



## Enter & View Visit Report

### Details of Visit

Service Name and Address	Windsor House, 47 Windsor Road, Oswestry Shropshire SY11 2UB
Service Provider	Trident Reach the People Charity
Date and Time	18 <sup>th</sup> December 2014 at 3.00 p.m.
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Anne Wignall Suzanne Hutchinson

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### Purpose of the Visit

**Dignity, Choice and 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 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

In late November the visit team made an informal morning visit to Windsor House in order to introduce themselves to the residents and staff. The Assistant Manager conducted the introductory visit, made the introductions to residents who were there, and spoke at some length about the home's ethos, management and procedures. The Enter and View visit itself took place three weeks later. Neither the Manager nor the Assistant Manager were present; the Senior Shift Leader talked with us initially and then introduced us to the residents. At the time of the visit all nine residents were present. We spoke with eight of the residents and respected one individual's choice to not engage.

Although the home invited all the residents' friends, relatives and support workers to come and speak with us, none were able to attend apart from one advocate from a Shropshire based advocacy organisation specialising in individuals with learning disabilities, who was exploring a specific issue with the client.

Windsor House has accommodation for ten people. It is a long mid-to-late twentieth century building set in a moderately-sized garden with a parking area at the front. All the residents' bedrooms are on the ground floor. At one end of the building are the kitchen and a good-sized and well-equipped living/dining area. At the time of our visit there was a large, beautifully-decorated Christmas tree in a corner of the dining area. At the other end of the building are communal/meeting rooms. The bedrooms are positioned on both sides of the corridor in between, interspersed with bathrooms, utility areas and the reception area which has a thumb lock pad on the front door. The bedrooms are all single, large enough for appropriate furniture and for the use of a wheelchair, but not generous. The bathroom facilities include a jacuzzi bath with coloured LED lighting and music. There is equipment to enable the more physically disabled to bathe safely.

At the time of the visit there were nine people in residence. All have learning disabilities, ranging from moderate to severe, and some also have physical disabilities. All the residents are mature. Most of them have been living there for a long time; one person said they 'had not been there very long' but had in fact lived there for fifteen years.

Between us we spoke with the members of staff who were on duty and to all of the residents, in some cases directly and in others with the help of the staff and other residents. Not all were able or willing to talk to us; in those cases we used non-verbal cues and observation to obtain some idea of their level of comfort and contentment with their living situation.

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## What we found out

We were able to talk to residents on their own, in their bedrooms or in the sitting room, though in most cases we needed the help of staff members to interpret our questions and their answers. For example, one resident, when asked what they liked most about living at Windsor House, smiled and pointed out items of value to them in the room; a photograph of family, a poster, a painting on the wall. Most residents were happy to engage (one chose not to) but some did not answer questions. Body language and expression, and the calm and relaxed atmosphere we noted on both visits, indicated most clearly that the residents were content with life in their home. Staff provided much of the more detailed information.

**Choice: Activities, including socialising**

One resident goes out on their own (in a taxi) and with a close relative; the others are accompanied when they go out by members of staff. Windsor House has a minibus which is used for outings, for example to Wrexham for shopping. One resident is significantly disabled staff and cannot easily make use of the minibus. Staff had been supporting the individual to look into applying for a Motability car: they had sourced an advocate to help explore the individual's feelings on the matter.

If someone has a particular interest they are enabled to follow that up. Last year a resident went to an exhibition in London, and another has visited Somerset to see steam trains. There are also day trips. One person said they would really like to spend a few days rather than just a few hours in Llandudno, having been there on a day-trip; they also said they disliked London as it is 'too busy'. This person was keen to show us their scrapbook of their outings.

Some residents take part in sporting activities such as table tennis and swimming, with particular interest in the Special Olympics. Other activities take place within Windsor House. One person has a family member who comes in to help them with painting and colouring. Another told us that they particularly enjoyed watching television, shopping, and games - especially dominoes.

None of the residents are in employment.

The Assistant Manager noted that the reduction in access to local day services has greatly reduced the ability of some residents to maintain social contacts with friends who live in other homes or with their families. Two residents told us that they meet up from time to time with friends at a coffee shop in the town, and parties are occasionally arranged, but it is difficult for them to replace the regular social contact of the day centres through the system of personal budgets.

Special occasion outings can be organised. One resident and their special friend were accompanied to a disco and restaurant meal on Valentine's Day. The friend visits regularly on Sundays. It was clear from our conversation that the relationship is very important to this resident. Unfortunately they are no longer able to see each other at the day centre where they had originally met: 'I miss them'.

Family members and friends can visit freely, and are welcome to come for meals in the house. Some residents go home for weekends. One resident's family has moved too far away to visit regularly, but being a local person they are visited by friends. Residents communicate with family primarily through phone calls and visits. One person has a computer, but there are currently no facilities for using Skype or social media.

**Choice: Daily Routine**

We were told by the staff that each resident has his or her own routine. None are working, so there is no set time for getting up in the morning, nor for going to bed. During the day, when at home, they move between their bedrooms and the communal areas as they please; on our visit two people were in their rooms, listening to music on the radio or doing art work, whilst others sat round the dining table or in the sitting room, and one person was in the garden. In the evenings, we were told, some people prefer to watch television in their rooms and others like to be together in the sitting room, especially when there is a popular programme such as The X-Factor on television. People can stay out late on appropriate occasions.

Each resident has a day for cleaning his or her bedroom, and is expected to share household tasks according to their ability. They are encouraged to help with their own laundry.

Residents have the choice of using the shower, bath or jacuzzi bath, and use them at whatever time of day they wish. For example, one person prefers to bathe in the morning, and 'adores' the jacuzzi bath, with its music and its coloured lights that shine through the bubbles.

It was emphasised to us that the residents are like family to each other and Windsor House is their home. There are no restrictions or expectations that would not be found in a typical family home.

Several of the residents indicated that the food was good and they enjoyed it. They all have their preferences. One person loves porridge; one said, 'I love sausages and fish and chips'; another said, 'I love chocolate'; and a third said 'I don't like eggs!'. Residents are consulted on the menus, and we were told that they are invited and encouraged to help shop for, prepare and tidy up after the meals if they are able to do so. However, tea was being prepared by staff during our visit, and it was clear that none of the residents were interested in helping with it on that occasion. One of the staff said that in general the meals tend to be prepared by staff members.

Snacks and drinks are freely available throughout the day. Those who wish to can get their own; others are helped. While we were there people were asked at various times whether they wanted anything and several had tea or cold drinks. Two people who were in their rooms during our visit were offered drinks or had them close to hand.

There are set mealtimes: breakfast is at 8 a.m., dinner at 12.30 p.m., and tea at 5 p.m. Residents usually choose to eat together if they are at home, and meals are taken round the dining table unless someone wishes or needs to eat in their room.

Supper and hot bedtime drinks such as Horlicks are available to anyone who wants them.

Family and friends are welcome to share meals at Windsor House. Meals out are also popular with some of the residents.

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

Residents can help to plan the decoration of their rooms and choose their own colours and interior design, and some take full advantage of that. For example, one bedroom we saw was beautifully colour co-ordinated with finishing touches such as cushions and lampshades carefully selected by its occupant. Another reflected the interests of its owner, with the latest poster of their favourite television character and personal artwork on the walls. One person was keen to show us their bedroom and was clearly very proud of it. They were looking forward to buying two touch lamps from Argos.

Staff accompany residents on shopping trips as necessary. Residents choose their own clothes both to buy and to wear, and several said that they enjoyed shopping. Residents are enabled, and where applicable encouraged, to have their own preferences and style. We met one individual who clearly got enjoyment from clothing and style; we were told this interest had developed since living at Windsor House. There was no hint of 'institutional' styles and types of clothing.

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

Bedrooms are private spaces, and everyone has to knock and ask permission before entering. One resident considers it their role to attend to the security of the house and every evening checks windows and doors; they always knock before going into a bedroom to check the window is secure.

We were told that mutual respect for each other's privacy was expected from both residents and staff and saw nothing to contradict that.

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

It was clear that all three staff members present during our visit knew the residents well, and residents knew them well. Staff-resident interactions were natural and frequent, often there was humour and mutual gentle teasing. All three staff, spoken with separately, said that they enjoyed the work and found the relationships with the residents rewarding. They commented on the different personalities with affection and related incidents which illustrated individuals' characteristics and idiosyncrasies. Two residents stated: 'I like the staff'. Staff told us that when they are allocated to their roles for each shift their relationships with the different residents are taken into account to facilitate individuals to do what they wish to do with appropriate staff support.

Throughout our visit we observed people being quietly attended to when they required it, and left to themselves when they did not. It was evident from what we were told by staff, particularly by the Senior Shift Leader, that the individual needs and capacities of the residents are well-understood.

When asked about managing the balance between protection from harm and an individual's right to take risks the staff replied: 'We know our people, and they know their limitations.' There is no formal attempt to work with residents on goal-setting or on pushing the boundaries of their limitations. However, it was apparent that residents have been encouraged in some instances to move beyond family expectations, and that each resident takes as much responsibility for their affairs as they are seen to be able to do. For example, one resident makes their own way daily on a minibus to day services, one goes about freely on their own, one has control of their finances and keeps their own chequebook.

### **Dignity and Respect: Managing group dynamics**

The resident group is well-established and this was evident from the ease with which they moved about the house and interacted with each other. We were told that when one resident had to go into hospital recently he was much missed. He was visited by two members of the group who reported back to the rest.

The group members have, in the words of the Senior Shift Leader, 'learned to live with each other'. Interactions between residents were friendly, relaxed and supportive during our visit. One resident was keen to draw attention to particular qualities of another resident. A resident who seemed very reserved was left to be quiet but readily included in a conversation when they contributed a remark. The more able individuals showed no difficulty in relating to those with greater disabilities and were tolerant to the point of not noticing specific challenging behaviours.

We were told by the Senior Shift Leader that there are no sexual relationships between residents, or between residents and anyone outside the home.

We were told by the Senior Shift Leader that the staff promote mutual respect, but adopt a 'safety first' approach if problems do arise. Problems and issues are addressed at regular 'Customer Meetings' where the residents are facilitated to talk things through and make decisions about communal matters. In between meetings residents are able to approach either a member of staff, or if they choose can go upstairs and talk to the person in the office.

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

As mentioned elsewhere in the report, friends and family are free to visit and to take part in the residents' lives, if both parties choose to. Not all of the residents have family visits.

### Dignity and Respect: Facility to Complain

Both the Assistant Manager and the Senior Shift Leader told us that there is a complaints procedure for residents and their families to use if they wish to make a formal complaint. Usually the complainant speaks to a member of staff, the person in the office, the Manager or the Assistant Manager, or perhaps the Area Manager. If a complaint is made against a member of staff it is reported to senior management and an investigation takes place. It was not possible to check the residents' awareness of this, but we were told by staff that individuals did from time to time ask to talk to someone, either a staff member or the person in the office upstairs.

### Dignity and Respect: Access to healthcare

The Assistant Manager told us on our initial visit that all the residents have their annual health checks, and that all residents have a GP. Medication is controlled by staff and distributed as required up to five times a day; and it is reviewed as appropriate. On our preliminary visit a resident was in hospital, and when we revisited they were back at home.

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## Additional Findings

The Senior Shift Leader is responsible for allocating the staff to their roles. At the time of the visit there were nine staff employed at Windsor House, and the service provider is in the process of recruiting three more day staff and two more night staff. Three staff including the Senior Shift Leader were on duty during our visit, one of whom was employed through an agency. At night, there is one waking night staff and one person who sleeps in. New members of staff go through an induction process and then shadow an experienced member of staff until they are deemed competent to work individually.

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## Summary of Findings

- Windsor House is home to a well-established and well-integrated group of people with a range of learning and physical disabilities.
- The facilities are appropriate to the residents' needs and provide a pleasant and comfortable family home.
- The members of staff we spoke to, including a person employed through an agency, appeared knowledgeable about the residents and positive in their attitudes towards them.
- Residents have a good level of personal choice in their everyday lives at Windsor House.

- An effort is made within the constraints of staff availability to support residents in pursuing their interests and friendships both locally and further afield.
- The management have procedures in place to deal with problems and complaints.
- The residents have access to healthcare as needed.

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## Recommendations

1. We recommend working with residents on what they would most like to do or achieve, and on planning how to reach these objectives. This process can be recorded for or by the residents concerned.
2. Windsor House could make use of modern communications technology such as Skype and Facebook. This would give residents alternative ways to communicate with family and friends, as well as being a way of gaining new skills.
3. Windsor House should support their residents to give feedback to the council on the impact the recent changes to day care services has had on their residents.

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## Service Provider Response

1. Customers have recently been asked about setting goals for themselves. Some have chosen to do so; others wish to discuss this with family members. This has been recorded in the individuals care plans.
2. This is something we have previously asked for. Head office has the final say on this.
3. Penny Rice has been in on a number of occasions to discuss this and customers, as well as staff, have been invited along to meetings. The customers have not wanted to be involved in this as of yet.

## 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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