



Enter & View Visit Report

Details of Visit

Service Name and Address	Kempsfield Residential Home Primrose Drive Shrewsbury SY3 7TP
Service Provider	Sanctuary Supported Living
Date and Time	Friday 11 th March 2016 10.00am - 12.30pm
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 Kempsfield Residential Home.

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.

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Context of the Visit

Following the Winterbourne Review, Shropshire's Health & Wellbeing Board asked Healthwatch Shropshire to carry out Enter & View visits to some learning disability facilities. This is one of a number of visits that will take place in response to this request.

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.

This visit was announced.

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 appearance and space

Do individuals experience dignity and respect?

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

The manager gave us a tour of the home when we arrived.

During our visit we met and spoke to:

- 8 of the residents who were at home
- 3 key workers

Some of the residents were unable to speak to us but key workers helped these residents to let us know what they thought.

What we found out

The home

The manager welcomed us and told us about the home. The home was run by Shropshire County Council until October 2015. It is now managed by Sanctuary Supported Living. The manager explained that over 20 people used to live at the home and it also provided respite care. The number of residents has got smaller over the last two years. When the manager gave us a tour of the building she showed us the top floor which had a lounge and bedrooms and was not being used. Respite care is not provided by Kempfield at the moment.

At the time of our visit we were told that 12 residents were living in the home and there were 24 staff. Many of the residents have lived at the home for a long time.

The residents live in 2 flats. Six residents live in each flat and there is a shared lounge. All the bedrooms have a wash basin but residents share bathrooms. There is a kitchen where meals are prepared.

The building is old but it is well furnished and the walls had lots of photographs of residents. It has a homely relaxed atmosphere.

The new building

The residents and staff will be moving to a nearby home in October 2016 while the current home is demolished and new purpose built accommodation with 14 individual flats is being built. The new home will be ready to move back into in October 2017.

The Manager said she is pleased that Sanctuary Supported Living has spoken with the residents, their families and staff in the planning of the new home; for example she said one resident enjoys gardening and raised beds will be put in the new garden.

Choice

- **Activities**

The Manager told us that none of the residents attend day care settings.

One resident goes to a local hotel each day for coffee; others go to the local church. We spoke to one resident who had been to the theatre the night before which they said they had “enjoyed very much”. The same resident said they were allowed to come home late. Residents said that they liked living here.

One resident goes to art classes and they said it is “nice” to live at Kempfield. Another resident enjoys walking and others go to Crufts, on day trips or on holidays. The Manager told us they try hard to make sure the residents do what they want to. One resident had taken their family to New York.

The Manager said that relatives and other people who have visited the home have commented that it is a “happy home”.

We saw a room where people could listen to music. One resident was sitting on their own at a table, working with play bricks. We did not see a key worker sit and talk to the person and ask them about the activity. Other residents in both lounges were watching the television. A key worker stood in the lounge and said “these films are brilliant” but we did not see any conversation between the key worker and residents about the film.

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.

- **Food and drink**

The Manager told us that the key workers sit with the residents each evening and help them choose what they want to eat from the menu for the next day. She said there was a picture based menu to help people understand.

We saw a kitchen used by staff to prepare food. Residents do not get involved with the preparation or buying of the food. The Manager told us that they had meetings with residents to discuss changes to the menu. She said that if a resident did not want the food on the menu they could have something else, maybe a jacket potato. She said that the staff try hard to meet the likes and dislikes of the residents so that they have food they like.

During our visit we saw a key worker ask residents if they wanted a cup of tea or coffee. The key worker made the drink for the resident. The resident was not asked to help make the drinks. We were told that residents do not go into the kitchen. The Manager explained that this was because the kitchen is a high risk area and some residents had medical conditions which meant some foods have to be avoided. We were told the kettle and tea and coffee were locked away when staff were not present for health and safety reasons.

One resident said they liked to have a “fry up”. The key worker said that the resident had previously lived in a flat on the upper floor where they could cook for themselves, but since this floor closed the resident was no longer living as independently.

A key worker told us that the home has baking days where baking is offered as an activity and the residents enjoy baking. We saw key workers discussing who they could push in a wheelchair to the chip shop as the day we were there it was fish and chips for lunch.

- **Involvement of family and friends**

One resident told us they had phoned their family the day before and the resident was going home to have dinner with the family. Another resident was helped by a key worker to tell us about their mum visiting. Another said they went in a wheelchair with a key worker to visit their mother. We asked a resident if their family have a meal at the home when they visit and they said 'No'. A member of staff told us that visiting families are given hot drinks.

- **Routine and personal space**

We saw one resident getting up late and we were told that another resident was an early riser, getting up before day staff arrived. We asked one resident if they could get up when they wanted and they said they could. When we asked them if they clean and tidy their own room, they said "no, staff do that". We asked another resident if they could go to their room any time they liked to be by themselves. They said "yes".

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. This also means that arguments over what to watch on television are avoided. The Manager told us one resident had Sky TV as the resident enjoyed watching sport. The same resident enjoys going to watch football matches regularly at the local football ground and also goes to a Mencap group.

We saw a cat that one resident had chosen from a rescue centre. The Manager told us that a cat flap is included in the plans for the new home for this cat.

Dignity and Respect

- **Personal privacy**

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.

- **Supporting individuals and recognising an individual's needs**

We did not see all staff speaking in a one to one way with residents during this visit. We saw a resident ask a key worker “where are you going?” The key worker replied as they left the room that they were going to get another resident. The resident then asked “why?” but by this time the key worker had left the room.

One resident said “yes” when we asked if staff help them to wash and dress. Another said they could choose what to wear. We asked one resident if staff were kind to them and they said “yes”.

We saw key workers asking residents if they needed to use the bathroom. We saw a key worker say to a resident in a loud voice across the room “go to your room and we will get you some clean trousers”.

We saw a key worker holding hands and speaking calmly to reassure a resident.

- **Access to healthcare services**

The manager told us that residents go to various health centres, opticians and dentists. A doctor comes to the home each month to carry out health assessments. All residents are included in screening programmes.

- **Facility to complain**

The manager told us that the residents know they can complain. She said the home operates an ‘open door’ policy. While we were talking to a resident the manager asked them “What would you do if you were unhappy about something?” The resident said they would speak to staff and told us the names of the members of staff they would speak to. The resident also said “I would come to you (the manager)”.

- **Access to an advocate**

The Manager told us that Taking Part, a charity that provides services for people with learning disabilities, were often at the home. They had spoken with the residents preparing them for the move.

Additional Findings

- The Manager said that Sanctuary Supported Living do their own internal inspections which are very thorough. She said their last report was very good.
- The Manager told us that she had been involved with the plans for the new building. Residents and staff had been to visit a similar home in Telford and were excited about the new accommodation.
- The Manager said there had been no discussions about how residents will manage in the new home where they will have their own flats and cater and clean for themselves. She said the current staffing levels would not be enough as some residents are a high risk. The Manager expects social workers will need to carry out assessments for each resident to find out what they will need.
- The Manager had not had any conversations with local residents about the new build.
- Staff and residents will move to a temporary home in October 2016 when the current home is demolished and rebuilt. The Manager thinks they will be moving back to the current site by October 2017.
- The new home will be very different to the current one. The Manager thinks that she will need more staff, as residents will be in their own flats. At the time of our visit she had not planned for any assessments of changes in needs of individual residents.

Summary of Findings

- Residents appear to have a lot of choice about activities outside the home, supported by key workers who go with them. One or two residents are independent enough to go on their own.
- Residents can choose what to wear, what to eat and what time to get up. They have choice over TV programmes within their own rooms.
- The home had a relaxed, homely atmosphere and the residents appeared happy. The residents like the staff.
- There was very little interaction between staff and residents at the time of our visit.
- We did not see evidence of many activities happening in the home. Most residents were watching TV and were not encouraged to do anything else.

Recommendations

- We recommend a review of the activities programme to include a range of activities both in and outside the home to encourage interaction between residents and staff both 1 to 1 and in groups.
- Consider introducing activities to help residents prepare for living more independently when they move to the new home.
- Ensure that all staff are aware of the importance of dignity, respect and confidentiality when dealing with sensitive personal situations, e.g. soiled clothes.

Service Provider Response

Healthwatch Shropshire have received the following information from the Service Manager at Kempfield Residential Home in response to this report:

Thank you for the feedback you have presented. The document is direct and forthright in the way it is expressed. We certainly have shared the document with the staff of the home and take on board your experience of the care home. We would like to put forward some of our understanding and experience of the day.

Choice:

Activities

- Support staff are aware that to engage with a resident while they are watching a film will distract them from the film. Staff may well avoid interrupting a resident's concentration when they are focused on an activity.
- Support staff are aware that when focusing on an individual in the home they need to consider reactions and responses from other residents that may occur at the time of the interaction or indeed after the Support staff has left the room. When staff interact they have to be able to follow through with time and commitment otherwise it causes frustration and distraction to the resident.
- On the day of the visit we can say that: 1 resident went out to town on his own for a large part of the day this person has the ability to do this. 1 resident went to town for coffee on their own using the bus this person has the ability to do this. 1 resident went out shopping with support and got fish and chips to eat on their arrival home. 1 resident interacted with his bricks, this is an achievement for this person to do this without support, (Support would have been to make the activity available). 1 resident choose to have a lie in.

Food and drink

- Residents have risk assessments that ensure their safety, due to the nature of a communal kitchen it is assessed that items such as the Kettle, toaster, are locked in the kitchen cupboard because a resident would make use of the items in an uncontrolled and dangerous manner at risk of themselves and others. This is a serious situation that cannot be underestimated. Support staff coach and support the making of drinks with residents who have the ability to do this with support.
- Residents with domestic skills are offered baking as a cooking activity, Can prep food for meals, make cups of tea, wash up, use the hoover and deal with their own laundry.

Involvement of family and friends

- Any family member can book in advance to have a meal at the home. Often family members meet out in the community for a meal; we can provide support for those who need it. When family visits occur we like to offer drinks and biscuits.

Routine and personal space

- Some residents are encouraged to tidy their rooms, clean items, sort out their laundry. Residents of all abilities do some tasks that help support their own independence.

Dignity and Respect:

Personal privacy

- It is felt that the resident may not have understood the question regarding knocking on doors. A culture of knocking on doors is within the home by staff. When we work with adults with learning disabilities communication is an area that can be complex. Residents can understand a great deal but it is a feel of the topic often rather than a specific understanding of a question. We use objects of reference, repeat words, try different words until we are sure we have an understanding this can take a long time. With

communication such as health visits, social work visits, support staff are essential to gain a clear picture of an issue.

Supporting individuals and recognising an individual's needs

- At times when work ensuring the environment, finances, personal care and passing on essential information is a priority interaction will be low key so as not to distract residents. When staff interact they have to be able to follow through with time and commitment otherwise it causes frustration and distraction to the resident.

Additional Findings

- We have had meetings with residents, family, advocates and friends about the changeover to Sanctuary supported living. All residents and families have been involved in choosing the type of flat they would like, how many people they would like to share with. They have filled in easy read booklets with their families and advocates or key workers that ask what specialist equipment they may need. This work has been done, however it is important not to bring up issues that are not about to be achieved as it causes anxiety for residents or does not make sense.

The Manager has also provided the following response to Healthwatch Shropshire's recommendations:

We recommend a review of the activities programme to include a range of activities both in and outside the home to encourage interaction between residents and staff both 1 to 1 and in groups.

Review ongoing work 1st draft to be completed by 31st May 2016.

Each resident will have a form that presents what activities they do on a regular basis and what activities are arranged for the future so that the resident is aware what is coming up for them.

Activities that residents regularly do are: local shopping, Shrewsbury town visits, Birmingham, Oswestry, Ellesmere, holidays, parties, and theatres. Day trips to animal parks, sea life, Monkey World, gardens. Residents have been to local shows, musicals, circuses and community group activity sessions. Gardening clubs, community clubs, The Hive and Butter Market, football, art activities have been accessed. Variety entertainments have been invited into the home for special events. Small animal experience visited the home, ballroom dancers, discos and singers.

Consider introducing activities to help residents prepare for living more independently when they move to the new home.

Hoovering, cleaning personal items of meaning. Food preparation, joining in with baking, washing up, filling the dishwasher. Taking clothes to the laundry, choosing new menu items. Shopping for snacks and food.

This will be done by all staff by 31st May 2016.

Ensure that all staff are aware of the importance of dignity, respect and confidentiality when dealing with sensitive personal situations, e.g. soiled clothes.

All staff led by senior managers to discuss issues raised; challenge each other respectfully on what we say, how we say it and how it can be interpreted. Check training in areas of communication.

To be completed by 31st May 2016.

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users 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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