



# Enter and View Visit Report

## Montgomery House

## Wrekin Unit

Visit date: 16<sup>th</sup> July 2018

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# About Healthwatch Shropshire



**Healthwatch Shropshire is the independent health and social care champion for local people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

## What is Enter & View?

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 being provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'. For 'semi-announced' visits the service provider is told we will visit but not the date or time of the visit.



The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012**.



Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.



## Details of Visit

<b>Service</b>	Montgomery House (Wrekin Unit), Sundorne Road Shrewsbury, Shropshire, SY1 4RQ
<b>Provider</b>	Coverage Care Services Ltd
<b>Date / time of visit</b>	Monday 16 <sup>th</sup> July from 10.30am
<b>Visit team</b>	Two Healthwatch Shropshire Enter and View Authorised Representatives (ARs)

## Purpose of Visit

To explore the quality of life experienced by residents with a learning disability in Montgomery House, particularly relating to their dignity, choice 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 of the visit.

## Context of the Visit

In August 2017 Healthwatch England published a report: ‘What’s it like to live in a care home?’

Between January 2016 and April 2017, local Healthwatch staff and volunteers across England visited 197 care homes across 63 different local authority areas to find out what day to day life is really like for many of those living in care homes.

These homes collectively provide care for almost 3,500 residents ranging from elderly people with dementia to those with severe learning disabilities.

During these visits local Healthwatch spoke with residents, their families and staff, compiling people's experiences with their own observations to produce 140 reports. These have all been shared with the providers, the public, CQC and Healthwatch England.

Healthwatch England reviewed what people told local Healthwatch and identified the common issues that need to improve as well as eight quality indicators for a good care home. They state that a good care home should:

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each resident and how their needs may be changing
4. Offer a varied programme of activities
5. Offer quality, choice and flexibility around food and mealtimes
6. Ensure residents can see health professionals such as GPs and dentists regularly
7. Accommodate residents' personal, cultural and lifestyle needs
8. Be an open environment where feedback is actively sought and used

In the wake of the Winterbourne Review, Shropshire's Health & Wellbeing Board requested that Healthwatch Shropshire carry out Enter & View visits to some learning disability facilities in the county. A total of 12 residential homes were visited. At least one was selected from each of the traditional district boundaries to ensure geographical spread and we also included one from every provider which manages more than one home in Shropshire. Visits were carried out over several months (December 2014 to March 2016) and individual reports were published on each home visited. An overarching report was published in August 2016. All these reports are available on our website at:

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

As part of this piece of work Healthwatch Shropshire carried out an Enter & View visit to Ruby Unit, a unit for adults with learning disabilities at Crowmoor House, in 2015. Ruby Unit was home to 11 adults with learning disabilities and at the time of our visit it was planned that they should move to Montgomery House, a new 90-bed care home, when it was completed. The Crowmoor House visit had raised issues in relation to activities, continuity of staffing and privacy, which it was hoped would have been addressed by the different facilities of Montgomery House.

Montgomery House was opened in November 2016.

Enter and View visits can be announced, semi-announced or unannounced. Our visit to Montgomery House was semi-announced and the Chief Executive of Coverage Care and Registered Manager were told we would be visiting but not the date or time.

## What we were looking at

The focus of this visit to Montgomery House was to find out if the residents who had moved from the Ruby Unit at Crowmoor House were happy and had settled into their new home. We wanted to learn about:

- the involvement of residents in choosing decoration for their new rooms
- the activities and choices available to them
- staffing levels and training for staff

## What we did

The Manager showed us round the building and took us to the Wrekin Unit where the residents with a learning disability (LD) live.



We saw the quiet lounge, a hairdressing room on the 1<sup>st</sup> floor of the home, and an activities room which was also used for church services. None of these rooms were in use at the time of our visit but we were told by the Manager that the hairdresser comes once a week on a Wednesday.

We went into a bathroom to see if there is privacy when the door was open and found that there was.

We spent time in the main communal lounge in Wrekin Unit talking to residents and at lunch-time we observed residents in the dining room.

We met five residents with learning disabilities (LD) and spoke to the Manager, two Assistant Managers and one of three Activity Coordinators.

## What we found out

### The Wrekin Unit

The Assistant Manager in charge of the Wrekin Unit explained that close to the time when the residents of Ruby Unit at Crowmoor House were due to move to Montgomery House, it was decided by the commissioners of services that they should all live in the community.

As a result, a 10-bed unit on the ground floor of Montgomery House, which had been identified for their use, was put to another purpose. The commissioners then asked that five of the 11 adults with learning disabilities involved in the move be accommodated at Montgomery House after all.

As the home had re-allocated space, it was decided to place them in the Wrekin Unit, which is a 23-bed unit on the 1st floor. This meant that the adults with LD would be living in the unit with older people who required residential care. Since the move they have been joined by two other residents with LD. On the day of our visit there were 21 residents in the unit (including the seven adults with LD).

The Manager told us that 'Taking Part', an advocacy service for adults with LD, visit Montgomery House once a month to work with this group of residents. Residents' meetings run by the activity coordinators are held every other month, and family meetings take place on the alternate month.

### Views of the residents from Crowmoor House

We spoke to the group of five residents who had come from Ruby Unit in Crowmoor House. They said they were quite happy in the new home; they liked the staff and the food. One said: "The meals are nice."



- **The involvement of residents in choosing decoration for their new rooms**

When asked, the group of adults with LD said that they had chosen the colours for decorating their rooms.

- **Activities and choices available at Montgomery House**

The residents with LD told us that they do not go out as much as when they were in Crowmoor House.



The Manager told us that a new vehicle for the use of residents had arrived at the end of the previous week. This was the first time the residents on the unit had heard of this and they thought it was good news.

At the time of our visit the residents with LD were all sitting together as a group by the one television in the room which was on. They looked at the television occasionally. One of the residents had the TV remote control on the table in front of them. Another resident told us that this person always had control of the television and what was watched.

A member of staff told us that staff on the Wrekin unit are told first thing in the day if any activity is planned for the morning and at lunchtime for those due to happen in the afternoon. We did not observe any planned activity on the unit that morning and an Activities Coordinator told us that they spent most mornings on the dementia unit.

The Activities Coordinator explained that a weekly programme of activities is placed on the noticeboard of each unit. The majority of activities take place in the activities room. The Activities Coordinators monitor everyone’s involvement and will do one-to-one sessions with those residents who are reluctant to engage or are bed-bound. Everyone is seen at least twice a month.

Week of				
Monday	Tuesday	Wednesday	Thursday	Friday

The visit team did not see the notice showing the activities programme.

**● Staffing levels and training for staff**

The Wrekin Unit had one Assistant Manager and three care assistants on duty at the time of our visit. In addition, three activity coordinators are employed for the 90-bed home, one of whom was on Wrekin unit at the time of our visit. We were told that two of the activities coordinators are on duty at any time so they can rotate and cover the weekends. The third activities coordinator has been working at the home for a month.

We were informed by the Manager that 11 members of staff were on long-term sick leave (including all staff who had transferred from Crowmoor House) and so agency staff were being used. There is a team of designated staff for the Wrekin Unit, currently supported by agency workers.

They had had a system of key workers but most of them had left or been moved onto another unit in Montgomery House. The Manager told us that they were



making a determined effort to recruit additional staff and that they were working with the Job Centre.

Staff told us that there is a training room on the top floor of Montgomery House. One Assistant Manager in each home run by Coverage Care is a trainer in a specialist subject. The Assistant Manager in charge of Wrekin Unit had recently attended a two-day course on dementia, followed by working in the home to develop an action plan, supporting staff to become Dementia Champions and sharing their learning with carers.

An Assistant Manager who had started working in the home two weeks ago told us that she felt that she had received a good induction and that everyone was “helpful and supportive”. The training she was undergoing was mostly online which worked for some topics, but she felt that, for example, Safeguarding and Deprivation of Liberty Safeguards (DoLS) training were better done face to face.

Staff supervision is initially monthly, moving to three-monthly. There is also a system of “record of conversations” where positive and negative comments made by staff are recorded. Staff meetings are held for the whole building every month and unit staff usually meet together twice a year.

## Observation

During the visit, the authorised representatives observed any interactions between staff and residents and looked at the physical environment in the Wrekin Unit.



### ● General care

All the residents with LD were dressed appropriately for the weather. One person told us that they had had a bath that morning and had their hair washed. During our visit the Assistant Manager made several phone calls to an outside agency to arrange care for one resident.

### ● Interaction between staff and residents

We observed a few direct interactions between care staff and individual residents to offer drinks, and to intervene when a resident with LD was disturbing other

residents. Those that occurred were brief but pleasant and done with a smile. Staff seemed rushed.

We spent a few minutes in the dining room at lunchtime. We noticed it was very quiet; there were three tables with 2-3 residents who were talking and several older residents sitting on their own. There were four staff in the room but we saw very little interaction with the residents. We did not observe anyone being helped to eat or drink, but everyone seemed to be managing. We saw staff taking meals to individuals' rooms.

### Safety

Corridors were wide and free from any 'clutter'. The cleaner's cart was carefully 'parked' so as not to block the corridor. Three large medication trolleys were outside the dining room at lunchtime.

The Assistant Manager told us that fire drills are held every week.

We were told by a resident about how attentive staff had been when they had a fall at night, constantly checking on her.

### The environment of the home

Montgomery House is purpose built to meet all the requirements of modern-day residential care. Signage is clear with pictures and words on facility doors (dining area, toilet, etc.) and there are many bright pictures on the walls with traditional or local themes. In the unit lounge there is a variety of chairs, of different heights, arranged together in groups of three or four.

Communal spaces for the use of residents are large. The garden around the building consists of concrete paths and grass. There is a shelter in the middle of the garden which was not used during our visit.

Most areas appeared to be clean. However we saw a number of small dead flies on two windowsills in communal areas.

## Additional findings

### Access to primary health services

We asked the Assistant Manager about residents with LD accessing primary health services and were told that many had had to change GP at the time of the move from Crowmoor House because they had moved outside the practice boundary. As a result the majority are now registered next door at Severn Fields Medical Practice.



Most residents with a LD are registered with their own dentist. An optician visits the home once a month.

### Wellbeing assessment of residents

The Assistant Manager told us that each unit arranges for a more in-depth wellbeing assessment for each resident once a month, referred to as “the resident of the day”. This check includes an assessment of their skin, weight, BMI (body mass index), blood pressure, medications, etc. Their room has a “deep clean” and the staff try to make them feel “special”.



## Summary of Findings

- The residents with a learning disability told us they were quite happy in the new home, they liked the staff and the food.
- They had been able to choose the colours of decoration for their rooms.
- They would like to be able to go out more.
- There was no specific activity for them to do on the morning of the visit. They were sitting round the TV.
- Montgomery House currently has a number of staff on sick leave and is using agency staff when necessary.
- There were few interactions observed between residents and staff on the visit. These interactions were brief and pleasant.
- One resident in the unit with a learning disability has control over what is watched on the TV in the lounge.

## Recommendations

We suggest that the following should be considered:

- That staffing levels are increased and maintained to enable staff to spend more time interacting with residents and taking them out.
- More activities for all residents in the Wrekin lounge that meet their individual interests and levels of ability including more physical activities.
- That the control of the television in the Wrekin Unit lounge is made more available to all residents of the unit.

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## Service Provider Response

Healthwatch Shropshire has received the following response to our report and recommendations from the Manager of Montgomery House:

‘Thank you for the report following the visit on the 16th July 2018 to “explore the quality of life experienced by residents with a learning disability, particularly relating to dignity, choice and respect.”

It is always good to see that the feedback from the people you were asked to visit are happy and settled on Wrekin Unit. Clearly the change from “Ruby Unit” at Crowmoor to Wrekin Unit at Montgomery has meant there is some change to daily routines. Change can be positive and they now have a wider community in which they live and opportunities to form new relationships.

The report makes reference to a comment from a new member of staff who is undergoing the on line training but felt face to face for some subjects is better. Coverage Care asks all new staff to complete the on- line training to ensure everyone has a basic knowledge of the subject and we arrange for face to face training if it is their preferred learning method. We engage Shropshire Partners in Care to deliver Safeguarding and MCA/DoLs training to our staff throughout the year.

Meals times are protected from professional visits to encourage a more relaxed time and the people living on the Wrekin unit prefer a quiet atmosphere. We have tried to put music playing softly in the background and were quickly asked to turn off. Each table has their regular group formed naturally by the people living on the unit and each group engages in conversation to suit themselves.

We encourage independence and many do not require staff intervention during meal times.

The residents do choose to make their way to the dining room often 30 minutes before the food arrive and consequently some people are sat at a table on their own during this period of time.

The cook met with the residents to discuss the food and he explained that we do not add salt to the food which may taste “bland” to some but there is always the opportunity to add salt to their food.

The lounge is a large area with small groups of seating to enable people to engage in different activities. The TV area is where naturally the learning disability group like to sit and whilst the remote is in front of one person when asked the station can be changed to meet the wider needs of people on the unit.

There is smaller lounge available with a TV to offer choice and many people have own TV in their room.

Activities are organised and available and the Manager did show the Health watch representatives the schedule when visiting Haughmond Unit. All of the schedules are on the notice boards in the corridors with a personal copy given to residents including the people you were asked to visit each week.

Some activities are arranged with a specific purpose in mind and the gingerbread activity was arranged to support residents with a rehabilitation objective, the lady who discussed this asked to join the activity even though it was aimed at her ability and at the time enjoyed engaging socially with a different group of people. This lady has subsequently moved to independent living.

Staff absence has been an issue and agency are used, however we use our own peripatetic team to support Montgomery House in the first instance and when we do use agency we use the same agency to provide consistent staff to enable the agency workers to get to know the residents and their preferred routines.

We are actively recruiting to vacancies.'

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## Acknowledgements

Healthwatch Shropshire would like to thank the residents and staff for their contribution to this Enter & View.

## Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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