healthwatch Shropshire

Enter & View Visit Report

Details of Visit

Service Name and Address	Meadowbrook Care Home, Gobowen, SY10 7AH
Service Provider	Four Seasons Health Care
Day, Date and Time	Thursday 1st October 2015, 14.00 to 16.00 hours
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	Anne Wignall Vanessa Barrett

Purpose of the Visit

Dignity, respect, choice and safety: to explore the quality of life experienced by care users 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.

Context of Visit

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 provided. These visits are called Enter and View and always have a purpose. Enter and View visits can be announced or unannounced.

The visit to Meadowbrook Care Home was announced and the purpose of the visit was to look at the quality of care experienced by residents in the home in terms of dignity, choice and respect.

What we were looking at

- We looked at the level of involvement of individuals in their care and at the opportunities for residents to exercise choice, including activities and personalising their own space.
- We asked residents about their experience of living in the home, including the food, the care they received and the activities they enjoyed.
- We observed interactions between staff and residents.
- We spoke to staff about the training and support they received at induction, and in caring for people with dementia.
- We asked the staff how they demonstrate care and respect for the dignity of residents in their care.

What we did

When we arrived we were greeted by the Registered Manager, who offered to show us the layout of the building, before we walked around by ourselves to talk to residents. This provided an opportunity to meet care staff as well as those who worked in the kitchens and the laundry, which we found very helpful. Perhaps because it was after lunch, many residents in both of the units for older people appeared to have retired to their bedrooms, but there were between 9 and 12 residents in each of the two main lounges, several of whom had visitors.

What we found out

The Accommodation

The home has capacity for 69 residents, divided into three units. The Neurodisability Unit (Huntercombe), for up to 24 people aged 18 years and over with neurological disorders and consequent physical disabilities, is staffed and managed separately from the two units for older people. These are the Older Persons Unit (Mary Powell) which can accommodate 27 adults and the Dementia Care Unit (Garrett Anderson) which is able to accommodate 18 adults.

The home is a modern single storey building, about 25 years old. Bedrooms, all en suite, are generally large. Some open onto an attractive garden area, others overlook a grass paddock with the home's small flock of chickens, while rooms on the opposite sides of the corridors have views of the grounds. Each unit has at least one lounge and dining area. One dining area in the Neurodisability Unit was being used by at least seven residents and two care staff for craft activities on the afternoon we visited.

Level of involvement of individuals in their care and opportunities for residents to exercise choice, including choice of activities and personalising their own space.

Some of the residents in the Neurodisability Unit told us they felt very involved in planning their own care, but the majority of residents we met in the other units were not able to express a view on this.

Many residents in all units were not able to shape their daily routines such as times of rising or going to bed, getting dressed or expressing food choices. Some more able residents who spoke to us said that they generally 'look after themselves' and feel it is important to maintain this level of independence.

Physiotherapy and clinical psychology services are available on the Neurodisability Unit, to personalise individuals' treatments. We met one resident who had been out that morning, attending a specialist club for people with their type of disability.

There appeared to be a range of social and leisure activities available on weekdays only, organised by a team of activities coordinators. One activities coordinator splits 30 hours between the two units for older people, whereas the Neurodisability Unit has 30 hours per week.

There are different programmes of activities for each unit, but those for the residents of the Dementia Care Unit (Garrett Anderson) did not appear to be specifically tailored to meet the needs of people with dementia at the time of our visit. We were told that staff have received training in reminiscence therapy. In the units for older people, one activity a day is provided. These include films, skittles and sing-alongs; equipment is provided for those who want to play skittles, and sing-alongs are popular. Staff also read stories and poetry to residents. It wasn't clear to us how many residents take part in the various activities.

There are links with local schools and choirs and there is a weekly service of Holy Communion at the home. There is a monthly tea-dance and residents visit the Shire Horse Centre in the home's minibus. Visits from Pets as Therapy feature two dogs and two ponies. There is a resident cat which is very friendly with the residents. Staff told us of some regular outings on a local canal narrow boat, which they say residents very much enjoy. We were also told of twice-a-year visits from a clothing company for residents to buy new clothes, and of minibus shopping trips to Oswestry.

Visits from family and friends are obviously encouraged, and we spoke to several visitors during the afternoon.

In unoccupied bedrooms where the door was open, we saw that most had family photos and other personal mementoes displayed. We were told by staff that each bedroom on the Dementia Care unit has a copy of the 'life history' of the resident, which gives some ideas to new members of staff, including agency staff, of topics to engage in conversation with the resident. We were also told that the decor in the Neurodisability Unit was chosen by the residents, and they could contribute to planning the colour schemes in their own bedrooms.

There is Wi-Fi available throughout the building and several residents in the Neurodisability Unit have their own phones. We were told every bedroom in the home has its own phone point.

A hairdresser visits the home weekly and was in the hair salon on the day we visited. We saw that many residents had made use of this service.

What residents and visitors told us about their experience of living in the home, including the food, the care they receive and the activities they enjoy.

There were only a few residents in the units for older people who could talk to us about this. One resident who had been in the home about a year said that the staff are 'rather detached' in providing personal care. Another in the Neurodisability Unit, who requires total care because of severe disabilities, said that all the regular care staff are good at understanding their particular needs.

One resident told us that the ‘food is OK for this sort of place, but boringly similar’. Another resident said there had been a change of company catering policy a few months ago and the meals had deteriorated in both variety and taste. The resident had raised this at a regular meeting between residents and staff, and said local managers had tried to improve things. This comment was agreed with in a later conversation with the Catering Manager. We were told the new menus introduced by the company offered much less choice than their previous ones and they were trying to widen the range of food offered within the budget.

A number of visitors that we spoke to felt that the older people’s units were under-staffed and the staff were underpaid. They said the staff usually seemed stressed and had little time for social interaction with the residents. The visitors felt that the staff needed more support from the management.

One visitor in the Older People’s Unit (Mary Powell) spoke highly of the atmosphere in the home and said ‘that they were made to feel like it was a family’. They were usually offered a ‘cuppa’ when the residents were receiving one.

Do individuals experience dignity and respect?

In all units we observed staff knocking on bedroom doors, or alerting the resident inside with a request to enter if they were sitting in a chair. We only heard one call bell sound during our visit, but that was responded to in less than a minute. We did not have the opportunity to see the steps staff take to protect dignity during personal care, but we were concerned by the soiled state of one resident in the lounge who did not appear to be attended to while we were there[1].

We were impressed with the calm and comfortable atmosphere within the Dementia Care unit. From our own observations and following a conversation with the sister in charge of the unit it appeared to us that group dynamics were well managed, and efforts were made to understand and alleviate the underlying causes of distressed behaviour.

We were told that regular meetings are held to gain the opinions of residents and their visitors to try to find ways to improve the services provided. One resident gave us an example of how this meeting had been used to make changes. One visitor said that they understood the complaint system and they had always found that any issues they raised had been dealt with straight away.

Staff told us that the local GP practice holds regular primary care sessions within the home and that they are responsive to calls about the health of individual residents. The company employs two physiotherapists to support the residents on the Neurodisability Unit. One resident told us they have physiotherapy several times a week and that it is really helpful to them.

[1] Healthwatch Shropshire raised this concern with the Manager of the home after the visit and it was resolved.

Interactions between staff and residents

We noticed different levels of interaction in the three units. In the Neurodisability Unit, staffing levels appeared to be sufficient to make sure all residents were attended to when needed. We observed that residents in their own rooms were checked regularly by staff, and several residents were joining in a craft activity with two members of staff in one communal area.

In the Dementia Care unit, some staff were updating records but were in a position to see all the residents in the lounge. A member of staff was later seen to be chatting with some of the residents who were awake. At one point, a member of staff broke into a WW1 song, and we saw most of the residents join in. One staff member patiently encouraged a resident to take a drink; another helped a resident out of the room to the toilet. While we were talking with one member of staff, another passing through was pointed out as a Dignity Champion.

The largest lounge area is in the Older Persons Unit. It is difficult to observe everyone without moving around the room. However, the staff did not appear to be coordinated in working with these residents. For example there was a long period while we were in this room when we could not see any member of the care staff.

Discussions with staff

Several staff we spoke to have worked at the home for very many years.

A junior staff member on the Dementia Care unit explained appropriately what they understood by ‘person-centred care’. More senior staff explained how they work towards this by helping staff realise that ‘distressed’ behaviour is often the result of pain or perhaps depression, and how to observe the residents to recognise these various signs. We were told there is good support for the unit from the local GP practice.

The manager told us that Four Seasons Health Care has organised training on safeguarding adults, mental capacity assessments and national policies on deprivation of liberty. There are also e-learning programmes that have replaced face-to-face learning. We were told that all staff have dementia awareness training.

Some members of staff said that they didn’t feel appreciated and that staff morale would be higher if they received more acknowledgement for what they did. We were told that salaries are low and there is little difference between the pay of junior and senior care staff. Staff said that the nursing units rarely had agency staff brought in to relieve the pressure and that the Neurodisability Unit is better staffed and more agency staff are used there.

In addition, in speaking to some long-serving care staff we were told that there is very little regular appraisal or feedback on their performance, so they don't get the opportunity to update their skills or identify their training needs.

Additional Findings

- Some parts of the home smelled of urine at the time of our visit. Since our visit the manager has told us that carpets are cleaned on a regular basis throughout the home. There are residents who have "accidents" and these are dealt with as soon as possible.

Summary of Findings

- Several residents in the Neurodisability unit (Huntercombe) said they were very satisfied with the care they receive.

- During our visit there was discreet but supportive supervision of and interaction with residents in the Dementia Unit.

- A number of activities are provided in each unit and visitors are welcomed into the family atmosphere. However the programme of activities in the Dementia Unit did not appear to be specifically tailored to meet the needs of this group.

- Many residents were not able to express choices or influence their daily routine, but we did see bedrooms with personal mementoes. We learned that efforts are being made to widen menu choices after comments from residents.

- During our visit we observed that some residents in the Older Persons Unit were unsupervised or not attended to for periods of time.

- Visitors told us the staff in the Older Persons Unit often appeared under stress and had little time for social interaction with the residents. The visitors felt that the staff needed more support from the management.

Recommendations

- Activities could be better tailored to suit the needs of residents with dementia.

- Better support should be given by management to the team working on the Older Persons Unit.

- Apparent staffing shortages need to be addressed to allow staff to give appropriate levels of care in the nursing units.

- Regular support, reviews, appraisal and demonstration of appreciation of staff should be introduced.

Service Provider Response

Sharon Roberts (Home Manager) has provided the following response to the report and its recommendations:

Activities and Choice

- There are activities organised for weekends and also for evenings, but the activities are mainly in the week because most residents have visitors at the weekends.

- There has been completed life histories for each resident which includes their previous hobbies and a social activities' audit of preference has been completed which indicates the residents choices.

- All the activities held within the home are open for all residents to participate, this includes pat-a-dog who visits all units individually.

- As part of admission residents are asked their preference (My Choices) which includes time to rise in the morning or retire to bed in the afternoon, staff try to maintain normality of life as much as possible.

Management and Staffing

- Regular supervisions, appraisals take place and are logged on a spread sheet for staff.

- The older persons unit has the Deputy Manager as their team leader, along with Clinical Lead and Senior Care staff.

- Staffing levels in the home are indicated by a tool (CHESS) which assesses dependency levels of residents using a scoring system based upon the NHS Decision Support Tool for NHS Continuing Healthcare and the RCN Mandatory Staffing levels 2012; along with other evidence based sources.

healthwatch Shropshire

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for the contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on 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 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!

01743 237884

enquiries@healthwatchshropshire.co.uk
www.healthwatchshropshire.co.uk

Healthwatch Shropshire
4 The Creative Quarter, Shrewsbury Business Park, Shrewsbury, Shropshire, SY2 6LG