healthwatch Shropshire

# Enter and View Visit Report

## 12 Residential Facilities for Adults with Learning Disabilities in Shropshire

Report published August 2016

# Contents

## Acknowledgements

Healthwatch Shropshire would like to thank the service providers, the service users, visitors and staff who were there, for their contribution to these Enter and View visits.

## Disclaimer

Please note that this report relates to what we saw and heard during the visits. Our report does not represent the experience of all services users and staff, it is only an account of what we saw and were told at the time.

## What is Enter & View?

Healthwatch Shropshire gathers 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 provided. These visits are called 'Enter and View' and always have a purpose.

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 volunteers called Authorised Representatives. These volunteers are not experts in health or social care. They make observations, collect people's views and opinions anonymously and produce a report.

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

Healthwatch Shropshire's visits to these facilities were announced.

## The context of the visits

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. 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 have been published on each home visited.

The purpose of this report is to draw together our findings from each visit in order to provide examples of good practice that can be shared more widely. Our other findings and the recommendations we made to providers can be seen in the individual reports.

These are available on the Healthwatch Shropshire website:

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

Going forward, Healthwatch Shropshire will continue to visit learning disability facilities as part of our Enter and View programme. These visits will take place in response to feedback received from service users, members of the public and local stakeholders.

## The purpose of the visits

To observe the quality of life experienced by service users in this care setting in relation to Dignity, Choice & Respect.

## Details of the visits

| Service Provider | Address | Date of visit |
|---|---|---|
| **Adelphi Care Services** | **Merrington Grange Care Home**<br>Bomere Heath, Shrewsbury<br>SY4 3QJ | 21st July 2015 |
| **Baschurch Care Ltd** | **Baschurch Care**<br>Church Road, Baschurch<br>SY4 2EF | 16th February 2015 |
| **Bethphage** | **Bradbury Lodge**<br>Claypit Street, Whitchurch<br>SY13 1NT | 21st March 2016 |
| **Caring Homes Group** | **Consensus Support Services**<br>Main Road, Dorrington<br>SY5 7JR | 29th July 2015 |
| **Castlehaven Care** | **The Pines Residential Home**<br>Colebatch, Bishops Castle<br>SY9 5JY | 7th August 2015 |
| **Claremont Care Ltd** | **The New Barn Care Home**<br>**Goldstone** Cheswardine<br>Market Drayton, TF9 2NA | 6th October 2015 |
| **Condover College Ltd** | **Harley Road Scheme Care Home**<br>25, 32 & 34 Harley Road, Condover<br>SY5 7AZ | 9th November 2015 |
| **Coverage Care Services Ltd** | **Crowmoor House, Ruby Unit**<br>Frith Close, Shrewsbury<br>SY2 5XW | 9th June 2015 |
| **MacIntrye Care** | **Glenview House**<br>54 Gravel Hill, Ludlow<br>SY8 1QS | 19th December 2014 |
| **Prospects for People with Learning Disabilities** | **York House**, Glebe Road<br>Bayston Hill, Shrewsbury<br>SY3 0PZ | 17th December 2014 |
| **Sanctuary Supported Living** | **Kempsfield Residential Home**<br>Primrose Drive, Shrewsbury<br>SY3 7TP | 11th March 2016 |
| **Trident Reach The People Charity** | **Windsor House**<br>47 Windsor Road, Oswestry<br>SY11 2UB | 18th December 2014 |

The homes visited ranged in size; from one caring for three residents to a facility caring for 26 residents, in buildings on the same site.

Most were older buildings converted for the needs of people with learning disabilities and only two were purpose-built. One home was due to move to new purpose-built accommodation in 2016, and another was being re-built during 2016 with the residents moving to a temporary home nearby.

The appendix (p.18-24) gives more details about the 12 individual homes visited

## Preparing for the visits

All Authorised Representatives (trained volunteers) who were to be involved in the visits attended an awareness raising session with Shropshire Council's Training Officer, who specialises in services for people with learning disabilities together with a Shropshire resident with learning disabilities willing to share her experiences. The purpose of the session was to familiarise volunteers with some of the issues to explore on visits and to increase their confidence in interacting with people who may be unable to communicate verbally.

All visits were announced at least two weeks before the first visit. It was agreed initially to organise a short 'pre-visit' to each home if the Home Manager felt it would help the residents to engage with the visit team. When a 'pre-visit' did take place it enabled the visit team to speak to the staff in the home about the role of Healthwatch Shropshire and the purpose of the visit; to ask the Home Manager to contact residents' families and advocates (if appropriate), to inform them of the visit and encourage them to attend or to communicate with the visit team; and to meet some residents so they might recognise the Authorised Representatives at the later visit.

## What we were looking at

Focusing on **choice**, at every visit we sought to speak to residents and staff around the following:

- Choice over activities, including engagement with family and friends, employment, social activities and entertainment
- Choice over shape of daily routine such as times of rising or going to bed, food and drink preparation and clearing, involvement in shopping and inviting family or friends to a meal
- Personal choice for residents, including arranging their bedrooms, shopping for clothes and what they want to wear

Focusing on **dignity and respect**, we sought to speak to residents and staff around the following:

- Privacy: how staff prevent residents from invading another's privacy such as entering their room; what steps staff take to protect dignity during personal care
- Supporting individuals and recognising an individual's needs: how staff prevent behaviour escalation; balancing risk with choice in realising the potential of individuals and helping them to achieve their goals; whether residents have access to advocates
- Managing group dynamics: how staff promote respect for other people; how social interaction between residents is promoted; respecting the need to be alone; consensual sexual relationships
- Facility to complain: what procedures or channels are in place for residents and their families?
- Access to healthcare: e.g. dentists, hearing services, primary healthcare and annual health checks for people with learning disabilities

## What we found out: choice

### Choice over activities, including engagement with family and friends, employment, social activities and entertainment

In seven homes there was a significant level of group activities and opportunities for social stimulation within the home itself. However, residents or staff in all homes described a **wide range of activities** that took place outside the home. These were usually arranged for individuals or for two or three at most. In one home two residents told us of the **voluntary work** they did locally each week and a resident in another home assisted in the **organisation of a social event** one evening a week.

Four homes had an **activities board** clearly on display. In three of these homes (Consensus Support Services, Harley Road Scheme and The New Barn), each resident had an **individualised weekly plan**, reflecting their personal interests and development.

At Baschurch Care, The Pines Residential Home and Crowmoor House (Ruby Unit) residents told us of **holidays** they had been helped to take and in over half of the homes we were told of **day excursions** the residents had thoroughly enjoyed. Staff told us the opportunities for such excursions were becoming more limited by budget considerations.

The Harley Road Scheme in particular impressed us with their approach to supporting individuals in a wide range of activities and to realise their dreams. The resident decides which **'dream' activities** they would like to do and there is space in the dreams book for this to be dated and photos added once an activity has been achieved. At this home, a key worker explained how staff encouraged activities that are calming for residents with no language and profound needs, and then built upon these types of experiences to help the resident to develop. We were told a resident was taking flying lessons as a result of their dreams book.

The Assistant Manager of Windsor House told us that the reduction in access to local day services had greatly reduced the ability of some residents to maintain **social contacts** with friends who lived in other homes or with their families. Two residents in this home told us that they met up from time to time with friends at a coffee shop in the town, and parties were occasionally arranged, but it was difficult for them to replace the regular social contact of the day centres through the system of personal budgets.

The Harley Road Scheme had developed a **Communication Passport** for each resident. This is a laminated A5 booklet with photographs, setting out important information about the individual, e.g. what they like/do not like, things that may upset them etc. This was proving useful for new or agency staff to look at when they were working with the resident. The passport is made by the resident's key worker with the resident and their family.

In all homes, we were told that **families and friends were welcomed into the home to visit**. There were a few examples of families living locally, or visiting on a regular basis, and residents spending the day with them.

In five homes with severely disabled residents (Crowmoor House (Ruby Unit), Glenview House, Harley Road Scheme, Merrington Grange Care Home, The New Barn), we were very impressed with the efforts taken by staff to **keep families informed and to involve them** in the care of the resident. The guardians of one resident at Glenview House had written to Healthwatch Shropshire in response to our request for personal experiences. They said their relative was extremely well cared for, had access to therapies and services suited to their disability, and their safety was always considered. They said that the home has a very open and welcoming feeling, offering a safe, comfortable and very happy environment for their relative. They appreciated that they were always consulted with regard to any changes that needed to be made.

We always asked the homes to advertise the Healthwatch Shropshire Enter and View visit to residents' families. At The New Barn we were able to speak with family members who had arranged their visits in order to meet with us. The visitors we met there praised the home's atmosphere and staff attitudes, and felt their family member was very happy in their home.

## Choice over shape of daily routine such as times of rising or going to bed, food and drink preparation and clearing, involvement in shopping and inviting family or friends to a meal

In all homes we were told by staff that **residents choose** when to get up and go to bed, which was agreed by those residents who could talk to us. In most homes some residents contributed to planning meals, and took it in turns to go shopping for food. **Individual preferences** and favourite dishes were often noted in

residents' care plans. We heard that some residents enjoyed helping with the preparation of the meals.

In York House we were told they have a **'Cookery Day'** for residents on Thursdays. The participating residents move to the church hall and kitchen to assist with the cooking and then are able to eat and enjoy their own work. In Glenview House, one of the smaller homes, where residents have high levels of disability, the staff prepare meals and eat with the residents. Kempsfield Residential Home had developed picture-based menus to discuss choices with residents.

In the Harley Road Scheme each resident had a **personal place mat** which has useful information on it in boxes; highlighting any allergies, food likes and dislikes, how the resident likes to be helped, what upsets them. We thought this was an excellent idea, and especially useful for new or agency staff.

In six of the homes we were told the residents are encouraged to do normal **household chores**, such as keeping their bedrooms tidy, helping with the laundry, doing the washing-up.

## Personal choice for residents, including arranging their bedrooms, shopping for clothes and what they want to wear

The amount of involvement residents had in choosing the decoration for their bedrooms varied. We only went into bedrooms when we were invited. All bedrooms that we saw had many **personal touches**, usually family photographs and memorabilia, with a number of DVDs and music CDs. In seven homes residents told us they had helped to **plan the decoration of their rooms**, choosing their own colour scheme and items such as table lamps. In Glenview House, where none of the residents are able to communicate verbally, we saw that bedrooms were individualised with **preferred colour schemes and personal mementoes**. In this home the communal rooms were also designed to meet residents' changing needs or moods, including a room with gentle stimulation through its lighting and furnishings, in contrast to the family space of the lounge.

In most homes residents told us they **chose their own clothes** both to buy and to wear, and several said that they enjoyed **shopping**. Staff accompanied residents on shopping trips as necessary.

## What we found out: privacy and respect

### Privacy: how staff prevent residents from invading another's privacy such as entering their room; what steps staff take to protect dignity during personal care.

In most homes we were told 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. During our visits staff were seen to demonstrate the same respect. In Windsor House a resident considered it their role to attend to the security of the house and every evening checked windows and doors; they told us they always knock before going into a bedroom to check the window is secure.

Although bedrooms can generally be secured to suit the **preferences of residents**, in one home residents told us they preferred them to be unlocked unless they were on holiday. This seemed to be a common attitude. In one home with severely physically disabled residents, two were resting in their rooms at the time of our visit. A **monitor** was switched on to enable staff to hear from those rooms discreetly, but we also observed staff leaving to check on these clients at regular intervals.

In Merrington Grange Care Home every bedroom is fitted with a **private telephone point**, which was very much appreciated by the residents.

### Supporting individuals and recognising an individual's needs: staff prevention of behaviour escalation; balancing risk with choice in realising the potential of individuals and helping them to achieve their goals; whether they have access to advocates.

The range of abilities within and between the various homes was very great. Because of the lack of verbal communication of some residents, we were told in most homes that staff are very aware of **residents' non-verbal communication**, including signs of distress and happiness. In homes where we were told that residents had **care plans**, residents are actively encouraged by the staff to participate in their chosen interests.

In Windsor House, where all residents were of a mature age, 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'. In this home there was no formal attempt to work with residents on goal-setting or on pushing the boundaries of their limitations. However, it was apparent that residents had been encouraged in some instances to move beyond family expectations, and that each resident took as much responsibility for their affairs as they were seen to be able to do.

In Merrington Grange Care Home each resident had an **individualised weekly plan**, reflecting their personal interests and development. All residents were allocated a **key worker**. Each resident had a **review every six months**, attended by the resident, family (if available), the manager and her deputy, the key worker for the resident and a psychologist. At this same home, in terms of recognising the potential of individuals, one staff member told us that the use of **personal goals** was very helpful. These were designed for each resident and achievement was rewarded. Rewards were individually matched to motivate the resident.

At Consensus Support Services, staff told us that each resident had a **care plan**, and they aimed to extend the boundaries for each resident at a pace appropriate for them. Some residents had come from secure settings and needed a lot of time to adjust to **greater independence and expressing choices**.

In Glenview we were present for a staff handover, which celebrated the achievement that day by one resident of a behavioural change the whole team had been working towards.

In Harley Road Scheme there were a number of initiatives to support residents to realise their potential. Every resident had a key worker, who actively involved the resident and their family in all aspects of care planning. Each resident had a **dreams book** and a **life story book**. The dreams books were large and colourful with pictures and photographs. The life story book was another large colourful book showing the life of the resident in the home and was a useful reminder of their life there if a resident needed to leave because of ill health. In this home the manager and staff we spoke to were keen to share with us their passion for working in the home and upholding the principles of **'person centred learning'**. This meant using a variety of learning experiences that met the needs, interests and goals of the individual.

In Bradbury Lodge, we observed and were told about how staff treated each resident as an individual. They told us that each resident had their individual goals that were regularly reviewed, and they documented **individual strategies** for keeping the resident calm. Two staff described how they introduced new activities to distract residents who were becoming too excited or distressed.

In very few homes was it clear whether any resident had access to an **independent advocate**. However in Crowmoor House (Ruby Unit) the local advocacy service (OSCA) held regular meetings on the Unit and included residents in their **newsletters**. In York House all residents had advocates, including those with families. In another home we were told an advocate had specifically supported a resident in making a claim for a mobility scooter and the appropriate benefit. Residents from Kempsfield Residential Home were expecting to move to temporary accommodation while the current building was demolished and re-built. The charity Taking Part regularly visited to help prepare residents for this move.

## Managing group dynamics: how staff promote respect for other people; how social interaction between residents is promoted; respecting the need to be alone; consensual sexual relationships.

As mentioned under choice in activities above, there were some homes where we saw little social interaction between residents. However in Baschurch Care staff showed great skill in **managing group dynamics** during the group discussion in the sitting room, encouraging all residents who were able to participate in discussion to do so. Staff sensitively and respectfully dealt with two residents who were upset by each other.

Generally staff told us they were knowledgeable about the residents in their care and since many of the residents couldn't communicate verbally, they got to know their **normal behaviours** very well, and were always **alert to small changes**. This helped them manage the group and interpersonal dynamics well.

In most homes, our perception was that the relaxed and homely atmosphere promoted mutual respect between all those in the unit.

Most homes had no experience of sexual relationships between residents, but it was accepted that this is a normal part of living and they told us they would deal with the situation with risk assessment processes if it arose.

## Facility to complain: what procedures or channels are in place for residents and their families?

This varied between homes according to the **ability of residents to understand**. In most homes where residents could communicate verbally they indicated they would **tell a member of staff if they had a problem**. In other homes there was a more structured approach: e.g. in Merrington Grange Care Home staff told us that residents could speak to a person of their choice about anything that they were not happy about at any time, or **write it** in the form of a letter. They could also raise it at the **residents' meeting**. There were **posters** in the bedrooms which told them how to make a complaint. Some of these posters were in Makaton format and some were in an appropriate format for the relatives of those residents who lacked mental capacity.

In The Pines Residential Home we saw evidence of a complaints system in the form of a **complaints book**. One resident told us that they had complained about another resident and corrective action had been taken to resolve the problem. One of the other residents explained to us what the hierarchy of the complaints system was.

In Crowmoor House (Ruby Unit), when we asked the manager about how they deal with complaints, we were told there are **procedures in place** to make sure that all complaints are written down, given an **incident log** number and sent to the Company. This manager told us that all staff are fully aware of **safeguarding** to ensure the safety of residents at all times.

## Access to healthcare: e.g. dentists, hearing services, primary healthcare and annual health checks for people with learning disabilities.

We found a wide variety of practices across the different homes. Four homes (Crowmoor House (Ruby Unit), Glenview House, Harley Road Scheme and Merrington Grange Care Home) demonstrated they **monitor the general health of the residents** carefully. These homes also said that the local **GP practice is very supportive**.

At all homes we were told that residents have **regular dental checks**. Visits to a dentist are arranged and **vision and hearing tests** undertaken when indicated.

Staff at Glenview House told us that **telephone access** to the Consultant Psychiatrist is readily available when required. At The Pines Residential Home we were told that a GP from the local practice had recently taken on the role of **Clinical Lead for Learning Disabilities** and this GP regularly visited the home.

People with profound physical and learning disabilities often experience health problems requiring more frequent GP visits than the required annual health check. In Glenview House and the Harley Road Scheme we were told that the staff are trained in managing possible **healthcare issues**, e.g. epilepsy. A **Speech and Language therapist** was working at the Harley Road Scheme at the time of our visit. All residents had profound communication difficulties and the therapist visited each fortnight.

At all but one of the other homes we were told that the local GP practice provided the **nationally-prescribed annual health check**. At only York House was it stated that **routine cancer screening tests** are offered to eligible residents, but this was unclear in other homes. Similarly, at only the Harley Road Scheme were we told that each resident is encouraged to have an **annual flu vaccination**. All homes agreed that, given the age and health status of many of their residents, they have a need for a high level of general medical services. At Consensus Support Services we were told there was still no system at that time for ensuring annual health checks for all residents, although general medical services at times of acute illness were excellent. At Bradbury Lodge a member of staff told us that residents see doctors and dentists as required and that the content of the health check is **covered in other ways** during the year.

## Some examples of good practice

- Various homes offered a **range of indoor activities**. These included a Wii console, games such as snakes and ladders or draughts, large-piece jigsaws, colouring books, building blocks. Some homes encouraged residents to help in the garden and other homes encouraged residents to help with shopping for food and cooking.

- There was an even wider range of **outdoor activities** across the homes which included: cookery sessions, visits to swimming pools, horse riding, cricket for people with disabilities, tag rugby, attending local colleges and arts centres, working as a volunteer in a local museum.

- In one home for profoundly-disabled residents, we noticed that a **monitor** was switched on to enable staff to hear residents who were in their bedrooms discreetly, but we also observed staff leaving to check on these residents at regular intervals. In this home also there was a quiet, 'snoezelen' room on the ground floor that was used by residents as well as the communal lounge.

- **Communication Passports** for each resident. This is a laminated A5 booklet with photographs, setting out important information about the individual, e.g. what they like/do not like, things that may upset them etc. This was proving useful for new or agency staff to look at when working with the resident. The passport is made by the resident's key worker with the resident and their family.

- **Individualised dinner place mats** which have useful information on them in boxes; highlighting any allergies, food likes and dislikes, how the resident likes to be helped, what upsets them etc.

- **Dreams books**, the resident decides which 'dream' activities they would like to do and there is space for this to be dated and photos added once an activity has been achieved. A key worker explained how the staff encourage activities that are calming for residents, who have communication difficulties and profound needs, and then build upon these types of experiences to help the resident to develop.

- **Life story books**. The life story book is a large colourful book showing the life of the resident while they are at the home and can be a useful reminder of their life there if a resident needs to leave because of ill health.

- In one home, all residents are encouraged to have an **annual flu vaccination**.

## Summary

- All of the homes visited provided a homely and relaxed atmosphere, in which residents said they felt comfortable.

- In many homes the majority of staff had worked there for many years. However two or three homes were reliant on agency staff to maintain safe staffing levels and in these homes we did not witness the same levels of one-to-one time spent with individual residents (as opposed to assisting with care or responding to requests) or in supporting activities with groups of them.

- All homes demonstrated that they offer considerable choice to residents in their daily routines and in personalising their bedrooms, selection of clothes, and enjoying hobbies such as listening to music or going to swimming pools or other outside activities. There were indications from at least two homes that the range of activities available, including opportunities to meet friends in the local area and to go on holiday/group days out, have been reduced in the last few years as financial constraints have impacted.

- Privacy was demonstrably respected in every home we visited, by both staff and residents. However, there was much greater variation in the use of individualised care plans and setting of personal goals.

- A significant proportion of people with learning disabilities have long term health problems. These include a higher proportion of vision and hearing problems than the general population. All but one home reported that all their residents received an annual health check from their local GP practice. Whether all eligible residents are offered routine cancer screening tests is less clear. We were told that all residents are helped to access appropriate dental care.

## Appendix: Summary of findings in each facility

| Facility | Choice | Dignity and Respect | Examples of Good Practice |
|---|---|---|---|
| **Adelphi Care Services: Merrington Grange Care Home,** Bomere Heath, Shrewsbury<br><br>Nine residents aged 18-64 in three linked 2-3 bed homes + a studio flat | Each resident has an individualised weekly plan, reflecting their personal interests and development. Contact with families and groups outside the home are encouraged. Two work as volunteers locally. Residents choose when to get up/go to bed. Residents, if able, help with household chores, also shopping and cooking etc. | All bedrooms are ensuite, are lockable and have a telephone point. Regular residents meetings offer opportunities to discuss respect for each other's privacy e.g. always knocking on each other's doors and not walking in unannounced. Staff demonstrated the same respect. One staff member told us that the use of personal goals was very helpful. These are designed for each individual and rewards are individually matched to motivate the resident. | All residents are allocated a key worker. Each resident has a review every six months, attended by the resident, family (if available), the manager and her deputy, the key worker for the resident and a psychologist. |
| **Baschurch Care Ltd: Baschurch Care,** Baschurch, North Shropshire<br><br>26 residents in total. 10 in the Old Vicarage, with an age range of young adults to pensioners. | Residents described a wide range of activities that mostly took place outside the home. Residents choose when to get up or go to bed. There is a rota to help with household chores. Bedrooms are decorated to individual choice.<br><br>There was a relaxed and homely atmosphere and residents showed pride in their home, possessions and lives. | Key worker for each resident. Staff were able to explain the different likes and dislikes of residents, along with other information about their activities schedule, holiday plans, previous birthday celebrations, health conditions and behaviour traits. Staff showed great skill in managing group dynamics during the group discussion in the sitting room, encouraging all residents who were able to participate in discussion to do so. Staff sensitively and respectfully dealt with two residents who were upset by each other. | The home arranges individual holidays for residents, which are much enjoyed. |

| Facility | Choice | Dignity and Respect | Examples of Good Practice |
|---|---|---|---|
| **Bethphage: Bradbury Lodge,** Whitchurch<br><br>For six residents being prepared for more independent living. (A temporary individual 'flat' had been created, so accommodation for only four residents at the time of our visit) | All residents have a programme of daily activities, which are closely tailored to meet the individual needs of residents and their personal goals. Bedrooms are decorated to individual choice.<br><br>Individual residents told us about several different activities which included swimming, attending football matches, visits to town for shopping or going to the pub and an evening social club one resident helps to organise. | Although we observed little interpersonal interaction between residents, they demonstrated respect for each other and told us they would never enter another's room without being invited.<br><br>Staff told us that each resident has their individual goals that are regularly reviewed, and documented individual strategies for keeping the resident calm. | Two staff commented on the good training they had received, delivered by Bethphage, encouraging a culture of continuous improvement. |
| **Caring Homes Group: Consensus Support Services,** Dorrington, near Shrewsbury<br><br>15 residents in two purpose-built buildings, including two individual flats. Mainly younger adults with learning disabilities, some with autism and some with physical disabilities as well. | Three residents were able to tell us about going out to activities they enjoyed. One resident had been to the cinema that day. Staff told us they arranged horse riding for one resident, and another enjoyed going to the swimming pool. There was no evidence of organised activities within the home at the time of our visit. There were a number of young men with autism but it was unclear whether they were supported to engage in any activities.<br><br>Staff told us that residents contribute to planning meals, and take it in turns to go shopping with staff to the supermarket for food. Staff prepare the meals and we were told one or two residents enjoy helping. | Staff told us that each resident has a care plan, and they aim to extend the boundaries for each resident at a pace appropriate for them. Some residents had come from secure settings and needed a lot of time to adjust to greater independence and expressing choices. Due to the disabilities of the residents, we were told there is limited opportunity for interaction between them. However we were told of two strong friendships.<br><br>Routine annual health checks are not yet established, nor cancer screening services. | Staff endeavour to introduce healthier foods, for example by introducing small amounts of fruit at breakfast time. |

| Facility | Choice | Dignity and Respect | Examples of Good Practice |
|---|---|---|---|
| **Consensus Support Service** | The few bedrooms we saw were personalised with items, but involvement in the choice of decor was unclear. | | |
| **Castlehaven Care Ltd: The Pines Residential Home,** Bishops Castle<br><br>Capacity for 13 residents aged 18-64. One home for 7 residents and individual homes for others with difficulties with communal living. | Activities within the home were not commented on in the report of the visit, but many residents were supported to maximise their independence. One resident was going on holiday soon. Another resident had been gardening, with a carer, and had harvested salad for lunch. Three residents told us that they had a choice of food, what they wore and times of getting up and going to bed. We found that bedrooms were decorated to individual taste and had personal photographs, memorabilia and collections. | All bedrooms could be secured to suit the preferences of residents but all preferred them to be unlocked unless they were on holiday. We observed that residents and staff were mindful not to encroach upon residents' personal space. We were told that this was reinforced at three-monthly group meetings between residents and staff | |
| **Claremont Care Ltd: The New Barn Care Home,** Cheswardine, Market Drayton<br><br>11 residents of varying ages in a large house, set in the countryside. | 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. Residents are encouraged to pursue their own interests. One resident plays for Shropshire Disability Cricket Club. Two residents are doing courses at Telford College of Arts and Technology one day a week. Each resident has their own routine and there is no set time for getting up in the morning or going to bed. Staff told us that there are | 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. | Residents are encouraged to pursue their own interests and set themselves goals. They are encouraged to be as independent as possible. |

| Facility | Choice | Dignity and Respect | Examples of Good Practice |
|---|---|---|---|
| **The New Barn Care Home** | weekly key worker sessions where residents talk about recent issues, draw up shopping lists and discuss what activities they would like to do. | | |
| **Condover College Ltd: The Harley Road Scheme,** Condover, Shrewsbury<br><br>For 10 permanent residents and five respite beds in three houses. The home offers care, support and education for 18-25 year olds. | Currently 3 residents are attending the college on a daily basis. A daily activity sheet lists all the events taking place that day with the names of the residents and key workers involved. A variety of activities are available for residents based on their wishes and needs. E.g. there is a cooking and chat group which residents go to at a nearby village. All residents have a Communication Passport setting out important information about the individual's likes and dislikes etc. | Every resident has a key worker, who actively involves the resident and their family in all aspects of care planning. Each resident has a dreams book and a life story book. The dreams books are large and colourful with pictures and photographs. The life story book is a large colourful book showing the life of the resident while they are at the Harley Road Scheme and can be a useful reminder of their life there if a resident needs to leave because of ill health. | Individualised dinner place mats; highlighting any allergies; food likes and dislikes, how the resident likes to be helped, what upsets them etc.<br><br>Communication Passport<br><br>Dream books<br><br>Life story books |
| **Coverage Care Services Ltd: Crowmoor House, Ruby Unit** Sundorne, Shrewsbury<br><br>Nine residents all aged over 50. The residents will be moving to a purpose-built home in 2016. | We observed people moving freely about the unit and engaging in different activities and conversations. A range of activities is offered within and outside the unit and excursions, including holidays abroad, are organised - limited only by budget considerations. The residents have choice over the shape of their daily routines such as getting up/going to bed. There was also considerable choice over their food, through the daily menu provided in-house, and both meals out and take-away food. Residents | The range of activities available, together with respect for individual preferences, appears to cater for everyone's requirements. The care staff are knowledgeable about the residents and manage the group and interpersonal dynamics well. Families have regular contact with and input into the care of their relatives. The local advocacy service holds regular meetings on the Unit. 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. | The Butterfly Approach is used in this home for people with learning disabilities, as well as for those with dementia in a different part of the home. |

| Facility | Choice | Dignity and Respect | Examples of Good Practice |
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| **Crowmoor House, Ruby Unit** | are able to choose for themselves their room decor and their clothes, and have input into the general decor of the unit. | | |
| **MacIntyre Care: Glenview House,** Ludlow<br><br>Six residents of varying ages with profound physical and learning disabilities in a converted Victorian house. | Bedrooms were individualised with preferred colour schemes and personal mementoes. The communal rooms are also designed to meet residents' changing needs or moods, including a room with gentle stimulation through its lighting and furnishings, in contrast to the family space of the lounge.<br><br>There was a board in the hall with photos of many activities by the residents, including gardening, shopping, parties, cooking and painting. | We witnessed all staff demonstrating very clearly their respect and care for the residents. Since none of the residents can communicate verbally, staff get to know their normal behaviours very well, and are always alert for small changes.<br><br>Staff and residents shared their breaks and mealtimes. We were invited to join for a 'cuppa'. There was laughter and good humour in the one we observed.<br><br>On invitation we attended the staff handover session. The enthusiasm of the staff in identifying potential problems or discomforts and finding imaginative ways of solving these was impressive. | The staff ensure the general health of the residents is carefully monitored. We were told that the local GP practice is very supportive. Health problems are such that visits are more frequent than the obligatory annual health check. Visits to a dentist in Shrewsbury are arranged and vision and hearing tests undertaken when indicated. Telephone access to the Consultant Psychiatrist is readily available when required.<br><br>A quiet, 'snoezelen' room on the ground floor is used by residents as well as the communal lounge. |
| **Prospects for People with Learning Disabilities: York House,** Bayston Hill, Shrewsbury<br><br>10 adults in a purpose built home. | There is an activities board clearly on display in the unit. Activities include Walking for Health, Aquacise, visiting the teashop in 'the village', attending the Lantern community centre. Cooking on Thursdays, with a video for those who don't want to cook. The participating residents move to the church hall and kitchen to assist with the cooking and then are able to eat and enjoy their own work. Residents are given choice in their daily routines, but most, because of their conditions, need | At all times we observed the staff treat the residents with great respect. Because of the lack of verbal communication of some residents, we were told that staff are very aware of residents' non-verbal communication, including signs of distress and happiness. The staff told us that all residents have care plans and are actively encouraged by the staff to participate in their chosen interests. During the visit we did not observe any interactions between residents. Several residents were watching a TV programme in one of the lounges, but did not appear to interact. However we did see | The unit has two kitchens: one provides the main menu items; the second is for residents who want 'something different' to the main menu. A notice-board detailing all of the residents' dietary requirements and preferences was clearly displayed for the staff in the kitchens. All the mealtimes are flexible: lunch for example is between 12.00 and 1.30, not at a specific time. |

| Facility | Choice | Dignity and Respect | Examples of Good Practice |
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| **York House** | assistance with aspects of them. Residents we spoke to confirmed that they can choose how their rooms are decorated, and are able to decorate them with their own pictures, photo-collages etc. One resident confirmed that they could choose the clothes they wanted to wear. | interactions between residents and staff: this wasn't always verbal due to the nature of the individuals' disabilities. We saw staff taking an interest and helping in the residents' activities | |
| **Sanctuary Supported Living (since late 2015): Kempsfield Residential Home,** Shrewsbury<br><br>Previously managed by Shropshire Council. There are 12 residents but they will all be moving to a nearby home in 2016 while the current building is demolished and new accommodation built. | It was unclear whether residents had individualised care plans. They were encouraged to undertake activities they enjoyed (supported as necessary).<br><br>Residents are not involved in shopping for food or assisting in its preparation, although staff discuss the next day's menu with them and try to meet likes and dislikes.<br><br>All the bedrooms we saw were decorated differently and the Manager told us residents had choice over the colours and furniture. Residents have a television in their rooms so they can choose what to watch.<br><br>We saw a cat that one resident had asked to have. The cat had been chosen by the resident from a rescue centre. | We saw the Manager knocking on bedroom doors to check they were empty before going into the room. We asked residents if staff knocked before coming into their room, one resident said "no", but it didn't bother them.<br><br>It was unclear to us how care was planned. In speaking of the temporary move while the home is re-built, the manager indicated she would expect social workers to do the risk assessments, rather than the staff in the home. | A key worker told us the residents enjoy going on the local buses and all residents have an England concessionary travel pass with a C+ to enable the carer to travel with them.<br><br>Use a picture-based menu to describe the following day's meal choices. |

| Facility | Choice | Dignity and Respect | Examples of Good Practice |
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| **Trident Reach the People Charity: Windsor House,** Oswestry<br><br>10 mature adult residents in a long 20th century building. All bedrooms and communal rooms are on the ground floor. | Some residents take part in sporting activities such as table tennis and swimming, with particular interest in the Paralympics. Other activities take place within Windsor House. One person enjoys painting and colouring. Another told us that they particularly enjoyed watching television, shopping, and games – especially dominoes. We were told by the staff that each resident has his or her own routine. 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. 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. | Interactions between residents were friendly, relaxed and supportive during our visit. Staff-resident interactions were natural and frequent; often there was humour and mutual gentle teasing. We were told that the staff promote mutual respect, but adopt a 'safety first' approach if problems do arise.<br><br>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, but it is difficult for them to replace the regular social contact of the day centres through the system of personal budgets. | |

## 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).

# Get in Touch!


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