



## Enter & View Visit Report

### Details of Visit

Service Name and Address	24 Main Road Dorrington Shrewsbury SY5 7JW
Service Provider	Consensus Support Services
Date and Time	Wednesday 3 <sup>rd</sup> May 2017 10.45- 12.30am
Visit Team	Two Healthwatch Shropshire Enter and View Authorised Representatives

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### Purpose of the Visit

**Dignity, Choice and Respect:** to explore the quality of life experienced by residents in this 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

Healthwatch Shropshire gathers 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 provided. These visits are called Enter and View and always have a purpose. They are not inspections.

Healthwatch Shropshire visited 24 Main Road Dorrington in July 2015. The report is published on the Healthwatch website:

<http://www.healthwatchshropshire.co.uk/enter-view-reports-0>

The Care Quality Commission (CQC) rated 24 Main Road Dorrington as 'good' in all domains and 'good' overall following their visit in October 2016.

Healthwatch Shropshire decided that it would be appropriate to revisit to find out about the residents' quality of life at the moment, and to follow up the recommendations of the 2015 Healthwatch Enter and View visit.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced. This visit was semi-announced.

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## What we were looking at

### Choice

We asked about the choices residents have e.g.

- choice to socialise
- choice of activities
- choice over shape of daily routine
- personal choice for themselves and their space

## Dignity and respect

We looked at and asked about whether the residents were treated with dignity and respect e.g.

- privacy
- being supported as individuals with individual needs
- how staff and residents interact with one another
- managing group dynamics
- how involvement with friends and family is facilitated
- facility to complain
- access to healthcare

## Recommendations from 2015 Enter and View visit

We followed up the recommendations from the 2015 visit i.e.

- the use of the sensory room
- the procedures for transporting residents
- everyday activities for residents

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## What we did

When we arrived the staff made us feel very welcome; they were open and informative throughout our visit.

The living accommodation at 24 Main Road is in two buildings, a two storey house and a bungalow. A team coordinator is in charge of each building. Each team coordinator gave us a tour of their building. We asked them questions and looked at the accommodation, and we interacted with and observed the support workers and residents throughout the tour.

At the time of our visit none of the residents in the home was able to communicate with us verbally. One resident was out shopping in town and another was away from the home being assessed. We had pleasant interactions with three of the residents who approached us to introduce themselves.

We spoke to one visitor.

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## What we found out

### The home

24 Main Road is a home for 15 adults with learning disabilities. At the time of our visit residents were aged from 23 to 60. Several residents also have autism and challenging behaviour and some have physical disabilities. Residents with more severe physical disabilities live in the bungalow. There are two self-contained flats for residents upstairs in the house, making it possible for some residents to live more independently. All individual rooms are en suite with a shower. There is a large well-equipped bathroom with hoist in the bungalow which can be used, with support from staff, by any resident.

Both the house and the bungalow are well decorated, clean and odour free. Decoration is plain. A large, attractive collage of photographs of current residents is hung in the hallway of the bungalow.

Each house has a kitchen, and lounge and dining areas where residents can socialise. These were being used by residents, support workers and visitors at the time of our visit.

We were shown a laundry area, which had recently been extended, and one washing machine was located in the sensory room.

At the time of our visit there had been a delivery and the side hallway in the house, the large bathroom in the bungalow and the sensory room were all being used for storage.

The communal areas of both houses have doors leading to the outside where there are flowerbeds, lawns, flat decked/paved areas and a greenhouse. There are lovely views of the countryside from the rear of both buildings.

## Staffing

Both team coordinators said they had the appropriate number of staff to support the residents. At night there is one member of staff on duty in the house, and two in the bungalow. Bank and Agency staff are used when there are staff shortages.

On the day of our visit, sign language training was taking place and we were told by the team coordinators of recent training in dysphasia, Positive Behaviour Management and moving people with a hoist. We were also told that all new staff follow an induction training programme and have a named buddy to turn to when they have questions.

A team of key workers and a lead key worker are listed for each resident, and we were told that each resident has a communication folder. Staff shifts overlap by half an hour, to give time for a detailed handover.

## Choice

- **Choice to socialise**

At the time of our visit, several residents were in the dining room with visitors and support workers. We were introduced to one resident who was being visited by his father and another relative.

- **Choice of activities**

As we arrived at the home two residents and a support worker were leaving to walk to a coffee morning in Dorrington. One of these residents changed their mind about going, and another support worker went to bring them home.

Staff told us that on the day of our visit, a resident of one of the flats in the home had gone into town shopping on their own. Another resident joins in various activities in the town, e.g. singing.

Another resident likes to have her hair and nails done professionally, and was pleased to show us her nails.

We were told by staff that some residents are accompanied to the local pub, and that various offsite activities are organised, such as walks, horse riding, swimming and visits to the seaside. The day before our visit, some residents had visited the Black Country Museum. We were told that one resident from the Black Country had particularly enjoyed this trip.

One team coordinator told us that the patio outside is used for sensory games, e.g. soft ball games.

Staff told us about their plans to introduce more regular activities in the home, e.g. growing herbs and using the green house. They were also meeting with the Mayfair Centre in Church Stretton to find out about the activities that residents could join there.

The home has its own minibus and car for transporting residents. Staff told us that with careful planning they can arrange for the right transport and number of staff to be available for outside activities.

- **Choice in daily routine**

Food shopping and cooking are done by support workers and we saw a typical shopping list on a notice board. A team coordinator told us about the various eating requirements of residents, such as vegetarian, gluten-free and diabetic, and that nutritionists are consulted on individual diets. We saw a resident being helped to make a cup of tea. Another resident was sitting at the table with visitors who were enjoying a drink. We were told that one resident likes to bake cakes.

Residents have some choice of food, and a member of staff described how they interpreted non-verbal cues, for example the resident leaning towards or staring longer at a picture of the preferred food. This member of staff had a high level of awareness about the importance of matching food needs to the individual, and the

importance of including foods which give residents particular pleasure e.g. a biscuit and hot drink in the evening when watching television.

Staff eat Sunday lunch with the residents.

- **Personal choice for themselves and their space**

All residents appeared to be dressed in clean clothes of their choice. A member of staff described how some residents were given a limited choice of clothes each day so as not to cause confusion, and how non-verbal cues of choice were interpreted.

We were shown a bedroom which the resident had personalised with railway posters, pictures and models. Another room had been decorated with a red wall as this was the resident's favourite colour.

We saw bedroom doors decorated individually with photos of the resident and their name.

## **Dignity and respect**

- **Privacy**

We saw that staff always knocked before entering a resident's room. Staff told us about a resident who did not like shutting the door to their room. They solved the privacy problem by helping the resident to choose a shower curtain to pull across the door for privacy.

One member of staff described how, during hoist training, staff were made aware of the importance of maintaining a patient's dignity, for example by covering them with a towel. They also experienced the sensation of being in a hoist by being lifted themselves.

- **Supporting individuals and staff interaction with residents**

We saw staff supporting individuals with respect, gentleness and care.

Three residents approached us during our visit and staff supported them in introducing themselves to us.

The home uses Shropshire PCAS (Peer Counselling and Advocacy Service) for residents, particularly when a resident is undergoing a period of change.

- **Managing group dynamics**

The atmosphere within the home was calm and orderly, with staff mixing with the residents. We were told by staff that two residents were particularly fond of one another, and another resident was engaged to a non-resident. Staff were supportive of these relationships, and aware of the need to make sure they were appropriate. All staff are trained in Positive Behaviour Management.

- **Involvement with family and friends**

A parent, visiting the home at the time of our visit, said that their child had lived there for five years and was very happy in the home.

Staff told us that the mother of another resident lived a fair distance from the home and that support workers drove the resident to see their mother regularly.

- **Healthcare**

We were told that all residents have access to healthcare and have a free annual health check.

- **Facility to complain**

We did not see a complaints procedure displayed. We were told that there is a complaints procedure which is always followed when someone makes a complaint.



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## Summary of findings

- Staff made us feel very welcome; they were open and informative throughout our visit.
- We saw staff supporting individuals with respect, gentleness and care.
- Residents were cleanly, individually and appropriately dressed and appeared to be well cared for.
- Residents appeared to be comfortable with the support workers and in their own way made us feel welcome.
- The home was clean and plainly decorated, with individual photos adding a homely touch to the accommodation.
- We were told about the training programme for staff, and training was taking place at the home on the day of our visit.
- We were told about many trips organised for residents, including one which had taken place the day before our visit.
- Staff told us about their intention to develop more in-house activities for residents.
- Some residents - not present at the time of our visit - are supported to have a significant level of independence and take part in activities in the community.
- We were told that the residents had access to appropriate healthcare.
- We did not see a copy of the complaints procedure on display, but we were told that the procedure was used when a complaint was made.
- We saw several areas being used for temporary storage of items e.g. hall-way, bathroom, sensory room.
- We did not clarify the procedures when transporting residents. (This was a recommendation in the 2015 Healthwatch report.)

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## Recommendations

We suggest that the home:

- continues to make the accommodation seem more homely e.g. with the use of photos on the walls
- implements staff ideas for everyday activities within the home for residents (This was also recommended in 2015.)
- implements its plans for increasing storage areas within the home, so that items are not stored in the hallway, bathroom and the room known as the sensory room (This was also recommended in 2015.)
- displays its complaints procedure

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## Service Provider Response

Healthwatch Shropshire has received the following action plan from the home's Registered Manager in response to our recommendations:

**We suggest that the home continues to make the accommodation seem more homely e.g. with the use of photos on the walls**

Due to the nature of the needs of the people supported, it was advised by a professional who specialising in autism that too many pictures on the walls could prove to be too much stimulation for the people supported. However, to consider introducing picture's.

The Team Coordinators will consider slowly introducing pictures over the next six months [from July 2017]

**We suggest that the home implements staff ideas for everyday activities within the home for residents (This was also recommended in 2015.)**

The staff team are focusing on this, in house activities have again been purchased and individual activities are planned.

This is work in progress and will continue to develop. It will be overseen by Team Leaders and support staff and reviewed monthly.

**We suggest that the home implements its plans for increasing storage areas within the home, so that items are not stored in the hallway, bathroom and the room known as the sensory room (This was also recommended in 2015.)**

Storage is being looked at, and we are moving towards developing an activity area in the lounge and dining room.

This is work in progress. It will be overseen by all members of the staffing team and reviewed in six months.

**We suggest that the home displays its complaints procedure**

This is displayed in the entrance hall and overseen by the Manager.

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## Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their 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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