

# Engagement (Enter and View) Visit Report - Wayside Care Home

**Service Address:** 25 New Road, Bromsgrove, B60 2JQ

**CQC Registered Provider:** Wayside Care Limited

**CQC Registered Manager:** Jane Pugh

**Date and Time of Visit:** Wednesday 7<sup>th</sup> October 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:** 8<sup>th</sup> January 2016



## Acknowledgments

Healthwatch Worcestershire would like to thank the residents, relatives and staff at Wayside 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 and Director, 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”<sup>1</sup>

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

---

<sup>1</sup> 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 concerned<sup>2</sup>.

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 Standard<sup>3</sup> 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 respect<sup>4</sup>. 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?

Wayside provides accommodation and personal care for a maximum of 30 people, some of whom may have dementia related illnesses. Wayside, 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.

Wayside is currently working towards the Residential Dementia Service Standard.

This was an announced Enter and View visit. We spoke with the Manager and Director prior to the visit to explain about Enter and View, and what we intended to do, this was confirmed in a letter. We asked Wayside 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.

---

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

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

<sup>4</sup> Alzheimers Society.

Wayside told us in advance of a few residents who they felt 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.

The majority of the visit took place in the two communal lounges and the conservatory. We had a tour of all of the communal rooms and areas in the home. Many of the residents remained in their rooms during our visit.

The visit was informal. We spoke with the Manager, Activities Coordinator, 2 relatives, had structured conversations with 5 residents who had given consent and spoke informally with other residents who were present. We also received by post a survey completed by a relative. A Director from Wayside Care had also arranged to be at the home when the visit took place and we chatted to him informally about the purpose of our visit. 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.

Wayside was given an opportunity to comment on this report and provide a response before it was published - see Section 7 for Wayside's response to our recommendations.

#### 4. What were the main things we found out?

- Residents and relatives that we spoke to told us they were happy with the care they received and the activities available.
- We were told about a range of group activities that take place throughout the week at the home.
- We saw the Activities Coordinator speaking and engaging with some of the residents on an individual basis and were told about how activities are planned and evaluated.
- There were however, quite long periods during our visit when residents in the main lounge did not receive any interaction from staff.
- We were told that they are currently developing their understanding of engaging with residents with dementia, by working towards the Dementia Service Standard.
- We saw there are opportunities to use this learning to increase the resources available and create an environment within the communal areas that would increase engagement, interaction and stimulation for residents, especially those living with dementia.

## 5. Our findings and recommendations

### Interaction between staff and residents

During our visit we observed staff talking with residents in a cheerful way in order to carry out the tasks they were engaged in, such as moving the residents into seats in the lounges or providing drinks. The residents and the relatives we spoke to told us they were happy with the care they received at the home. The Activity Coordinator was engaging residents in conversations and playing a game of dominoes with one resident.

During our visit, when care staff were engaged in carrying out tasks, such as moving residents and seeing to other residents in their rooms, we observed that residents sitting in the lounges received little interaction. We did not see any members of staff other than the Activities Coordinator simply spending time with residents or encouraging them to engage in meaningful activities. However the Manager told us that she does encourage staff to sit and chat to residents over a cup of tea where possible.

We observed that many residents required hoists and high levels of support to move around the home and that this therefore required quite a bit of staff time and may limit how easy it is to gather residents together to take part in an activity or spontaneously engage with a few residents at a time.

We were also told that many residents preferred to sit in a familiar chair or position in communal areas. In the larger lounge seats were arranged around the edge of room, which may make it more difficult for residents to communicate with each other or for staff to engage a small group.

### HWW recommendations

#### Wayside could consider whether-

- **Making changes to the layout of the seating in the main lounge would enable increased opportunities for interaction between residents and staff.**

### Activities

There was a timetable for planned activities displayed on the notice board in the hall. This showed a variety of activities including: bingo, Pictionary, cooking club, floor games, ball games, sewing club, flower arranging, exercise, music, word search competition and quiz.

The Activity Coordinator and the Manager told us that they recognised the importance of identifying appropriate activities for each individual and that for many this may be time spent on a one to one basis rather than structured group activities. The Activity Coordinator told us that she tried to allow as much time as possible to spend with residents on a one-to-one basis. She told us she would try and visit each resident in their room each day and had two sessions a week to carry out activities on a one-to-one basis in residents' rooms.

The Activity Coordinator told us that each resident had About Me books, which gave information about past history and hobbies. She had also left exercise books in the residents' rooms for relatives to add any information they felt would be helpful. She explained that working as a carer in the home prior to taking on the role of Activities Coordinator had helped her to get to know the residents individually and build a rapport with them and their relatives. A record of all activities carried out, together with an evaluation of how each resident engaged in the activity was kept by the Activity Coordinator in a central folder.

The Activity Coordinator told us that she adapted activities to make them appropriate for those with dementia. For example simplifying craft activities for one resident who likes to be able to hold and feel things, such as wool. She told us she also uses music therapy to engage residents with dementia, through memories of songs and encourages residents to be more active by doing exercises to music.

The Manager told us that working towards the Dementia Standard was helping them to consider use of resources such as dolls for residents to care for and cuddly toys as sensory and calming objects. The home was mindful that these do not to appear patronising or childish.

We were told that care staff did spend some time painting residents' nails and chatting where possible. However, our observations and discussions with staff suggest that staff capacity and availability to spend time engaging residents in activities, other than the Activity Coordinator, may be limited.

We were not told about opportunities for residents to assist in day to day tasks around the home. We were told that this may be difficult due to safety aspects. One resident told us this is something they would like to be able to do.

### HWW recommendations

#### Wayside could consider whether-

- It is possible to plan increased time for care staff to engage with residents across the day.
- They can incorporate learning around dementia to provide different activities and ways of adapting activities to engage people with dementia. Including, as discussed, incorporating the use of resources, such as cuddly toys, in a sensitive way.
- There are opportunities for residents to assist with day to day tasks around the home and how activities may be adapted to enable residents to participate in a way that is appropriate and safe for them.

## Resources and environment

A room had been turned into a hairdressing salon, with chairs, basin, hairdryer and equipment. This enabled residents to visit the hairdresser each week. We were told by staff and one of the residents and a relative that visiting the salon and having their hair done is something that the residents greatly enjoy.

We observed magazines, books and board games in the communal areas. We were told that magazines were brought in from home by staff. In the dining room there was a large calendar display showing the seasons and the weather. There were lots of bright colours used in the main lounge. There was a fish tank in the small quiet area off the main lounge and we noted lava lamps, although they were not turned on. There were pictures on some walls, such as pictures of old film stars and vinyl records on the wall in one of the lounges. There were two televisions on during our visit. One had the sound turned off and we did not observe residents watching either of the televisions.

One resident told us that they had a favourite spot to sit in the communal area, as it gave a good view of the garden and the comings and goings in the home.

There were two outdoor spaces at the home, a garden and a patio area, which we were told residents enjoyed using to sit out in when the weather was nice. However there were limited positions within the main lounge that enabled residents to look out into the garden.

During our visit we did not observe any other sensory objects or tactile resources available to engage residents with dementia. The Activity Coordinator told us that they do have some resources, such as dolls, sensory balls and picture cards that she uses.

## HWW recommendations

### Wayside could consider whether-

- Further resources to engage residents, such as tactile resources, can be made available in communal areas or in other ways that make them easy for residents to access
- The use of sensory and visual resources, involving lights and colours could be used in communal areas to engage residents with dementia and provide stimulation, especially when they are sitting on their own.
- Local newspapers (such as local free papers) could be made available to help keep people in touch with local news
- There is scope to create any spaces focussing on topics or areas of interest to the residents, as a way of initiating and engaging discussion and meaningful activity.
- Using more photographs, or possibly technology such as iPads, around the home to help remind residents of special occasions and happy memories.



- The layout of the seating could be altered to provide increased opportunities for interaction between residents and to view the garden
- More wildlife could be encouraged into the garden and the area developed to enable activities such as gardening.

## Involvement of relatives and the local community

We were told that Wayside organises events and celebrations to mark occasions such as bonfire night and Halloween and that relatives are invited to join in. The manager told us they also invite relatives to join them for meals on days such as Mothers' Day and Christmas Day.

The visitors we spoke to said that staff talk to them about their relative and their likes and hobbies and they feel able to approach them to discuss things.

They recently held a MacMillan coffee morning and are hoping that they will soon be having weekly visits from a local Church. The home has links with Bromsgrove School and their Choir visits the home to perform at Christmas. A local GP makes a weekly visit to the home to see residents and makes additional visits to the home when needed.

At present opportunities to take residents to get involved in activities outside the home are limited to occasional trips on an individual basis. This is due to mobility issues meaning that they need to be pushed in a wheelchair, as they do not have any transport. Also that there is insufficient staff capacity to take residents out in groups. We were told that they are looking at the process for getting consent from relatives to take residents out, to enable them to take opportunities as they arise to take people out.

The Activity Coordinator told us she would like to be able to take residents out more, for example to the pub for a meal or to Webbs, a local garden centre and is looking at how they could raise some money to enable this.

The Manager told us that she felt the biggest barrier to providing activities within the home was capacity of staff to leave their duties at the home to accompany other residents on trips out of the home. They were considering how they could engage volunteers to help with this.

## HWW recommendations

### Wayside could consider whether-

- They could use volunteers to increase the opportunities to take residents out of the home

## 6. Additional findings related to other services

None

## 7. Wayside response to HWW recommendations

### Interaction between staff and residents

- Seating - We have tried to rearrange the seating, but residents did not like it and complained as they like to sit in the same area

### Activities

- We do try to plan for care staff to engage with residents and this is normally in the afternoons when it is less busy
- I am hopeful that when staff have undergone their dementia training we will be using more resources and plan to begin this process
- It is difficult for residents to assist in day to day tasks as many of them are quite unsteady but I am more than happy to look at this in more detail

### Resources and environment

- We do have lights and these have been moved into the main lounge to offer extra stimulation
- We do have local free papers delivered for the residents and these are taken into the lounge daily
- We can certainly look at creating area of interest for the residents
- Each resident has a memory box with their photographs in and these are used to stimulate discussion
- We do have an area of garden that residents plant flowers in but this is more of a summer activity. The residents also planted a lot of the summer bedding plants this year
- We do have bird tables in the garden and we also have a lot of squirrels in the trees

### Involvement of relatives and the local community

- We have recently recruited 2 volunteers who come on a Thursday morning and have also made contact with schools locally to see if any of their sixth formers would be interested in volunteering.