

Engagement (Enter and View) Visit Report - The Hawthorns Nursing Home

Service Address: Church Street, Evesham, WR11 1EP

CQC Registered Provider: Shaw Healthcare Group Limited

CQC Registered Manager: Mary Tasker

Date and Time of Visit: Tuesday 29th September 2015, 10 a.m. - 12.30 p.m.

HWW Contact: Morag Edmondson

HWW Authorised Representatives: Morag Edmondson, Alan Richens, David Trigger and Janet Stephen

Date approved by HWW: 8th January 2016



Acknowledgments

Healthwatch Worcestershire would like to thank the residents, relatives and staff at The Hawthorns who gave us a warm welcome and spent time talking to us about their experiences of living, visiting and working at the home.

Thank you also to the staff, especially the Manager, at the home for helping us to arrange the visit and providing relevant information about the home that had been requested by Healthwatch Worcestershire.

Our report relates to findings that were observed or were contributed in response to our visit. It might not therefore be a fully representative portrayal of the experiences of all service users, carers and staff.

Our findings need to be viewed in the context that some of the residents may have illnesses or disabilities, including a dementia related illness, which may have an impact on what they have said to us, we took account of this during our visit.

1. What is Enter and View?

One of the legal powers of Healthwatch Worcestershire (HWW) is to carry out Enter and View visits.

HWW authorised representatives carry out these visits to publicly funded 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 local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

It is important to emphasise that Enter and View is an engagement activity and NOT an inspection. We do not have access to individual care plans or other confidential information. Enter and View is a way that Healthwatch Worcestershire can find out people's views and see for ourselves how services are provided.

2. What was this Enter and View visit about?

Healthwatch Worcestershire has a business priority of “Improving the Quality of Adult Social Care.”

One of the ways that we are doing this is by undertaking a series of visits to adult residential and nursing home settings. We understand that all of these settings provided some level of publicly funded care.

The purpose of the visits are to:

- Understand how residents in these settings are being provided with meaningful activities that support their health and well-being.
- Identify examples of good practice

Meaningful Activity is “that in which one is engaged that which holds meaning and value for us engages our time, attention and environment”¹

Meaningful activity includes physical, social and leisure activities that are tailored to the person's needs and preferences. Meaningful activity may involve structured activities (e.g. arts and crafts, quizzes, discussion groups, music etc.), but as important can be people being involved to the level of their ability in activities of daily living (e.g. helping in the day to day running of the home) and

¹ Perrin,T. May, H. and Anderson,E Wellbeing in Dementia

brief moments (butterfly moments) of connection, engagement and activity that are meaningful to the person concerned².

Statistics from the Alzheimer's Society show that 80 per cent of people living in care homes have a form of dementia or severe memory problems. The Worcestershire Residential Dementia Service Standard³ is used by Worcestershire County Council and the three Clinical Commissioning Groups. The aim is to promote care that is person-centred. Person-centred care considers the whole person; taking into account each individual's unique qualities, abilities, interests, preferences and needs, rather than focusing on their illness or on abilities they may have lost. Person-centred care also means treating residents with dementia with dignity and respect⁴. The Standard covers a range of areas including meaningful occupation and a dementia specific environment. It is not a requirement for providers in Worcestershire to meet the Standard.

HWW Authorised representatives received introductory training in Meaningful Activity (some of the content was based on the Service Standard) and Understanding people living with dementia provided by the Association for Dementia Studies at the University of Worcester (this included content on meaningful activity for people living with dementia) prior to the visits taking place.

3. How did we carry out this Enter and View visit?

The Hawthorns provides accommodation and personal care for a maximum of 47 people, some of whom may have dementia related illnesses. The Hawthorns, along with other care homes, was selected for the visit simply on the basis of various criteria such as achieving a mixture of large and small homes, those that provide nursing care and those that do not, achieving a geographical spread across the County and a mixture of large and smaller providers. It was not selected on the basis of past or present performance.

The Hawthorns is currently working towards the Residential Dementia Service Standard.

This was an announced Enter and View visit. We spoke with the manager prior to the visit to explain about Enter and View, and what we intended to do, this was confirmed in a letter. We asked The Hawthorns to let people know we were coming and provided posters and a short questionnaire for residents or visitors to return if they were unable to meet with us on the day.

Prior to the visit we developed structured questions relating to meaningful activity and observation sheets to record what we saw. We developed prompts, based on the Residential Dementia Service Standard and our training, to help us to interpret our observations about meaningful activities.

² Adapted from SCIE guide 15, *Choice and Control, Living well through activity in care homes: the toolkit* (College of Occupational Therapists) and expert consensus]

³ This is based on the 50 Point Checklist authored by David Sheard in 'Inspiring, leadership matters in dementia care' (2008), published by Alzheimers Society.

⁴ Alzheimers Society.

The Hawthorns told us in advance of one resident who had said they would be happy to speak to us. We agreed that they would identify any one else who would be happy to speak to us on the day. We also asked for and were given information about activities provided at The Hawthorns.

As part of the visit we saw all of the communal areas at The Hawthorns, including all of the various residents' lounges and dining areas, the garden and outdoor area and variety of areas within the hall ways and entrance hall that have been adapted to enable residents to spend time in. Some residents remained in their rooms during our visit. This was mainly due to the health of the residents'.

The visit was informal. We spoke with the Manager, Deputy Manager, a member of staff with a role in developing and delivering activities and a member of the maintenance staff, and had structured conversations with 2 residents who had given consent, and spoke informally with other residents who were present. We spoke to two relatives who were visiting. A large proportion of the information was gathered by representatives observing what was going on and noting what we saw.

We explained to people who we were and what we were doing where appropriate.

The Hawthorns were given an opportunity to comment on this report and provide a response before it was published - see Section 7 for The Hawthorns response.

4. What were the main things we found out?

- During our visit we saw many examples of ways in which the Hawthorns engages residents in meaningful activity.
- Residents and their relatives praised the staff and the service provided by the Hawthorns and told us they were happy with the opportunities they have to engage in the home
- We were told about a wide variety of activities available to residents
- We saw that an environment has been created within the home to take every opportunity to engage residents, stimulate them and remember 'magic memories'
- There was a large variety of resources, including sensory and tactile resources available to be used to meaningfully engage residents
- A huge range of different areas have been created to engage residents, such as an office area, a bus stop, a pub and a beach.
- We saw personalised and meaningful interactions between staff and residents
- Staff told us they appreciated the importance of identifying appropriate and individual ways of engaging residents and planning activities. Providing meaningful activity was seen as the role of all staff at the home.

5. Our findings and recommendations

Interaction between staff and residents

We observed staff engaging with residents in a personalised way. We saw them adapt the ways in which they approached and interacted with residents based on the individual. They used appropriate touch, affection and reassurance. We observed one resident reach out to the Manager and tell her she loved her and we saw the Manager reciprocate this and the positive impact of this shared affection on the resident.

We observed the staff talking to residents and to us about the residents in a way that showed a good understanding of their likes and dislikes, needs and past histories.

There were staff in the main communal areas throughout the visit engaging residents in interaction. Many residents had one to one support from staff and therefore opportunity for constant individual interaction. We observed staff regularly stopping to interact with residents as they passed by ensuring that these residents were not left without interaction.

We observed a number of staff sitting with residents, either just listening and chatting to them or supporting them to engage in an activity or with resources, such as looking at a book.

Although some residents were in their bedrooms, it was explained that this was mainly due to them being at the end of life, for their comfort. Their doors were propped open and staff were popping in and out. In one room although the resident was very poorly and sleeping we heard the cleaner singing and chatting to her as she cleaned.

We were told that residents have About Me books and were able to see an example. These are written from the resident's perspective and give lots of details as well as photographs of the persons, likes and dislikes, past history and family. All staff have access to these and are encouraged to use the information to help them engage with the resident. We were shown memory boards outside the bedrooms, with photos of significant people and events in the resident's life. These are designed to be easily removed from the wall and used as a focus of discussion with the resident.

Although the organisation usually prefers staff to wear uniforms, the Manager told us that they had been able to agree that all staff, including nursing staff, would wear polo shirts with the organisation's logo on. Staff can choose whatever colour they would like and they felt that while still making them distinguishable it reduced barriers or formalities between staff and residents.

Activities

All the staff we spoke to told us that although there were some organised group activities, the main emphasis was on identifying appropriate activities for individuals based on their interests, likes and dislikes and appropriate to their stage of dementia illness.

It was clear that engaging residents in meaningful activity was something that was seen as the responsibility of all the staff in the home and that they all understood and appreciated its importance. The member of staff responsible for maintenance at the home has spent a great deal of time making a wide variety of resources to enable residents to engage in meaningful activities and involves residents in carrying out and discussing maintenance tasks.

We were told that residents were encouraged to get involved in tasks relating to the running of the home. We were told that one resident likes to help in the laundry room, that some liked to help with clearing away at meal times and they could get involved in cooking activities in the kitchen. We were told that if it was difficult for a resident to get involved with an activity, but they were keen to be involved, this could be adapted. For example taking some laundry to a resident for them to fold.

We were told about a number of activities that are being planned to reflect the skills and previous work of the residents. For example they are hoping to set up a shop, with small items that residents could purchase. The shop will be run by one of the residents and they are hoping that another resident will help with the book keeping.

We were told that the Hawthorns organise trips for residents in their mini bus, such as a recent trip to Weston Super Mare.

Resources and environment

The Hawthorns is a busy and stimulating environment. The layout of the communal lounges, bedrooms and wide corridors on all levels enables residents to move between areas, a variety of environments to spend time in and enables those who are in their bedrooms to be close to activity and others.

All of the walls and available space is used to provide objects or images that will be interesting, engaging or stimulating to the residents. There are large photos on lots of the walls of the residents taking part in activities and looking happy. We were told that they thought it was important to have pictures of these 'magic moments', as due to their dementia many residents may not remember them and that it was a good way of initiating conversation about positive memories.

There are many sensory resources throughout the communal areas, involving moving lights and colours, projected images and glitter balls. They are positioned to ensure that they can be seen by residents sitting in the lounges. There are many colourful interesting objects hanging from the ceiling throughout the communal areas. We were told that for one resident in particular it was important to have visual stimulation above them, as their limited movement meant they could only look upwards.

Use has been made of all of the space in the hallways and around the home. One resident whom we interviewed said that he particularly likes to watch all the activity that goes on. A place has been created for him in a corner from which he can observe two corridors, with his preferred chair and some things of personal interest around him. A variety of different resources, spaces

and environments have been created to cover different interests and provide spaces that may appeal to some residents in particular, for example the male residents. Some spaces have been turned into specific areas, such as the indoor shed and a pub in the entrance hall. The indoor shed has lots of objects that residents can pick up and engage with that they would relate to past memories. They are also able to carry out some DIY tasks in the area and sensory sessions such as handling soil.

They have recreated a traditional pub in the main entrance hall. As well as being able to go there for a drink we were told that they recreate pub suppers, such as having fish and chips sitting in the pub area.

In the outdoor area, as well as a large garden for residents to sit in there are two chickens, who have been raised from chicks. There are big planters made from old tyres that have been painted by the residents. There is a deactivated car that has been donated to the Hawthorns. Residents are able to sit in the car, as if they were the driver or a passenger and to open the bonnet to inspect the engine. We saw this happening during our visit. We observed one resident showing an interest in checking the oil and being assisted to do so.

There is a beach area at the end of one hallway, with lots of objects and pictures relating to the sea side. There is a large sandpit that has been built out of an adjustable bed on wheels. This means that it can be moved around the home and raised or lowered depending on individuals' needs to ensure that they are able to engage and interact with the sand and other objects incorporated into the mobile beach.

There is a Bus stop / transport area, with a variety of maps, timetables and other visual resources and objects for residents to engage with.

There are old phones throughout the home, including a pay phone, that have been adapted so they play music or the radio when you lift the receiver, so residents can pick them up and listen to them whenever they like.

One area of a hallway has objects relating to working in an office, such as a briefcase and an old fashioned type writer. This is near to the bedroom of a resident who used to work in an office and the staff have discovered that he finds it relaxing and reduces his anxiety if they use these resources to engage him.

There is a mural of old fashioned shop fronts painted all down the walls of one hallway. This has been painted by a relative in their spare time. The wall has a handrail along it, so residents can walk along and look at the different shops. We saw a resident who had arrived at Hawthorns the day before having a look around by himself and looking at the different visual displays and objects and scenes around the hallways.

Many of the visual displays around the home were personalised. In one area there were butterflies, one for each of the residents and all of the staff describing something that made them happy.

Throughout many areas of the home there was music of different types playing in the background.

One resident who was near the end of life had classical music playing in their bedroom, photos of loved ones on the ceiling above the bed and many other objects filling the room to make the most of any opportunities remaining to engage with them in a personalised way.

We were shown some 'twiddle muffs' that had been made for all the residents and observed these being used by some residents. They are knitted tubes which residents put their hands in and have objects and textures inside for them to feel and engage with.

The Manager explained to us that working towards the Residential Dementia Service Standard was a helpful process, as they were trying to get as many ideas as possible from it and think of ways they could improve, rather than viewing it as a way of just accrediting what they are already doing.

Involvement of relatives and the local community

We saw posters around the home inviting relatives to a relatives' coffee morning. The visitors we spoke to told us that they felt involved in the care of their relative and that the staff went out of their way to involve relatives and enable residents to take part in activities that were meaningful to them. We were told by relatives of staff having been very helpful to another elderly relative, in order to support their visits. As an example, there had been an occasion on which a member of staff went out to help them when they had difficulties with their car.

We were told that staff from the home had taken a resident to a relatives' wedding, which would not have been possible otherwise. We were told that relatives are invited to join residents for special occasions such as Christmas lunch.

During our visit a relative brought their dog into the home. Everyone was familiar with the dog visiting and we were told this is something the residents and staff all enjoy.

Staff told us that they take residents to local fetes and other events around Evesham and the surrounding areas. They also hold events such as a recent MacMillan coffee morning when they invite local people into the home. They organise for people to visit the home, such as someone who brings animals for them to touch and people to provide music and entertainment, such as someone who plays the ukulele.

6. Additional findings related to other services - None

7. The Hawthorns response

At the Hawthorns we strive to provide meaningful activity for individuals with a dementia to maintain and enhance skills in a purposeful way. It is good to have feedback from Healthwatch and felt supported through the visit to enable my team to feel comfortable in discussing the work they do. The volunteers were respectful and courteous throughout and the individuals that we support felt listened to and valued by them and it was an enjoyable and worthwhile visit.