



Enter & View Visit Report

Details of Visit

Service Name and Address	The New Barn Care Home, Goldstone, Cheswardine, Market Drayton, TF9 2NA
Service Provider	Claremont Care Ltd
Date and Time	6 th October 2015 at 2.00 - 4.00pm
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Vanessa Barrett Anne Wignall

Purpose of the Visit

To evaluate the quality of life experienced by service users in this care setting in terms of 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 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.

The visit was announced.

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
- Balancing risk and choice

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

Members of staff welcomed us into the home. The manager invited us to spend some time talking to her in her office. She showed us around the home and then we talked to residents, visitors and staff members by ourselves. The home had promoted our visit in advance and a relative and a family friend of two residents arrived so that they could speak to us too. The manager explained that other relatives had said they would be happy to speak to us on the phone.

Not all of the residents in the home were able to talk to us; in those cases we used non-verbal cues and observation to gain some idea of their experience of living at The New Barn.

What we found out

The Accommodation

The New Barn is in the countryside and has a lawned garden with a parking area at the front. There is a conservatory with seating for residents and a reception area that overlooks the garden.

The home provides accommodation and personal care for eleven people who have a learning disability. There are eleven single rooms; two of them are en-suite. There are bedrooms on the ground floor and on the first floor. One resident occasionally uses a wheelchair. There is a shared bathroom on each floor.

A resident invited us into their bedroom and we observed that it was large enough for the appropriate furniture but was not spacious.

The lounge is large and has comfortable chairs and a large television at one end. There are photographs and other pictures on the walls. The dining room has recently been decorated. There is a kitchen and laundry area. The home has two minibuses, one five and one seven-seater.

Residents

At the time of the visit there were eleven people in residence, two women and nine men. All have learning disabilities, ranging from mild to severe, and some have physical disabilities. Most of the residents have been living in the home for a number of years; the most recent resident arrived three years ago. The resident group is well-established and this was clear from how comfortable they seemed to be moving about the house and interacting with each other.

Staff

At the time of the visit there were twenty-one staff employed at The New Barn. One member of staff had worked at The New Barn for over twenty years.

During the day there are five members of staff on duty plus kitchen staff. There are four members of staff on duty in the evening. There are two waking staff on duty at night.

There appeared to be a comprehensive in-house training programme and the manager monitors this carefully.

Staff-Resident Relationships

We observed that staff members seemed relaxed and comfortable in their roles. It was clear from what we saw during our visit that the staff and residents knew each other well and interactions were natural and frequent. One member of staff said that she enjoys spending time with the residents and seeing their faces light up in the morning. “We have grown up together.” Staff had time to sit with the residents and to allow them the opportunity to communicate at their own pace. Staff were always nearby to support residents during our visit. Everyone has a resident key worker. There are five support groups: each includes two residents, two support workers and one senior member of staff.

Communicating with residents

We were able to talk to residents on their own in the conservatory, lounge and in the Manager’s office, where they are free to walk in and out as they wish. One resident was busy working on the computer in the office. However most of the information we gained during our visit was from discussions with staff. Some of the residents were non-verbal but were able to communicate their wishes and feelings using facial expressions, sounds and signs.

The residents we did speak to were keen to tell us about their experience of the home. One resident said “We get on with the manager.” Another said “I like living here. I like the countryside and the horses.” The relative of one resident told us the country location really suited their relative, who had felt very ‘closed-in’ when living in a town.

Do individuals experience choice?

Social and leisure activities

The residents, visitors and staff we spoke to told us that the home provides many activities, including trips to the supermarket, the seaside and the cinema. One resident had a spa day for their birthday and enjoys having their hair done, manicures and make-up sessions.

Residents are encouraged to pursue their own interests. One resident plays for Shropshire Disability Cricket Club and had visited Lords and Old Trafford with the team coach. Other residents go to watch the club play. This resident also has their own music system and runs discos for the other residents. Bollywood CDs are a particular favourite. Another resident likes to show people their photographs.

Two residents are doing courses at Telford College of Arts and Technology one day a week.

The television in the lounge is always on and some residents like to watch DVDs. One resident was watching a film on a small DVD player in the conservatory when we visited. Puzzles are available and a couple of residents enjoy doing jigsaws together. Tibbles the cat adds to the homely feel. One resident helps to look after the cat and also helps the maintenance man.

A fundraising fete with stalls was held in the grounds during the summer.

Daily routine

We were told by the staff that each resident has their own routine and there is no set time for getting up in the morning or going to bed. Residents have the choice of having a bath or a shower, with the appropriate level of support.

Residents move between their bedrooms and the communal areas as they please. One resident said that it can be noisy in the evening and they sometimes go to their room to be quiet. Another resident spends a lot of time in their bedroom where there are a number of sensory items. Staff go to this resident's room every hour and are encouraging them to spend time outside their room and with other residents.

Residents eat together although if someone isn't hungry they can eat their meal later. Drinks are available throughout the day. A tray of tea had been brought into the lounge for the residents when we were visiting. We were told that residents visit the supermarket and help with food preparation and clearing away. One resident said "The food is lovely. You can say what you'd like to eat." Another resident said "I love porridge. I like to eat out but it depends how many staff there are." The relative of one resident told us the food was good, and their relative really enjoyed it. Another visitor told us how much their relative enjoyed helping in the kitchen.

Staff told us that there are weekly key worker sessions where residents talk about recent issues, draw up shopping lists and discuss what activities they would like to do.

Personal appearance and space

Staff go with residents on shopping trips for clothes as necessary. Usually two or three residents go on shopping trips together. Residents pay for the clothes from their savings.

Residents help to plan the decoration of their rooms and can choose their own wallpaper. One resident was eager to show us a drawing of the re-design of their room. Residents keep many personal items with them. One resident was keen to show us their cosy room, which contained a flat-screen TV, a guitar, a cricket bat and a proud display of cricket trophies. Residents shop for individual items and one resident had bought their own special chair.

Balancing risk and choice

We were told by the manager that the home supports positive risk taking and individual risk assessments are reviewed monthly. Key workers discuss residents' achievements and goals, which go into their Care Plan.

We were given the example of one resident who likes to smoke cigarettes. A member of staff discussed the issue with the resident and a compromise was agreed: both signed a smoking protocol in which the resident agreed to limit the smoking to certain times.

One resident told us "I don't like some of the rules but you have to abide by them. You can walk outside by yourself as long as you don't go through the gates."

Do individuals experience dignity and respect?

Personal privacy

Bedrooms are private spaces. Staff told us that they remind residents to knock on someone's door before entering, although they do forget occasionally.

Supporting individuals and recognising an individual's needs

During our visit, we saw and were given many examples of individuals being supported and their needs being met. Residents appeared to be well understood and wherever possible they were supported and encouraged to do what they wanted to do. From our discussions with staff and residents it was clear that residents' wishes are built into their Care Plans; residents seemed to understand the purpose of their Care Plan and felt involved in the process.

One relative told us the home had made considerable changes to their relative's bedroom to cater for their particular disabilities.

All medication is held by the staff and given out at appropriate times of the day. Residents can ask for medication at any time if they are feeling unwell.

If a resident has to visit the dentist, for example, staff will gently remind them about the appointment.

A Deprivation of Liberties assessment had been carried out for all residents. We discussed with the manager the value for all staff of updating their knowledge of Deprivation of Liberty Safeguards following the Care Act 2014.

Advocacy is available and a representative from OSCA Citizen Advocacy, which supports people with learning difficulties, visits weekly.

Managing group dynamics

Relations between residents seemed to be good and affection and tolerance was shown between individuals. A member of staff said, "They are all good mates." We were told that any challenging behaviour is usually managed through distraction or by medication, as needed.

Residents can raise any issues at regular residents' meetings.

Involvement of family and friends

Family members and friends are very welcome to visit the home. Residents also keep in touch with family and friends via regular phone calls and one resident uses Skype. Some residents visit their family home for a few days. One resident travels with a relative to London but prefers the peace and quiet of the countryside. There had been a family party for one resident's birthday with relatives coming from the West Country to celebrate together.

We spoke to two visitors who come to the home twice a week. Both felt very lucky to have found this place. One said, “It’s a bit tatty in parts but it feels like home. We’ve never had any cause for complaint.” One of them takes the resident they visit out for a trip every month and brings little gifts of craft items for all the residents throughout the year. The mother of one resident wants them to be independent of her and the family and is very pleased that this is the case: the home is encouraging her relative to develop their own interests and skills.

Facility to complain both informally and formally

The visitors said that they knew how to complain but hadn’t needed to. They were confident that their relatives would tell them or members of staff if there was a problem.

Access to healthcare services

We were told by the manager that the home receives good support from the local GPs. All residents have their annual health checks at the home and other treatment as and when needed. We discussed the need to enable residents who have reached the appropriate age to have access to cancer screening services.

A dentist makes regular visits to the home and makes appointments for additional treatment.

Additional Findings

- The home receives very good support from the local community, e.g. the summer fete, collections and other fundraising activities.
- The manager has been in place for only a few months, having been promoted internally.
- The visitors told us that the previous manager had run a happy home and the transition to the current manager had been managed very well. There had been very few changes over the years. Such continuity was valued.
- The home appears to be well-managed. The manager has a number of check-lists, rotas and training programmes clearly displayed on the office walls.

- We were told that the manager likes to spend time outside the office keeping in regular contact with the residents and also does some night duties. Promoting a staff member to Team Leader working three days in the office has freed up this time for the manager.
- The manager appeared to set the right tone for the home in her caring and open approach to the residents.
- The manager supervises six senior members of staff. Regular staff, senior staff and medication meetings are held.
- A representative of the service provider, Claremont Care Ltd, calls in weekly and is very supportive.

Summary of Findings

- The New Barn provides a warm and friendly home to a well-established group of people with a range of learning and physical disabilities.
- The facilities are appropriate to the residents' needs.
- Staff are caring and receive a well-planned programme of training.
- Relationships between staff and residents seemed relaxed and staff seemed to understand residents' individual needs. The residents' right to privacy and dignity is respected.
- Residents have a good level of personal choice in their everyday lives at The New Barn.
- Residents are encouraged to pursue their own interests and set themselves goals. They are encouraged to be as independent as possible.
- The residents have access to healthcare as needed, and medication is controlled and reviewed.

Recommendations

- We recommend making more use of modern communications technology such as Skype and Facebook by means of tablet computers. This would, if appropriately supervised, give residents alternative ways to communicate with family and friends, as well as being a way of gaining new skills.
- We recommend that all staff update their training on the Mental Capacity Act, Deprivation of Liberty Safeguards and safeguarding following the Care Act 2014.

Service Provider Response

The Manager of The New Bard Care Home has provided the following response to our recommendations:

We recommend making more use of modern communications technology such as Skype and Facebook by means of tablet computers. This would, if appropriately supervised, give residents alternative ways to communicate with family and friends, as well as being a way of gaining new skills.

We are already using Skype with one of the residents and the Manager is speaking to other families to suggest using technology to keep in contact with residents. Some families do not have access to the technology and others prefer to carry on as they are. Wherever possible we encourage home visits.

The home has purchased a wide-angled web-cam for the office. The manager has invited the family of one of the residents, who live over 2 hours away, to be involved in their review via the web-cam. This means they will be able to speak directly to staff, including the social worker, and ask questions.

We recommend that all staff update their training on the Mental Capacity Act, Deprivation of Liberty Safeguards and safeguarding following the Care Act 2014.

The home offers in-house staff training. There has been update training around the Mental Capacity Act and Deprivation of Liberty Safeguards since the beginning of the year.

The manager prints off documents relating to changes as a result of the Care Act 2014 and staff are asked to read them and sign to say they have read them. This is also discussed during supervision.

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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