables, a compact but functional kitchen, a quiet room and a small space converted into an activities room. On the long corridor is a small sitting room for friends and family. The walls are decorated with pictures (many of beach

scenes, apparently a popular choice amongst the residents) and groups of photographs. The bath and shower rooms are appropriately equipped for the resident group, with space to manoeuvre a wheelchair. The doors are lockable. There is access to a courtyard garden (for the whole establishment) and a small enclosed patio and garden for the use of Ruby residents. The bedrooms do not have ensuite facilities and this will be a welcome feature in the new build. Space is tight on the Unit and it appeared to us that the best use has been made of what is available.

Our impression of the built environment was, as the Manager put it, that it was 'tired'. The manager and the staff we spoke with recognised the comparative shortcomings of the current accommodation and were enthusiastic about the much improved facilities available in the new build. A unit there has been specifically designed to meet the needs of people with Learning Disabilities.

The care team

Ruby has a dedicated staff team who work twenty-eight hours per week on a rota system (four-day and three-day weeks alternating). [Since the visit the Director of Operations has informed us that 'the unit is covered 24 hours a day by a consistent staff team'](#). It is company policy for each of the regular staff members to work one day a week on another unit, and the team is supplemented by carers who work in all of the units at Crowmoor House. All staff have received appropriate training and most have significant experience of working with people with Learning Disabilities. The Deputy Manager of the home is a specialist in Learning Disabilities. The 'butterfly approach' is used in the home, with the LD residents as well as those with dementia. Each resident has a key worker.

On the day we visited, none of the regular staff were on duty and the two members of staff we met worked shifts across the home. [Since the visit the Director of Operations has informed us that 'it is not company policy for staff to have to work on another unit'](#). The manager asked us if we would have known they were not members of the dedicated team, and our answer was 'No'; we were impressed with their detailed knowledge of the residents and the competence with which they managed both individual and group dynamics. We would like, however, to have spoken with someone from the dedicated team. We observed a ratio of two care staff to nine residents during our visit.

Do Individuals Experience Choice?

Choices in social and leisure activities

When we arrived, a group of five residents supported by care staff were potting up bedding and tomato plants on the small patio. One person was choosing to observe rather than participate. All the residents were appropriately clothed for the weather conditions and had been equipped with gardening gloves and aprons. We observed that the residents were encouraged to join in actively, with the staff prepared to clean up if necessary. For example, one resident wished to water the plants they had

potted and spilt water over their clothes. They were taken to change clothes and returned to complete the task with no fuss made.

Soon after we arrived, the Shropshire Cat Rescue group arrived with two cats and visited for about twenty minutes. The residents seemed to enjoy stroking the cats and having them on their laps. Two residents said they liked the animal visits. The cat handlers took photos of the residents with the cats. We noted that there were collections of photos on the walls showing people engaged in various activities.

During this visit one cat accidentally gave someone a tiny scratch and the staff were quick to meet the resident's expectations of attention.

We were informed by residents and staff of the range of daily activities available to them which included:

- Shopping trips to the town centre, and to Tesco once a week
- Trips to the theatre and cinema
- Going to the pub to meet friends
- Going out for meals, especially pizza
- One resident attends a day centre
- Visits from friends and family
- Visits by Shropshire Cat Rescue and the Animal Man (variety of animals) at regular intervals
- Craft activities. We took pens and paper as we learned on our first visit that several of the residents are particularly keen on drawing.
- Household activities. Two residents enjoy helping in the kitchen and take it in turns to keep it tidy and lay the tables for meals.
- Watching DVDs of films and musicals such as Mamma Mia (a favourite) on the television in the sitting room. One person told us they intended to watch television that afternoon.
- Flower arranging. One resident in particular has a talent for this and someone comes in regularly to facilitate it.
- We noted that there were no IT facilities available for the use of residents on the Unit; for example, access to Skype and other online resources.

When they go outside the home residents are accompanied either by family members or by care staff. We were told that they choose what to do and where to go, but do not have capacity for managing the everyday hazards of life in a town, such as crossing busy roads. One resident told us that they enjoyed going shopping and to the cinema with their key worker. Staff commented that many everyday activities were chosen and undertaken on the spur of the moment. The residents do not necessarily remember about outings or events that have been planned in advance.

Although most of the residents appeared happy to share the communal spaces and activities, we were told by staff that one resident who dislikes the noise and bustle prefers to stay in their room most of the time. We did not see this person. Another regularly retires to their room when they feel the need for peace and quiet. We saw that person briefly.

We observed people moving freely about the unit and engaging in different activities and conversations. The atmosphere was generally calm and the residents appeared relaxed and contented. Staff interacted almost constantly with individuals or groups.

Holidays and Day Trips

The manager outlined the holidays and trips which had recently been and were about to be taken. The residents are accompanied in pairs or small groups and staff members sometimes take time from their own annual leave to go with them. The care staff and residents are involved in the planning of holidays; it is seen as a good learning experience for the staff, as it includes dealing with all the paperwork involved such as Health and Safety risk assessments and the measurement of capacity and ability to make decisions and judgements.

- Recently, two residents accompanied by staff went on a trip to Llandudno.
- A trip to Blackpool was to take place in the near future.
- A holiday to Spain for other residents was being planned for the summer.
- Caravan holidays were also being planned. There is a site in Wales which has caravans specifically designed for this client group.
- We were told by other staff members that some residents have been as far as New York in the past.

The manager explained that as many trips as possible are undertaken within the available resources of funding and staffing and new possibilities are constantly being explored, from day excursions to trips further afield. All residents are accompanied on a one-to-one basis. The manager told us that there is no extra funding available in recognition of the extra cost implications for this group, which places limitations on the number and destination of outings and holidays. The staff members said that they would like to be able to take the residents out more often.

Employment

No-one living on Ruby Unit is in employment. One resident worked at Greenacres until their health deteriorated, when after discussion with them, it was decided that they should retire.

Choices in shaping the daily routine

- We were informed by care staff that each resident has a choice in relation to when they get up and when they go to bed. For example, one person gets up between five and six in the morning and another goes to bed at midnight.

- Meals are provided by the in-house kitchen at a fixed time but hot and cold drinks are on offer throughout the day. We noted that there was a choice of cold drinks, including water, on a table and hot drinks were made on request. For lunch and evening meals the menus offer a choice of two hot dishes, salads, jacket potatoes, sandwiches and desserts. One person commented that they were looking forward to having cheese pie for lunch.
- Staff and residents sit down together for meals.
- It is not uncommon for some or all of the residents to decide on a takeaway meal, or to eat out.
- Friends and family can visit freely.

When we discussed the day-to-day affairs of the unit with care staff they said, “This is their home for twenty-four hours a day”, implying that individual likes and wishes were routinely accommodated.

Choices over personal appearance and space

- We looked briefly into three bedrooms with the manager while the residents were occupied elsewhere. Although the furniture was fairly standard, all had personalised contents and colour schemes, with personal pictures and decorations.
- The visit team had understood that residents are in the process of choosing wallpapers and colours for their rooms in the new build. A social enterprise called *Design in Mind* is helping residents with the interior decoration of the new unit. [Since the visit the Director of Operations has informed us that ‘residents have chosen wallpaper for their bedrooms at Crowmoor not the new build’.](#)
- We observed that everyone was appropriately dressed in individual ways and in clothes which suited them.
- One person was wearing an item of clothing which we admired and they told us that they had chosen it themselves when out shopping.
- There are regular shopping trips during which residents have the opportunity to choose and make personal purchases.

Do Individuals Experience Dignity and Respect?

Personal privacy

- The manager told us that staff talked to the residents about respecting each other’s privacy by, for example, always knocking on each other’s doors and not walking in unannounced.
- We were told that staffs are also watchful to make sure no-one is invading someone else’s private space.
- Most of the residents require assistance in personal care and the staff offer it in a sensitive manner. We observed some instances of this during our visit.

- Residents are usually assisted by staff to take baths and showers, and the door is locked to ensure privacy. We noted that there are no privacy curtains should a resident using the toilet in the bathroom forget to lock the door. [Since the visit the Director of Operations has informed us that the organisation ‘would not use curtains for privacy in toilets, these could be a trip hazard and if a resident forgot to shut a door behind them they are likely to forget to close a curtain’.](#)
- The needs of residents for solitude and personal space are respected. We observed this on our visit.

An individual’s needs are recognised and met

The range of activities available, together with respect for individual preferences, appears to cater for everyone’s requirements. For example, it is known that a keen gardener also loves arranging flowers, and another’s need to avoid noise and activity is respected. Staff members are prepared to facilitate spur-of-the-moment decisions about activities.

When we arrived and were offered a cup of tea, we noticed that the member of staff making it in the kitchen explained what was happening to a resident there. The manager informed us that the person considers the kitchen their domain, and becomes agitated if things are taken out or disordered without explanation. We observed the same person laying the table for lunch and one of the carers very discreetly correcting the placement of the utensils.

We noticed that another resident appeared to need, and received, a great deal of attention and contact from carers. It appeared to us that the staff were sensitive in general to the personalities of the residents.

A range of methods is used to communicate with the residents. For example, there is a picture menu as well as a written one, so that a person can point to their choice. Gesture and mime is used to reinforce verbal suggestions or instructions; we noticed that when someone needed to remove their gardening gloves but was confused, the manager mimed removing gloves and the person instantly complied.

We asked the manager how staff checked out someone’s understanding or experience of an event or interaction, and how good they were at detecting an individual’s emotional state. We were told that the staff were trained to closely observe and monitor expression and body-language. Also each resident has their own way of expressing emotions through their behaviour which is recognised by the staff; for example, if one person does not eat all their food, or another person goes to lie down on their bed, then something is wrong and the care staff would check that out. They are also aware of the kinds of things which upset or confuse a particular individual.

Advocacy

The local advocacy service holds regular meetings on the Unit and includes residents in their newsletters. The manager tells us that none of the residents have their own advocate as they all have family who can speak for them, though this could be arranged. In some cases social workers are formally involved.

Management of group dynamics

We witnessed potential situations of conflict between residents which were skilfully averted by care staff, who use their understanding and monitoring of residents' modes of expression to enable them to defuse or de-escalate such tensions.

For example, we observed a moment when someone was becoming agitated by another person making a lot of noise. Quickly and skilfully one staff member used distraction to lead the noisy person away, while the other person's attention was diverted by the manager. The moment passed.

At the same time we noticed that, left on their own, several residents happily chatted amongst themselves.

We asked about how residents' personal relationships were managed. The manager told us that no-one was currently in a personal relationship but that it was not unknown, and residents were entitled to them like anyone else. They were monitored carefully so as to avoid causing problems in the group as a whole. Several of the residents had grown-up children.

We were told that one resident is apparently disturbed by the noise and activities generated by the other residents, and spends almost all their time in their own room. We are concerned that living in a home with (potentially) nine other people may not be the best environment for such a person.

Family and friends are involved in an individual's care

All the residents currently on Ruby Unit have contact with relatives through phone calls and visits. For example, one person was out shopping during our visit with a member of their family. We were told that families are actively involved in care decisions wherever possible. They are welcome to join their relatives for meals, although few do.

Facility to complain both informally and formally

We were informed by the manager that residents can raise issues informally with senior staff. Residents quite often visit her for a chat in her office and she clearly knows them well.

There is a formal complaints procedure for the home as a whole. Any complaint made is logged and sent to head office. We were unable to confirm with residents that their concerns are listened to. However, all residents that we observed appeared relaxed and comfortable amongst themselves and with staff. To quote one resident “I am very happy here”.

Access to healthcare services

Each resident has their own GP. Given the age and health status of the residents, most have a team of health care specialists from a range of disciplines.

On our pre-visit, three residents were away from the unit at healthcare appointments.

Summary of Findings

From what we observed, it seems that Ruby Unit at Crowmoor House provides a comfortable and secure home for nine older adults with learning difficulties. Shortcomings in the built environment will be left behind when Ruby Unit moves to its new, purpose-built location later in the summer.

- The residents have choice over the shape of their daily routines.
- Residents have considerable choice over their food, through the daily menu provided in-house, and through meals out and take-away food ordered in.
- Residents are able to choose for themselves their room decor and their clothes, and have input into the general decor of the unit.
- A range of activities is offered within and outside the unit and excursions, including holidays abroad, are organised limited only by budget considerations.
- The care staff are knowledgeable about the residents and manage the group and interpersonal dynamics well.
- The staff are aware of the needs of the residents for privacy and autonomy within their individual capacities.
- Families have regular contact with and input into the care of their relatives.
- All residents have access to healthcare appropriate to their needs.

Recommendations

We recommend that:

- The budgetary implications for this client group of activities and excursions outside the home are reviewed by the Coverage Care management with a view to increasing their frequency.
- Careful consideration is given to ensuring full privacy for the residents in the bath and shower rooms and ensuite facilities in the new build.

- There should be a reassessment of the type of accommodation appropriate for residents who find the communal nature of the accommodation overwhelming, and who as a result confine themselves mostly to their rooms.

Service Provider Response

Increasing the frequency of activities and excursions

Director of Operations: 'The home already has a substantial budget for the use of activities as is demonstrated in your report of pages 5 and 6. Therefore I believe this action is simply not warranted.'

Privacy for the resident in the bath and shower rooms an ensuite facilities in the new build

Director of Operations: 'Our staff are trained and reminded of the critical importance of privacy, dignity and respect. We do not expect therefore to build in secondary screens in toilets and bathrooms, not least because of the trip risks and infection control concerns.'

Reassessment of the type of accommodation appropriate for residents who find the communal nature of the accommodation overwhelming, and who as a result confine themselves mostly to their rooms.

Director of Operations: 'In a communal home there will always have to be communal lounge areas and we cannot accommodate individual private areas. However all bedrooms are ensuite and of a good size and there are many quiet areas people can visit.'

Overall comment:

'Thank you very much for this very positive 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 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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