

Engagement (Enter and View) Visit Report - St Martins Care Home

Service Address: 22 Feckenham Road, Headless Cross, Redditch, B97 5AR

CQC Registered Provider: St Martins Care Home for the Elderly Ltd

CQC Registered Manager: Wendy Keele

Date and Time of Visit: Tuesday 23rd September, 10 a.m. - 12.30 p.m.

Healthwatch Worcestershire (HWW) Contact: Margaret Reilly

HWW Authorised Representatives: Janet Stephens, Liz Robertson and Margaret Reilly

Report Approved by HWW: 8th January 2016



Acknowledgments

Healthwatch Worcestershire would like to thank the residents and staff at St Martins Care Home who gave us a warm welcome and spent time talking to us about their experiences of living or working at the home.

Thank you also to the Manager of the home for helping us to arrange the visit and showing us round.

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 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 care home (residential and nursing) settings. We understand that all of these settings provide 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

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

running of the home) and 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 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, prior to the visits taking place, introductory training in meaningful activity (some of the content was based on the Worcestershire Residential Dementia Service Standard) and also on understanding people living with dementia. This included content on meaningful activity for people living with dementia.

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

St Martin's provides accommodation and personal care for a maximum of 15 people, some of whom may have a dementia related illness. Along with other homes it 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. St Martin's has just achieved the Worcestershire Residential Dementia Service Standard.

This was an announced Enter and View visit. We contacted 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 St Martin's 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 Care Standard and our training, to help us to interpret our observations about meaningful activities.

Our visit was based in the communal areas of the home. These are an open plan dining / kitchen area and a lounge area. The lounge has a smaller room leading from it where during our visit hairdressing was being offered. There is also a conservatory area at the front of the home. During the course of our visit 9 residents were present in these areas

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 visit was informal. We spoke with the Activities Coordinator, and had structured conversations with 3 residents who gave consent, and spoke informally with most of the other residents who were present.

A large proportion of the information was gathered by observing what was going on and noting what we saw and talking with staff.

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

St Martin's were given an opportunity to comment on the final draft of this report for factual accuracy and to provide a response to our recommendations before it was published. Please see Section 6 for this response.

4. What were the main things we found out?

- Residents that we spoke to said that they were happy and content at the home.
- We observed staff interacting in a positive and caring manner with residents - we observed frequent, short interactions with residents as staff came and went
- During our visit we saw some of the residents were engaged in activities for a period of time
- A staff member is employed in the role of activities co-ordinator for 6 hrs per week, 2 hours on 3 weekday afternoons.
- There is no set activities programme at St Martins. We were told that activities can change from day to day depending on resident's individual needs and wishes. The afternoon is the time when most activities take place
- We asked how activities were changed to suit each individual's needs, and in particular the needs of residents living with dementia. The Activities Coordinator told us that she used information about resident's life histories and her knowledge of each individual to inform discussion and activities with the individual
- We were told that each person's care plan contains a life history. Individuals and, where possible, their relatives, were asked about their likes and dislikes and what that person enjoys doing. Staff would be aware of this information.
- We were told by the manager that residents were involved in the day to day running of the home and in tasks such as preparing vegetables, although we did not see this taking place during our visit.
- We observed some resources to support meaningful activity in the home, although we did not observe residents helping themselves to these resources.
- There is one volunteer currently involved in working in the kitchen at St Martins. St Martins. The Care Home also offers placements to health and social care students.

5. Our findings and recommendations

Interaction between staff and residents

Residents that we spoke to said that they were happy and content at the home.

We observed staff interacting in a positive and caring manner with residents.

We observed frequent, short interactions with residents as staff came and went through the lounge area. We also observed staff occasionally stopping and speaking to residents in the lounge area in a gentle and respectful manner.

We observed some conversations between staff in the kitchen and residents in the open plan dining area.

We saw that staff used touch, humour and banter sensitively with residents. We observed them being sensitive to individuals and responding in different ways according to the person's circumstances. The Manager told us that information about residents preferences in terms of communication are recorded in Care Plans and all staff would be aware of this.

We observed the manager undertaking a residents meeting by going round to each resident and asking them a series of questions, which included asking residents if they had enough to do.

One of the residents we spoke to said that they sometimes had to wait for support after pressing the bell but that staff would come as soon as they can.

There was a relaxed atmosphere in St Martin's on the morning of our visit.

Activities

During our visit we saw some of the residents engaged in individual activities including doing word puzzles, knitting and sorting jewellery. There was music on in the lounge area. Some residents were in the dining area where the television was on.

We saw one of the residents using comfort objects (a doll) that was significant to them.

Hairdressing sessions were being offered and these appeared to be enjoyed by several residents.

We observed one of the residents talking to themselves for a time before a comfort object was brought to them.

There is no set activities programme at St Martins. We were told that activities can change from day to day depending on resident's individual needs and wishes. We were told that most activities take place in the afternoon.

We were told that each person's care plan contains a life history. Individuals and, where possible, their relatives, were asked about their likes and dislikes and what that person enjoys doing. We were told that all staff would be aware of this information.

The Manager told us that all staff are responsible for meaningful activity. A staff member is employed in the role of activities co-ordinator for 6 hrs per week - 2 hours on 3 weekday afternoons.

The Activities Coordinator told us that there are some whole group activities in the afternoons. Some of the examples given were films followed by discussion, bean bag games, and skittles. The Activities Co-ordinator told us that they sometimes did craft activities with residents, for example involving the residents in making the bean bags and that some residents also did painting and drawing. The Activities Coordinator told us that it could be difficult to get residents to engage in organised activities, and one to one often worked better.

We were told that a couple of the residents are interested in music, and an electric guitar was purchased to support one resident. There is also a piano belonging to one of the residents, which the resident has made available for anyone to use.

The Activities Coordinator described spending time on one to one interactions, including with those residents who stay in their rooms whether through preference or illness.

We asked how activities were changed to suit each individual's needs, and in particular the needs of residents living with dementia. The Activities Coordinator told us that she used information about resident's life histories and her knowledge of each individual to inform discussion and activities with the individual.

The Manager told us that there are themed fancy dress days for staff and residents and BBQs in the summer months.

We were told by the Manager that residents were involved in the day to day running of the home. We were told that one resident helped preparing vegetables and that this had been risk assessed. Others were involved in folding clothes, napkins etc. We did not see this taking place during our visit.

One of the residents told us that there was not a lot to do, and that they would like to go out more.

HWW recommendations **St Martin's could -**

- **Reassure themselves that all staff are alert to times when a resident may be unoccupied and want to do something and to potential "butterfly moments" - when a resident may want to connect with others, become involved in an activity or engage with tactile or sensory resources appropriate to their needs, to provide stimulation or comfort**

Resources and Environment

We observed some resources to support meaningful activity in the home. For example in the dining area there were a number of CDs and DVDs. In the small room off the lounge area we saw a chest of drawers where resources were stored. On the top of this there were painting and colouring materials, skittles and magazines.

We did not observe residents helping themselves to these resources.

We did not notice any wall mounted tactile boards or rummage boxes appropriate for people with dementia accessible in the communal area, or many books or current reading materials (other than the local free paper).

The Manager told us that funding for meaningful activity was an issue. This mostly had to come from fundraising, although the owner did their best to meet individual resident's needs.

The Activities Coordinator described how she contributes resources from home that she thinks the residents will enjoy or around which an activity can be built around (e.g. household objects; fabric and materials)

A grant towards meaningful activity had recently been secured through meeting the Worcestershire Residential Dementia Service Standard. We were told that an iPad will be purchased with this to give resident's access to Skype and the internet in order to support their interests.

HWW recommendations

St Martin's could consider whether:-

- Existing resources could be made more easily available for residents (for example by putting them closer to residents) or possibly introduced to individuals more frequently
- Additional tactile/sensory resources could be made easily available or appropriately introduced more frequently to residents, particularly residents living with dementia
- Given some of the residents interest in music, resources (e.g. MP3 players) could be made available to allow more individual choice of music, perhaps through the use of the grant available through the Worcestershire Residential Dementia Service Standard
- Resources such as daily or free newspapers could be used to keep residents in touch with local / national news
- Other free / low cost resources (e.g. travel brochures) could be used to start conversations or encourage engagement

Involvement of relatives and the local community

The Manager had advertised a relatives meeting on the day of our visit, but no relatives attended. The manager said that these meetings were generally not well attended, the manager felt that this could be because relatives had access to manager and staff on a regular basis.

There is one volunteer currently involved in working in the kitchen at St Martins.

We were told that St Martin's also offers placements to health and social care students.

None of the residents are currently involved in local groups and clubs.

There are no regular outings, although we were told that staff do take residents out for short trips/walks on occasion.

The Manager told us that relatives are encouraged to borrow a wheelchair and to take residents out.

HWW recommendations St Martins could consider whether-

- There is potential to use more volunteers to support residents in pursuing their interests inside and outside of St Martin's,
- There is potential, perhaps through the use of volunteers, to forge and encourage more connections with the local area

6. Service Provider Response to HWW recommendations

I would like to thank you for your feedback received following the Engagement Visit report.

Existing resources have been re-arranged to ensure an improved method of access. Tactile/sensory items are available, clearly these were not as evident as we considered during your visit, we have also ensured accessibility of them.

After consideration of MP3 players with the residents, the people who currently reside here were not keen on wearing ear phones. However, we were able to determine a range of music that suited each lounge and offered individual choice of room and tone.

We currently have access to daily newspapers and the local free papers are available for the resident's to enjoy.

Travel brochures had not been considered prior to your visit and a worthy resource for us to access.

St Martins works with both volunteers and health and social care students through our links with Kidderminster College and Bourneville College Birmingham. We currently have 3 students and 2 regular volunteers.

We believe your engagement visit to have been a valuable source of input for the well-being of those at St Martins, for which we thank you.