

Engagement (Enter and View)

Visit Report - The Haven

Service Address: The Haven Residential Care Home, 218 Worcester Road, Droitwich, Worcester, WR9 8AY

CQC Registered Provider: Simon Greaves

CQC Registered Manager: Claire Rosser

Date and Time of Visit: Tuesday 20th January 2015, 10 a.m. - 12 noon

HWW Contact: Margaret Reilly

HWW Authorised Representatives: Margaret Reilly, Alan Richens and John Taylor

Report approved by HWW: 8th May 2015



Acknowledgments

Healthwatch Worcestershire would like to thank the residents and staff at The Haven Care Home 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 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 NOT an inspection, it is an engagement activity. We do not have access to individual care plans or other confidential information. It 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 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-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 respect. 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 Haven provides accommodation and personal care for a maximum of 17 people, some of whom may have a dementia related illnesses. The Haven, 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. The Haven does not currently hold the Worcestershire Residential Dementia Service Standard.

This was an announced Enter and View visit. We met with 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 Haven 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.

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

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.

Our visit was based in the main communal lounge area of the home, where 7 residents were present. Some of the other residents remained in their rooms during our visit (either through choice or illness), or had family members with them who were visiting in private.

The visit was informal. We spoke with the Activities Coordinator, 2 members of staff and had structured conversations with 2 residents who had given consent, and spoke informally with other residents who were present. A large proportion of the information was gathered by observing what was going on and noting what we saw.

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

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

4. What were the main things we found out?

- We observed positive interactions between residents and staff, with a relaxed and respectful atmosphere
- Residents we spoke to told us that staff had asked them what they like to do. Staff were aware of their likes and dislikes, and helped them to participate in things if they wanted to.
- We observed that during our visit most residents in the lounge area were engaged with a meaningful activity for a period of time. These were largely short, one to one activities which the residents appeared to enjoy
- We were sent a plan of organised activities that take place four days a week. We were told that these can change depending on resident's wishes.
- Although there was lots of chatting between staff and residents, and we saw staff engaging in some meaningful activity with residents, there appeared to us to be some missed opportunities to capitalise on short term, "butterfly moments" to engage with residents
- We saw that there were some resources to support meaningful activity in the communal lounge area. We did not see residents helping themselves to these. We did not notice any tactile boards or rummage boxes appropriate for people with dementia out in the communal area
- One volunteer is involved with The Haven

5. Our findings and recommendations

Interaction between staff and residents

We observed staff interacting in a positive and caring manner with residents. We observed very frequent interactions with residents as staff came and went, and a relaxed and respectful atmosphere. We observed that at one point during our visit one resident became tearful. This was quickly noticed by a member of staff, who helped them to leave the lounge. They returned a few minutes later with the resident no longer distressed. Staff used humour and touch to engage with and reassure residents.

Residents we spoke to spoke highly of staff.

We noticed that one resident had less interaction with staff than the majority of people, the person was at first asleep but later, once awake we observed the person speaking to themselves. We do not know if this is related to staff knowledge of this residents preferences.

Activities

The residents we spoke to told us that staff had asked them what they like to do and also made suggestions about things to do. These residents told us that staff were aware of their likes and dislikes, and helped them to participate in things if they wanted to.

The Haven sent us a plan of organised activities that take place on four days of the week. We were told that activities can change depending on resident's individual needs and wishes, and that although there are some whole group activities (ball games, quizzes) more often there are small group or one to one interactions. We were told by staff that it could be difficult to engage residents in meaningful activity. The Activities Coordinator showed us a folder of materials /ideas that she uses to help plan organised activities. We were told that residents meetings are held fortnightly and activities are one of the topics discussed at the meeting.

During our visit most residents in the lounge area were engaged with a meaningful activity for a period of time. These were largely short, one to one activities which the residents appeared to enjoy.

We observed one to one hand / hand and face massage being offered and given to 3 residents, which they appeared to really enjoy. Hairdressing sessions were being offered to and appeared to be enjoyed by several residents. Two of the residents were looking at magazines, they appeared to be interested in them. The Activities Coordinator introduced a game of dominoes to one resident, with constant dialogue and encouragement. Another resident had shown interest, and was later happily absorbed with moving and touching the tiles on their own.

We noticed that a number of the female residents had their nails painted. Staff told us that they offered and gave "pampering sessions" to the residents.

We were told that when a resident was asked what they would like to do one day they said that they wanted to visit Lyme Regis. This was not possible on the day, but instead the Activities Coordinator took the resident into town and got some brochures from the travel agents. Back at

the Haven they looked on the internet together at images of Lyme Regis, and the resident spoke of what interested them about the place.

We saw a resident helping to lay the tables for lunch, chatting to staff as she did so. Staff told us that some residents were involved with sweeping, wiping down tables, mopping, folding washing, undertaking tasks in the kitchen and decorating cakes / biscuits.

During our visit one resident was asked whether she would like to watch TV, and what programme she would like. The member of staff helped her to make a choice by naming the programme or describing what was being shown as they flicked through the channels together. Once the resident had chosen, the staff member moved away. The TV remained on with nobody watching, once the resident had lost interest in the programme shortly after.

We observed during our visit that one resident spent some time touching and stroking the carpet, another resident was stroking a soft blanket. They were not offered any alternative sensory or tactile resources to engage with.

We asked how activities were changed to suit each individual's needs, and in particular the needs of residents living with dementia. We were told that the Activities Coordinator assesses each individual, where possible talks to their relatives, and uses one to one sessions to try lots of options until the person's likes and dislikes are known. The Activities Coordinator told us that touch is important and also spending time with people, sitting and chatting; not letting people feel lonely and isolated. The Activities Coordinator gave examples of the sorts of things that individual residents liked to do. We were told that residents do not have personalised activity plans, so we do not know if this knowledge is widely shared. The Manager told us that information about activities, likes and dislikes is included in care plans and reviewed every 6 months. The Manager told us that the Activities Co-ordinator keeps a note of who has done what each day.

We were told that activities are mainly seen as the Activities Coordinator's responsibility, although the cook and housekeeping staff described how they involved residents in their work. Although there was lots of chatting between care staff and residents, and we saw care staff engaging in some meaningful activity with residents (e.g. providing a hand massage) there appeared to us to be some missed opportunities to capitalise on short term, "butterfly moments" to engage with residents.

HWW recommendations

The Haven could -

- Reassure themselves that sufficient meaningful activities appropriate to the person are available when the Activities Coordinator is not available during the week and at weekends, and that all staff are aware of individual residents' interests
- Reassure themselves that all staff are alert to potential "butterfly moments" - when the person may want to connect with others or engage with tactile or sensory resources appropriate to their needs, to provide stimulation or comfort

Resources and Environment

We observed that there were some resources to support meaningful activity in the communal lounge area. These included musical instruments; beach ball; skittles; wool and a pair of knitting needles; hairbrush, lotions and creams; and magazines.

We did not observe residents helping themselves to these resources.

We did not notice any tactile boards or rummage boxes appropriate for people with dementia out in the communal area, although rummage dressing up box was on the activities programme.

We did not see any daily or local newspapers in the communal lounge area. There was a clock in the room, but we did not notice a calendar displaying the day and date. We noticed that the magazines the residents were looking at were Christmas editions. We did not see any magazines that appeared to be targeted at men, although for most of our visit there were no male residents in the lounge area.

Music was playing in the background (through the wall mounted television) when we entered the lounge. The Activities Coordinator told us that a number of the residents liked listening to music.

HWW recommendations

The Haven could consider -

- Whether something that helps to remind people of what is happening in the present (day, date, year, weather, “on this day” or topical news) could be available in the lounge area
- Whether existing resources could be made more easily available for residents to choose to use them, (for example by putting them closer to residents) or appropriately introduced to individuals more frequently
- Whether additional tactile/sensory resources appropriate to the individual could be made easily available or introduced more frequently to residents, particularly those residents living with dementia

Involvement of relatives and the local community

We were told that relatives of residents had been asked about what people like to do and about their life histories. There is not currently a relatives group but this is something The Haven are thinking about doing. This could be useful in helping relatives to participate in meaningful activities with residents, or in providing further ideas and information.

We were told that the Activities Coordinator takes people on short trips, for example into town, the library or the pharmacy.

We were told that during the summer residents go out for walks, and use the garden area. We were told that a “music man” comes in to The Haven fortnightly (increased from monthly as a result of resident’s request).

One resident had expressed an interest in finding out more about family history. The Activities Coordinator had got in touch with a voluntary organisation in order to support this. This resident went out with the volunteer during our visit. When we spoke to the resident when they returned they said how much they enjoyed being supported to go out. This is the only volunteer involved with The Haven.

HWW recommendations

The Haven could consider-

- Whether there is potential to use more volunteers to support residents in pursuing their interests inside and outside of The Haven, and to forge more connections with the local area, particularly as we understand that Droitwich is working towards becoming a Dementia Friendly town.

6. The Haven's Response to HWW recommendations

After reading the draft report from Healthwatch Worcestershire we have come up with new ideas thanks to your recommendations.

We do understand that tactile boards and rummage boxes would be a good idea for sensory stimulation to be on display, as a lot of residents are not able to join in certain activities on a cognitive level. Rummage boxes are kept in the activities room. We have come up with a plan to get an activities table to go in the small lounge. On display would be magazines, books, teddies, musical instruments, different fabrics, balls of wool and other items. We are currently having a tactile board made with bits and bobs attached like locks and keys, paintbrushes, ribbons, DIY items, jewellery and more.

It has been made clear to staff that 'Butterfly Moments' are important and just a short conversation, a hug or a gentle felt hand and bring much comfort.

When the Activities Coordinator is not available, the display table and board will be in use and staff will be encouraged to get the residents involved.

In each resident care plan we have added an activity bubble chart showing the things they used to like and what they like doing now.

We are also in the process of looking to buy an electric/manual big calendar to display in the big lounge to help residents realize the day/date/ and a weather chart.

A few years back there was a Dementia café held at Sacred Heart Parish Hall, which is a long the same road as The Haven. I have telephoned to see if this is still going on. There will be the last session held there on Wednesday 13th May 12.30-14.30 then the Dementia café will be moving to The Community Hall, Heritage Way which is in Droitwich Town Centre and is a car journey away which we can still attend with a Resident so we will be making use of the café.