

Engagement (Enter and View) Visit Report - The Willows

Service Address: The Willows, 2 Tower Road, Barbourne, Worcester, WR3 7F.

CQC Registered Provider: The Willows Care Home (Worcester) Ltd

CQC Registered Manager: Lisa Murphy (at time of Visit)

Date and Time of Visit: 22nd September (10.00am - 12.30pm)

Healthwatch Worcestershire (HWW) Contact: John Taylor

HWW Authorised Representatives: Felicity Jones; Sylvia Dyke

Report Approved by HWW: 19th February 2016



Acknowledgments

Healthwatch Worcestershire would like to thank the residents and staff at The Willows 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 round 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 care home settings. We understand that all of the settings we visit 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

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

to day 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?

The Willows provides accommodation and personal care for a maximum of 16 older 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. The Willows currently does not have the Worcestershire Residential Dementia Service Standard, although both the manager and senior staff are signed up to a current training programme connected with this 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 Manager 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. We noted that several posters were displayed prominently around the home.

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

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

Dementia Care Standard and our training, to help us to interpret our observations about meaningful activities.

The Manager provided us in advance with the names of people who had given their informed consent to talking with us. We also asked for and were given information about activities provided at The Willows.

On arrival at the home there were leaflets about our visit clearly displayed for residents and visitors. We had sent in advance questionnaires for residents/relatives to complete; however, we did not receive any feedback via these forms.

Our visit was mostly based in the main communal lounge area of the home, where several residents were present at different times, and also in the adjoining dining-room. Some residents remained in their rooms during our visit (either through choice or illness); there were no family members or visitors in the home during our engagement visit.

The visit was as informal and relaxed as possible, with staff and residents being welcoming and open. We spoke formally with the Care Manager, the Activities Coordinator and one staff member, and had structured conversations with 5 residents who had given consent. We also spoke informally with other residents and staff who were present during the visit.

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

4. What were the main things we found out?

- The atmosphere in the home appeared relaxed and welcoming, with positive relationships apparent between residents and staff, and also among the resident group
- We observed positive interactions between residents and staff, with relaxed and respectful attitudes
- Residents told us that staff had asked them what they like to do. Generally staff were aware of residents' likes and dislikes, and helped them to participate in most things they wanted to; some residents indicated that they would like to be involved in daily activities such as setting tables, but felt that they were discouraged from doing so, though the reasons behind their understanding of the situation were not clear
- We observed during our visit that most residents in the lounge area were engaged with a meaningful activity of some sort for periods of time. These were largely group activities which the majority of residents appeared to enjoy. There appeared to be lively bursts of conversation throughout the morning and positive interactions between residents and staff members

- We were told that individual needs were catered for wherever possible - examples given included a resident going to the local park with a staff member and a resident enabled to go shopping. Some residents expressed a wish that they would be able to do more things on their own/with individual support
- The Manager told us that, while she accepts overall responsibility for the operation of the home, including activities, an Activities Co-ordinator has recently been appointed and thus carries day-to-day responsibility for implementing a comprehensive programme. She also told us that all staff members have a responsibility for engaging residents in meaningful activities.
- We were told that the care plans covered aspects such as life histories, interests and hobbies, and they are used as 'living documents', being added to as the home gets to know better the individual
- Staff we spoke to demonstrated a good understanding of residents' needs, and expressed positive attitudes about the individuals living in the home
- We saw that there was a range of resources available to residents in the lounge area; the use of these resources appeared to be instigated by staff rather than residents themselves during our visit
- We understand that there is currently one volunteer involved at the Willows, and we were told that contact had been made recently with Worcester Volunteer Centre to explore the possibilities of identifying further volunteers
- Residents with whom we spoke in turn spoke well of the staff group generally
- There were several positive comments about food and the meals provided
- Several people commented that sometimes they had to wait when they required staff help because staff were busy with other residents or tasks; this was reported as a factual comment rather than a concern
- During our morning visit there appeared to be a good staff: resident ratio, though it was acknowledged that other times of the day there could be less availability
- The Activities Co-ordinator confirmed that she was getting to know the individual interests and likes of residents and that she envisaged being able to cater for their individual preferences even more in the future
- We were told that several residents go out with relatives/family members on a regular basis, with friends also visiting and taking residents out to the local park and on shopping trips
- Staff members reported that they enjoyed working with residents, respecting their wishes about when and what they wanted to do, and seeking to be flexible in their approach whenever possible
- The manager talked of tailoring activities to individuals, seizing opportunities when they presented themselves ('butterfly moments'), and wherever possible working routines around the residents.
- We were told that the home operates an open door policy, whereby they encourage input/comments from relatives and friends, visitors can join in with meals and there are few restrictions in terms of visiting or taking people out
- Photographs were shown demonstrating a range of craft activities, dressing up sessions and an afternoon when a visiting relative brought a couple of horses into the garden!

5. Our findings and recommendations

Interaction between staff and residents

Interaction between staff and residents that we observed appeared to be respectful, with quite a lot of laughter and affection apparent both in the language used and the nature of the relationships. We were told that the emphasis was on person-centred care and there was evidence of this in the way that staff responded to individuals and sought to engage them in particular activities, recognising and responding to personal choices.

There was considerable coming and going of staff and residents in the communal areas of the home, with relaxed conversations taking place and what seemed to be gentle banter being enjoyed by those present. We were told that the home seeks to be flexible in providing for the interests and needs of residents, recognising that it can be difficult if activity programmes are too structured, and preferring to be opportunistic by responding to residents' views and preferences at any given time. Activities such as dominoes and baking are offered and individual attention is encouraged on occasion.

The Activities Co-ordinator had been in post only a matter of weeks at the time of our visit, and she indicated that she was trying to spend individual time with residents to understand their personal preferences. She also confirmed that she is reviewing the range of interests and activities on offer.

Comments were made to us about the possibility of being able to go swimming/out to the park or shops, with a sense from some people that these options were not readily available. Staff from the home indicated that they would wish to respond positively to residents' wishes, though sometimes aspects such as staffing levels or residents being unwell did restrict the options.

Activities

There appeared to be a good selection of resources, such as puzzles, jigsaws, CDs, artwork, games and rummage boxes. There were also skittles and hoops available to residents. A music system was located in the lounge and was in use during our visit. This room appeared to be the hub of the home, with different conversations taking place, the nails of female residents being done and an activity of 'catch-ball' being undertaken with some residents.

As mentioned elsewhere in this report the home encourages residents to engage as appropriate in activities such as dominoes and baking, but also has exercise sessions, pampering sessions and gardening available in the better weather. We were told that library books are brought into the home on a quarterly basis, communion is held in the home monthly, pet therapy visits occur regularly and there are occasions when entertainers are brought into the home.

We were told that a residents' meeting is held approximately every two months and they tend to be quite lively sessions.

HWW recommendations

The Willows could consider-

- Providing more opportunities for individual attention and interests (one-on-one interactions)
- Encouraging residents where appropriate to maintain outside interests/activities they previously engaged in before moving into the home
- The involvement of more volunteers with specific residents so they can go out of the home for walks, shopping trips, etc.
- Spreading games and activities around in communal areas of the home so that they are easy to see, rather than being 'tidied away'
- Enabling residents who wish to (and can do so safely) to participate in daily routines such as setting tables and general household routines

Resources and Environment

On arrival we noted that The Willows had scaffolding surrounding the building, which we were told had been in place for some weeks as work was undertaken to replace the roof. This work had proved to be a great source of interest to the residents as they watched the workmen and engaged in the occasional conversation.

The home recently had taken possession of a new pre-fabricated office block, which had been craned into the back garden and positioned just outside the rear entrance. This event again had been a source of interest to residents and apparently was still talked about by some of the residents.

The main lounge was furnished pleasantly and laid out thoughtfully so that a large space was broken up to provide more intimate areas, thus providing the opportunity to engage in activities/discussion beyond the television. The dining room was also available for residents to use if they wished to do so.

There was a pleasant outdoor area and small enclosed garden which is available to the residents, we were told that some residents enjoy sitting in the garden when it is sufficiently warm, and that at least one person gets involved in planting bulbs.

It was noted that all of the external doors - with the exception of those leading directly into the back garden - had keypads fitted, which essentially meant that residents had to seek staff help if they wished to leave the building. While it is recognised that there may be safety issues involved for those residents who might not cope well with open access, it does mean that there is a blanket policy in place that does not necessarily suit everyone.

HWW recommendations

The Willows could consider-

- Reviewing the arrangements of locking external doors, thereby making it easier for able residents to leave the building without seeking staff help; this could be done on an individual basis to ensure appropriate safety and capacity issues are taken into account

Involvement of relatives and the local community

It was not altogether clear how much involvement the home has currently with the local community, beyond monthly church services and some visits to the local park and shops. However, we were told that consideration is being given to extending links locally, although no firm plans have been developed as yet.

We were told that relatives are welcome to visit the home without any significant restrictions regarding times, other than to respect mealtimes and avoid late evenings where possible, so that consideration is given to the resident group. There did not appear to be any formal mechanisms in place to consult with relatives about their experiences of the home and/or of the care received by their relatives in the home.

HWW recommendations

The Willows could consider-

- Ways of engaging more effectively with relatives and seeking their views of the care provided
- Improving links with the local community so that there is greater interaction potential between the home's residents and

6. Service Provider Response to HWW recommendations

We received the following response from the new manager of The Willows, who was not in post at the time of our visit:

“I have received the report. We have had an inspection which I am hoping to make major improvements on clients' well-being. Especially around meaningful activities. And giving the home a person centered feel.”