



Enter & View Visit Report

Details of Visit

Service Name and Address	Bradbury Court 1 Bradbury Close Market Drayton TF9 3FR
Service Provider	Bethphage
Date and Time	Tuesday, 1 st Nov 2016 11.30am - 1.45pm
Visit Team (Enter & View Authorised Representatives from Healthwatch Shropshire)	2 Healthwatch Shropshire Authorised Representatives

Purpose of the Visit

To look at Dignity, Choice and Respect: The quality of life experienced by residents at Bradbury Court.

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

Following the Winterbourne Review, Shropshire's Health & Wellbeing Board asked Healthwatch Shropshire to carry out Enter & View visits to some learning disability facilities. We visited 12 residential facilities and produced an overarching report that can be seen on our website:

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

Visits to learning disability facilities will continue to be part of our visit programme moving forward. This visit was at the request of Shropshire Council in order to understand more about the experiences of residents, their families and staff.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives. These volunteers are not experts in learning disability and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced. This was a semi-announced visit and the manager at the home was told that the visit would take place during October, but not the exact date or time.

What we were looking at

We looked at some key things that affect an individual's quality of life including whether they experience choice, dignity and respect in this care setting.

Do individuals experience choice?

- Choices in social and leisure activities
- Choices in shaping their daily routine, including what they eat and drink
- Choices over personal space

Do individuals experience dignity and respect?

- Personal privacy
- An individual's needs are recognised and met

- Individuals are supported when interacting in a group
- Family and friends are involved in an individual's care
- Access to an advocate
- Facility to complain both informally and formally
- Access to healthcare services.

What we did

On our arrival we were met by the manager who told us about the home, staff and residents before showing us around the building. We also spoke to:

- one senior care worker
- three care workers
- a positive behaviour support assistant
- one resident

The resident we met communicated with the support of the manager as, we have been told, it can take them some time to feel comfortable communicating with new people.

What we found out

The manager told us that Bradbury Court is a new building opened in August 2015 and is purpose built as a Residential Care Home registered for up to four adults aged 18 to 65 with complex needs including learning disabilities, mental health conditions, physical disability and sensory impairment. Most residents have a learning disability or autism. Currently there are three residents as one has just moved to another placement. Plans are in place for a new resident to move in.

The Home

Bradbury Court is all on one level. A large entrance hallway has a security door to the outside and another security door to the main living area. This hallway also gives access to a bedroom for night staff, which doubles as an office, a locked activities room with a sink and kitchen units, a laundry and a toilet. The main living area has a large office, an activity/dining room with sink and kitchen units, the main kitchen, and a lounge / dining room with open access to a garden with a large lawn, a sitting area and plants in tubs. A further corridor leads to four single en-suite bedrooms, one being larger with a fully accessible wet room. There is an additional fully accessible bathroom. There is also a room with a computer. There is plenty of space with wide corridors. Furniture is minimal but comfortable. There is another smaller fenced off outside area with a shed.

The manager told us they had come from another home run by Bethphage and so had limited input into the layout and use of space at Bradbury Court. They said they would have liked more separation of the bedrooms as some residents can be very sensitive to noise, which can be an issue with the bedrooms being close together in the existing layout. However, the number of rooms within the building allows residents to create their own space away from other residents to control noise levels, have their privacy and 'do their own thing' during the day.

We were told by the manager that the building is due for redecoration and we saw that it is showing a fair amount of wear and tear. We noticed that the overall appearance and feel of the building is more 'institutional' than 'family home'. There are no notice boards or pictures on the walls as these are at risk of being knocked off, and there is damage to some heat sensor units on the walls which will be repaired during redecoration. All the walls are painted cream though there are plans to use more colour with this redecoration. The manager explained that the décor is kept minimal to avoid over-stimulation for the residents.

All the staff we talked to felt that the home was very relaxed and homely and that it was appropriate for the needs of the residents.

Comments from staff included:

- “Staff are all friendly...The manager is very good....There is an open door policy - they’re understanding....I think this is one of the nicest places I have worked...I like the fact that it isn’t institutionalised - it’s a lovely place for [the residents] to be”.
- “The spaces work really well”.

The running of the home

- **Staff and rotas**

There are 20 staff at Bradbury Court with a minimum of three staff on each day shift to provide 1:1 support. Additional staff are called upon to provide 2:1 support when a resident goes out. At night there are two staff, one awake and one sleeping. Staff rotas are adapted according to the needs of the residents. For example, at the moment staff rotas are varied as a resident who has just left Bradbury Court found it hard to cope with a sudden change-over of staff, so shifts were staggered, some at 12 hours, some at 7.5 and some at 5 hours to allow for some consistency. The staff also do all the cleaning, cooking and gardening.

- **Support and training for staff**

Staff told us that there is a monthly staff meeting and that everyone can have their say. All the staff we talked to were very happy with the support in place and said that they had a lot of training and felt competent.

Comments from Staff included:

- “It’s nice here. Everyone is really supportive....The manager is always here for you and there is always someone you can talk to....And the manager of Head Office is really helpful.”
- “We get very good training here in Epilepsy, Safeguarding, Medications and Autism”. “We have yearly updates.”
- “The team has pulled together since a difficult time” [with a former resident].

One staff member told us that they carried out training for Management of Actual or Potential Aggression (MAPA) and Positive Behaviour Support (PBS).

The home is allocated 15 hours a week from a PBS assistant who reviews incidents and puts in place individual plans for managing challenging behaviour, trains staff on avoidance of behaviour escalation and debriefs staff after stressful incidents. We were told by the PBS assistant that individual plans range from prevention right through to MAPA, and that the whole team is involved when these plans are set up. At the moment there are additional hours from a second PBS assistant who the manager said was called in to help with a specific situation.

One staff member told us that the manager takes the lead with family support. There is a ‘whistle blowing’ policy and “there is an open door”. All assessments focus on active strategies and de-briefing helps staff to learn from incidents.

The manager told us that a resident had recently transferred to another placement as there had been issues that were stressful for both the other residents and the staff and a move was considered to be in the residents’ overall best interests. These recent events led to a turnover of some staff which we were told by a member of staff has now resulted in a stronger staff team. Staff members told us that there is good leadership and one newer member of staff said that they had asked to be transferred to Bradbury Court as they appreciated the team spirit.

The manager told us that residents are assessed as far as possible to see how they might get on together before moving in and that two of the current residents had previously been in a residential home and one had had two previous placements since moving from their parents' home, which had both broken down. They also told us that currently two residents live at the home on a temporary placement with a view to moving onto living more independently and that the third resident has a permanent placement at Bradbury Court. One resident communicates non-verbally using objects and the other two communicate verbally. Male and female residents are eligible to come but at the moment all residents are male. The manager told us that two residents have a Deprivation of Liberty Safeguards (DoLS) in place and an application relating to the third resident has been submitted to the Local Authority.

Choice

- Choice in social / leisure activities

Staff told us that two residents are able to go out. One of the residents was out when we arrived and then met with us on their return. We saw that although there is controlled access, residents can go outside to the garden at any time. The manager told us that residents that are able to assist with aspects of cooking, cleaning and gardening are encouraged to do these with the support staff. The manager said that occasionally two of the residents will go out together with staff, for example to the pub or into town for coffee and cake, but usually social and leisure activities are carried out individually according to personal choice.

The manager told us that none of the residents go to work, but one loves cars and likes to wash them. Staff contacted local garages to see if this could be arranged but so far this has not been possible. However, this resident does wash the neighbours' cars for a small fee. They also like to visit local garages, car showrooms and car auctions and on the day we visited they returned with a car brochure picked up from a local garage.

Another resident likes to do woodwork and staff arranged for them to spend time in a local business. The manager explained that this did not work out, mainly due to safety concerns, so a garden shed was bought to provide a work space. The manager told us that this resident likes to spend time working in the shed using a set of tools under supervision.

We were also told by a member of staff that one resident likes to visit the dog's home, where they groom, feed and walk dogs and that another resident likes football and visits football stadia and "likes to get the T-shirt".

The manager said that staff would encourage residents to go to work or to do voluntary work but that they have found "quite a few barriers" with businesses locally because of the residents wishing to work in industrial or mechanical jobs. The nature of these jobs makes it very difficult for employers to ensure the safety of the residents so the employers have chosen not to take on the responsibility.

We were told by the manager that shopping trips are arranged for all residents except one who has not gone out into the community for several years because their behaviour places them at high risk. This resident can still go on trips in the mini bus. An assessment of safety and the suitability of the venue is completed before going out. A staff member explained that when they go on outings in the minibus or staff cars, having two members of staff helps with mobility issues.

The staff members we spoke to about it told us that they have taken the residents bowling, to the car museum, for picnics or to the seaside. One resident has a tricycle to use locally which we saw in the entrance hallway.

Staff told us that some residents enjoy gardening. Two help to cut the lawn and pot up bedding plants. One staff member told us that the residents enjoy watering the plants in the summer.

We were told that one resident is very keen on their computer and particularly likes Google maps. They had recently bought a printer to produce their own maps.

Staff encourage the two residents who go out to socialise and the manager told us that venues visited regularly are The Hive and Buttermarket in Shrewsbury, Club Generation in Whitchurch, Mencap's local Market Drayton club and Mencap's Move On Club in Shrewsbury.

We saw the activities room, which offers colouring, painting and crafts. It was not in use at the time of our visit.

One staff member told us that residents get a choice of activities and they tell the staff what they want to do. Sometimes they will plan a day out by watching videos on the computer so that the resident can see what happens and know what to expect. This can reduce anxiety.

A member of staff told us that residents have a budget and are encouraged to manage their money if they are able to. A log is kept of spending, and staff help residents make spending decisions.

We were told by the manager that although residents are encouraged to socialise together the current residents prefer to spend much of their time apart from each other. Each has a favourite space to use during the day. For example, one uses the separate room with the computer.

- **Choice in daily routine**

The manager told us that two residents need support to dress and for personal care. One needs support to bath and has “come a long way from just dipping a toe into the water, to getting into the bath”.

We were told that residents can get up and go to bed when they want. They can choose a shower or bath. Staff told us that a free choice of clothes is offered each day unless a broad choice would be confusing, in which case choice is limited to two or three options. We were told that one resident has to wear very comfortable clothes. A member of staff also told us that where a resident needs close supervision sometimes staff make suggestions in a way that encourages compliance, rather than offering choices; for example when a resident is reluctant to do certain tasks such as shaving, showering or cleaning teeth. The same staff member told us that good hygiene is encouraged, but sometimes inappropriate behaviour is well entrenched. In these instances behaviour change is not forced, but all possible care is taken to ensure hygiene is maintained.

The manager said that residents are encouraged to take their own laundry bags to the laundry and can help there if they want to, though it is rare. Another staff member told us that they are encouraged to clean and tidy their own rooms and will do so “if they are in the right mood”.

- **Choice of food**

We were told that all the residents eat separately by choice and that staff eat with each of the residents.

The manager explained that a set menu is drawn up on a Sunday for the following week, using picture cards if necessary so residents can make choices. One resident has strict dietary requirements. Their food is stored separately in the kitchen so that they can choose freely from their own cupboard. Staff said that likes and dislikes are accommodated.

Residents can help with the cooking if they want to, e.g. baking cakes, making quiches and peeling vegetables. They are closely supervised.

The manager said that residents can make drinks when they want and that one resident likes to make tea for the staff. A member of staff told us that one resident likes to make their own sandwiches so they are given a choice of fillings to use.

- **Choice of room**

All rooms are furnished with a bed, chair, wardrobe and drawer units. We were shown the unoccupied room but were not invited into any of the occupied rooms. The manager told us that residents did not bring furniture with them but did bring personal belongings to personalise their room. We did not see this but we were told that one resident had pictures of cars and of their family and another resident had sensory items with an overhead projector, rope lighting and soft things to touch. The resident who had just left liked soft toys and we saw these packed in boxes ready to send on.

The manager explained that with the redecoration due, residents are being involved with choices of colours. Large colour samples are being arranged for the resident who does not go out so they can make their choices more easily.

We were told that TVs can be fitted in bedrooms if residents request them. We saw a large TV in the lounge. One staff member commented that all the staff sit and watch TV with the residents on a Friday night and it feels “like a family. It feels relaxed here and it is nice and relaxing for the residents”.

Dignity and Respect

- **Privacy**

The manager explained that residents can spend as much time alone as they wish to, either in their own bedroom or in whichever space they have chosen to use as their own within the building. They also said that residents are very aware of their own personal spaces and rooms and there have been no breaches of privacy amongst them. We were told that residents can lock their bedroom doors and staff will always knock to ask to enter as a matter of routine. The manager confirmed that staff can always gain access if necessary.

A staff member told us that one resident with sensory needs may choose to undress in communal spaces in which case staff maintain their dignity either by covering the resident up or moving other people away. Staff explained that they also help to keep residents covered with towels to protect their dignity during bathing or dressing and that they will stand outside a door if a resident prefers and wait to be called on for help.

- **An individual's needs are recognized and met**

We were told that two residents will communicate verbally, otherwise staff use visual cues, gestures and pictures to communicate. We were also told that as staff get to know the residents they learn key words and key signs to help with communication and that residents have their own ways of getting their messages across which staff learn and respond to. We saw, in the course of talking to a resident, a member of staff helping them to communicate in an easy relaxed manner which encouraged the resident to engage with us and express their views non-verbally. They were smiling and seemed quite happy to contribute but if they did not want to respond to any particular question they simply looked away until they were ready to engage again.

One member of staff told us that they try to find out what “dreams” a resident might have and if possible they help them achieve them.

When we were shown the kitchen the manager explained that residents are encouraged to have a go, rather than being banned from the kitchen. A risk assessment is done and any potentially dangerous equipment removed, or additional staff are called upon to help.

The manager told us that one resident sees themselves as being one of the staff rather than a resident. This can sometimes be a challenge, as the resident spends time at 'their desk' in the office and doesn't see themselves as needing the help of staff. This makes it difficult if other residents want to access the office. However the staff accommodate the needs of the resident by always leaving a desk available.

Another resident likes to sit on their own in the middle of a space of their choice. We saw this resident sitting on the floor in the middle of the wide corridor of the main living area. We noticed staff respected the resident's wish to sit on the floor by giving them plenty of room as they moved around.

The manager explained that all residents have a Support Plan (Care Plan) specific to their needs which staff can use at any time. One staff member said that the Support Plans helped to tell you what to do and how to keep people safe.

The manager and two other staff we spoke to commented that a lot of work had gone into supporting the needs of one resident who had come a long way since their arrival at the home.

- **Access to an advocate**

The manager told us that all residents have access to an advocate.

- **Support for Group Interactions**

The manager explained that as a result of the assessments made of each resident before moving in there is a greater chance that residents will get along. Staff encourage residents to socialise with each other if they want to.

All staff have access to the individual behaviour plan for each resident which the PBS assistant keeps updated so staff always know how to manage situations. The manager explained that if circumstances deteriorate too much a resident will be relocated to another placement as has happened recently. There is plenty of space available in the building for residents to be given their own space to defuse situations.

If a resident wanted to develop a sexual relationship, one staff member told us that this would be managed if necessary considering capacity, need, social aspects and so on of each resident concerned.

- **Involvement of Family and Friends**

We were told that families are involved as much as they wish to be and are kept up to date about how well their relative is doing on a monthly basis.

The manager also told us that residents can visit family and friends whenever they want to, although this tends to be infrequent by mutual agreement. One resident visits their sibling once a month. None of the current residents stays away overnight.

The staff said that none of the current residents use social media.

- **Facility to Complain**

We were told by the manager that there is a general complaints policy / procedure with an easy read version to tell residents about how to complain. The manager said that residents are encouraged to go to the staff first so that a situation can be resolved quickly.

A formal complaints procedure is available. The manager told us that there has only been one complaint to date and that was from the local community about an incident that took place whilst a resident was out shopping. The situation was reviewed to decide how to prevent the same thing happening again but no feedback was required as the person making the complaint did not provide contact details.

- **Access to healthcare services**

The manager told us that all residents can visit their GP or dentist as necessary. A good relationship with the local GP practice has been built up over the last year. At first it was difficult to arrange home visits for the resident who does not go out but now it works well. The other residents go to the surgery and have got to know the people there. All are invited for the annual health check for the disabled.

Additional Findings

There are no obvious signs showing the location of Bradbury Court. This allows it to blend into the local area without drawing attention to itself.

Summary of Findings

- Bradbury Court is a welcoming home despite lacking the visual appearance of a family home, with space being used in a flexible manner according to the needs of the residents. Redecoration due shortly is expected to deal with the signs of wear and tear currently evident and will take account of the residents' choices.
- The staff and residents appear relaxed as they go about their daily routines with the needs and preferences of each individual resident being used to shape the day-to-day organization of the home.
- The staff are very supportive and caring of each other and of the residents in their care. They use various methods of communication to learn as much as possible from the residents and to help them make choices.
- Residents are encouraged to socialize with each other but their privacy is well respected.
- Unfavourable behaviour is accommodated if change is not feasible.
- Wherever possible residents are encouraged to go out into the local community and to develop a social life outside the home. Efforts are made to find work opportunities in the community for residents though so far this has not been successful.
- Residents are encouraged to do chores and to become as independent as possible, exercising their own choices in daily activities, clothing and food.
- Families are involved in care as much as they want to be. Access to an advocate is available.

- There are complaint processes in place.
- All residents have access to healthcare.

Recommendations

- To take advantage of the planned redecoration to make the home more homely.

Service Provider Response

Healthwatch Shropshire has received the following response to this Enter and View report and our recommendation from the manager of Bradbury Court:

I'd just like to say thank you for the positive report, I am pleased the quality of the support provided by the team at Bradbury Court has been recognised during the visit, the purpose of Bradbury Court as a service means we can face challenges and I feel the comments in relation to managers and staff supporting each other as well as the people we support demonstrates the values and proactive work the team does to minimise the impact of this on everyone involved.

I'm sure the team will be very happy when they read the report.

The work on the internal aspects of the property has already begun and will continue at a pace that the people living there are accepting of.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their 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 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 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!

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