

Engagement (Enter and View)

Visit Report - The Firs

Service Address: 105 Habberley Road, Kidderminster, DY11 5PW

CQC Registered Provider: Rebjon Care Limited

CQC Registered Manager: Michelle Westhead

Date and Time of Visit: Thursday 3rd December 2015, 10a.m. - 12p.m.

Healthwatch Worcestershire (HWW) Contact: Felicity Jones

HWW Authorised Representatives: Felicity Jones, Alan Richens and Janet Stephen

Report Approved by HWW: 19th February 2016



Acknowledgments

Healthwatch Worcestershire would like to thank the residents and staff at The Firs 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, showing us around 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 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 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-centered 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-centered 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?

The Firs provides accommodation and personal care for a maximum of 26 people, all of whom 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. The Firs holds 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 The Firs 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.

During our visit we saw all of the communal areas at The Firs, including two residents' lounges, the conservatory, the quiet room, the dining area and garden. We also saw two residents' bedrooms accompanied by the Activities Co-ordinator and a hallway that had been adapted into a library area. Three residents are unable to leave their rooms due to health reasons.

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 Manager and Activities Coordinator and had structured conversations with 6 residents who had given consent, and spoke informally with other residents who were present.

The majority of the information we gathered came from discussion with staff, observing what was going on and general discussion with the resident group.

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

The Firs were given an opportunity to comment on the final draft of this report and provide a response before it was published - see Section 6 for The Firs response to our recommendations.

4. What were the main things we found out?

- During our visit we saw staff at The Firs engaging in a warm and compassionate way with the residents.
- We observed how activities are personalised to meet the needs of individual residents.
- We saw a large variety of resources available to residents throughout the home, including rummage boxes, wall displays and sensory resources.
- Staff told us how some residents take part in the kitchen, laundry room and other areas of the home helping residents continue to do what they can and what they did at home.
- We saw different areas which have been created based on the individual needs of residents. These include a library area, a quiet room, a conservatory where many activities take place and a large accessible garden.
- Staff told us about the day trips they take with residents to the surrounding area, tea rooms and shops using their mini bus.
- We saw photographs of residents taking part in activities and trips displayed throughout the home.

5. Our findings and recommendations

Interaction between staff and residents

During our visit we observed many interactions between staff and residents. We saw staff spending time with the residents individually and in small groups. We observed staff treating residents with respect. Staff used residents' names and showed understanding of individual residents' likes, dislikes and needs.

We saw staff spending one to one time with residents. We observed one member of staff sitting with a resident looking at a 1960's book together laughing and reminiscing.

There were staff throughout all the communal areas of the home engaging with and spending time with residents. We saw staff stopping to support residents or interact with them as they passed through the communal areas. We observed one member of staff collecting the tea and coffee cups calling each resident by their name and chatting as they went along.

We observed interactions between staff and residents who are unable to leave their rooms due to health reasons. We saw the member of staff using touch and affection and the residents responding with a smile and reaching out for the staff member.

We observed staff supporting and encouraging residents when they were having difficulty taking part in an activity and when residents couldn't reach or needed support moving from one area to another.

The staff at The Firs do not wear uniform but do use name badges so that visitors and residents can identify them.

We were told that each resident has an About Me board. We saw examples of these boards which give details about individual likes and dislikes, needs and preferences. We were told that these boards are updated and changed to reflect the needs of the residents.

Activities

During our visit we observed residents engaged in meaningful activity that was appropriate for them. It was clear from talking to staff and making observations that whilst there is a programme of activities, each resident's individual needs and preferences are taken into account during group activities and when staff are spending one to one time with residents.

Staff told us that they remove perceived barriers to taking part in activities for those who need to stay in their beds by taking the activity to them and adapting it. We were told that during beach day when the residents had fish and chips out of newspaper, staff took meals to them. When they hold jumble sales staff take a tray of items into their bedrooms for them to choose

from. Staff told us about the kind of things they do with the residents who stay in their rooms. These include massage, foot spas and other sensory and therapeutic activities.

During our visit we observed residents taking part in a range of activities. We saw some residents taking part in arts and craft activities who were being supported and encouraged by a volunteer and other staff members. One resident was making a birthday card for her daughter.

During our visit we observed a number of residents taking part in a singing and dancing activity, where the home had arranged for someone to come in to perform. Many of the residents requested songs and were singing and dancing to the music. We saw staff encouraging the residents to take part and dancing with the residents. We observed staff supporting those residents who were not able to get up and dance to take part sitting down.

We observed residents who were experiencing a later stage of dementia taking part in meaningful activity supported by a member of staff. We saw one resident looking through a box of jewellery and the staff member talking about the items in the box. We saw a member of staff gently touch and talk to a resident who appeared to be asleep cuddling a doll. Another resident had a wheat sack which they were touching whilst listening to music.

Two residents told us they enjoy laying the tables for meal times and later on we observed this. One resident who in his working life was a bus driver told us he painted the bus stop in the garden, we also saw a photograph of this. We were told by staff that many of the residents get involved in day to day activities like polishing and gardening.

Resources and Environment

The Firs is a small but busy environment with a large amount of resources available to residents. During our visit we observed a number of residents using the resources available with staff often providing support or just being with the residents.

The resources available to residents are appropriate and have the individual needs of residents in mind. We saw residents looking at books, using rummage boxes and also looking at residents' photos and art work on the walls.

During our visit we looked around the garden, which was funded after achieving the Dementia Care Standard. The garden is a large accessible area designed around the needs of the residents. It is a stimulating space where residents can spend time sitting and enjoying the surroundings. The garden has a number of chimes, bird feeders and other garden ornaments including a swing ball set. There is a caravan which residents can go inside. We saw a photo of some residents having afternoon tea inside the caravan. There is a shed with tools, a van and a sweet shop. Two residents told us they enjoy working on the van in the garden.

The home has made use of the space available. One walkway has been made into a 'library' with a couple of chairs, some books and book print wallpaper. We were told one or two of the residents use it as a quiet area. We were shown a small quiet room for residents to use, which had an old fashioned radio and television and some seating. There is a room for the residents to have their hair done, the hairdresser was there during our visit.

During our visit two residents said they would like to be able to go upstairs to their rooms without having to ask permission. We were not told why residents need to ask permission, but a separate comment by a member of staff suggests that the fairly steep staircase, made narrower by a stair lift, might present a safety issue. The Firs may consider how they can make the upstairs bedrooms more accessible so that residents do not have to ask each time they wish to go to their room.

During our visit we were shown two bedrooms of residents who are unable to leave their rooms. The rooms had personal belongings close to the residents. One resident had a lot of postcards in their room and smiled when we talked about them. Another resident had coloured lights in their room. We observed a member of staff putting a chocolate button on the residents tongue, the resident smiled and reached out for the member of staff.

HWW recommendations

The Firs may consider

- **Making the quiet room more attractive to residents due to the very busy nature of the home**
- **How they might safely support residents in making tea and coffee for themselves. Some residents told us they would like to be able to make their own tea and coffee.**
- **How they might be more flexible in the morning giving the residents choice in what time they get up. Two residents told us they would like to get up later.**

Involvement of relatives and the local community

The Firs has involvement from friends and relatives and the wider community. We were told relatives meetings are held four times a year. Friends and family also take part in activities.

We were told that there is a residents meeting held once a month giving residents the opportunity to feedback what they like and don't like and make suggestions. We were told some residents choose to attend the funeral of a fellow resident and that staff will arrange and support this.

The Firs has one volunteer who attends twice a week to take part in activities with residents. We were told that when the new garden was opened the Mayor and police also attended. We also saw pictures of this.

5. Service Provider Response to HWW recommendations

Making the quiet room more attractive to residents due to the very busy nature of the home

In response to this on the day of your visit the quiet room was not in use due to Christmas presents and decorations being in there. It is now cleared and is a quiet, calming and relaxing room for residents and their families to enjoy.

How they might safely support residents in making tea and coffee for themselves

All residents that are able, are given the opportunity, if they wish, to make themselves drinks. All residents would require close supervision to enable them to do this, and to ensure they are safe. The kitchen is very busy preparing meals. Some residents enjoy having a pot of tea and are able to serve themselves.

How they might be more flexible in the morning giving the residents choice in what time they get up

All of our residents are given choice on when they wish to arise and retire to bed. However, due to their dementia and complex needs, some residents do become disorientated as to the time of day. All our residents are treated as individuals and are given choice. Dignity and respect is at the heart of what we do.

How we can make the upstairs bedrooms more accessible so that residents do not have to ask each time they wish to go to their room

Due to residents safety all residents require supervision to access upstairs. Risk assessments are in place with family's agreements. We have to have the safety gate across the bottom of the stairs to ensure the safety of our residents. Due to their dementia they lack insight in to the dangers.