

Engagement (Enter and View)

Visit Report - The Mill House

Service Address: Kington, Flyford Flavell, Worcestershire, WR7 4DG

CQC Registered Provider: Mr and Mrs A.W. Carroll

CQC Registered Manager: Carly Fletcher (Acting Manager)

Date and Time of Visit: Friday 6th February 2015, 10 a.m. - 12 noon

HWW Contact: Morag Edmondson

HWW Authorised Representatives: Morag Edmondson, Margaret Reilly & Janet Stephen

Report Approved by HWW: 8th May 2015



Acknowledgments

Healthwatch Worcestershire would like to thank the residents, relatives and staff at The Mill House 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 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 NOT an inspection, it is an engagement activity. 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”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 dementia 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 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?

The Mill House provides accommodation and personal care for a maximum of 31 people, some of whom may have dementia related illnesses. The Mill House, 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 Mill House has gained the 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 Mill House 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.

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 Mill House 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 Mill House.

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 Manager, the Care Manager, the Activities Coordinator, 2 members of staff and had structured conversations with 3 residents who had given consent, and spoke informally with other residents who were present. We attended a relatives meeting and spoke to 8 relatives as part of the meeting. 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.

The Mill House were given an opportunity to comment on the final draft of this report and provide a response before it was published - see Section 7 for The Mill House's response to our recommendations

4. What were the main things we found out?

- Residents and their relatives told us they were happy with the opportunities they have to engage in the home
- We were told about a wide variety of activities available to residents
- We saw personalised and meaningful interactions between staff and residents
- There was a large variety of resources available to be used to meaningfully engage residents
- Staff told us they appreciated the importance of identifying appropriate and individual ways of engaging residents and planning activities
- The layout and environment created within the home provided residents with opportunities to have stimulation and interaction
- We saw resources that showed use of structural approaches to planning meaningful activities for people living with dementia, including the Pool Activity Levels

5. Our findings and recommendations

Interaction between staff and residents

We observed staff engaging with residents in a personalised way. We saw them adapt the ways in which they approached and interacted with residents based on the individual. They used appropriate touch, affection and reassurance. A resident told us that staff knew their likes and dislikes.

There were staff in the main communal areas throughout the visit engaging residents in interaction. We observed staff regularly stopping to interact with residents who were not sat with others, as they passed by ensuring that these residents were not left without interaction for long periods of time.

We observed that there were a couple of residents sitting in a quieter lounge where staff were not always present. We were told by staff that staff came into the room on a regular basis.

Activities

We were told about a variety of activities available to the residents. Some of these were organised activities, such as outings on the mini bus, having entertainers and visits from Bella a therapeutic dog. Residents and their relatives told us they enjoyed these activities.

The Activity Coordinator told us that they went out as much as the weather allowed. In the winter this may be going on drives in the mini bus, such as to Pershore Abbey. We were told that residents had also enjoyed a drive to see the Boxing Day hunt and that in the summer they spent time in the garden and going for walks.

The Activity Coordinator explained that other than specific activities such as visits that needed to be planned in advance there was no specific schedule for activities and these were planned around what people wanted to do and the weather. She showed us a sheet with a variety of activities on, all with pictures, to help residents choose what they would like to do. She also showed us laminated cards for individual activities. These had the name of the activity and a picture on the front and a description of the activity on the back. As well as enabling residents to choose activities this also enabled all staff to carry out the different activities with residents.

The list of activities showed a variety of different activities including - photo printing, CD song sheet singing, sensory lights, Kindle reading, audio story tapes, bead threading, hand and nail therapy, armchair movement, balloon game and fish and chips in the cabin.

The Activity Coordinator showed us Chatterbox Cards, which she told were used to engage residents in conversations. These had a picture on the front and then facts and conversation questions on the back relating to the picture.

The Manager, Care Manager and Activity Coordinator explained that they used the Jackie Pool Activity Levels and showed us resources used to help identify and plan appropriate activities and ways of engaging residents with dementia. This includes simple sensory activities for those with more advanced dementia such as using taste and smell.

We observed an example of this with a resident who was not able to engage with others, being given very small amounts of chocolate to taste.

All the staff we spoke to were very clear that engaging residents in meaningful activities was the job of all staff, from the manager to the cook and cleaning staff. We were told that all staff including maintenance staff received dementia awareness training and that this enables them to understand how they could engage with residents and enable them to get involved in the tasks and roles they carried out. We were told of examples such as discussing how to carry out DIY and decorating tasks with residents or involving them with folding cloths. We were told residents can get involved in preparing and clearing away tables at meal times. We were told about the importance to residents of having their own roles and responsibilities and that one resident regularly did the sweeping up and another collected the cups at meal time.

The Activity Coordinator told us that it was her role to ensure everyone in the home fulfilled what they would like to do and that they are not bored. She said that she made sure she visited all the residents who preferred to stay in their rooms each day, so she could see what they would like to do.

We observed residents engaging with objects of interest. For example a member of staff was engaging residents with a toy dog on a lead. Another resident was holding a cuddly dog.

Resources and environment

The layout of the home meant that the communal areas flow into each other and allow people to move around between the areas. This meant that there were some areas that were quieter. All the communal areas were bright with lots of pictures and things to look at. The windows allowed residents to see outdoor areas.

In the garden they had rabbits and chickens. The building was designed to allow residents to have access to the garden whenever they wanted. There are raised flower beds to enable those in wheel chairs to be involved in gardening.

We saw individualised signs on residents' doors, with their name and a picture that reflected their interests.

On the wall there was a large display next to a large clock, showing the residents what the day and date was. Each day they displayed information about things that had happened on that date in the past, as a prompt for staff to use to initiate conversations.

One of the bookshelves had a dictionary as well as a selection of books. We were told that one of the residents had been a librarian and she liked to have a dictionary to hand.

The day's newspapers were available and one of the residents told us they liked to read the papers.

There was a sweetie trolley in the dining room that residents could help themselves to.

We saw a large variety of resources available to residents around the home. There were many items of interest and sensory and tactile objects that were in easy reach, which residents could

help themselves to. We saw a member of staff engage a resident in feeling the material on a wedding dress that was displayed. There was a large collection of handbags hanging on a wall and easy to access boxes of a variety of items. In one of the bathrooms there was a picture frame filled with different textures to feel. There was a patchwork panel on the wall that had been created by residents and staff.

The Manager and Care Manager explained to us that achieving the Residential Dementia Service Standard had helped them to think about the best ways to make tactile resources such as cuddly toys available to residents without creating an environment that appeared childish.

Although there were a lot of resources available and in easy reach, during our visit we only observed one member of staff encouraging a resident to engage with these resources. This may have been due to the timing and duration of the visit.

HWW recommendations **The Mill House could -**

- **Consider if there is any scope to increase the residents' use of the variety of sensory and tactile resources available.**

Involvement of relatives and the local community

We attended a relatives meeting in the cabin in the grounds of Mill House. The relatives told us they highly valued the opportunity to meet and support each other and that these meetings helped to develop good communication between staff and relatives.

They also told us they had been asked by staff about their relative's interests and likes and dislikes. They felt that they were able to make suggestions about things their relatives would like to do and that staff at Mill House were good at identifying appropriate activities for residents. Some said that their relatives were no longer able to do the activities they had before, for example painting and knitting. When talking to the Activities Coordinator, she explained how she adapted activities, for example a resident who was no longer able to knit herself enjoyed watching her knit and chatting about it.

We were told that relatives and friends were invited to events at the home and encouraged to join in activities. Staff told us that they also made sure that those without visitors or relatives attending these occasions did not feel left out.

The Care Manager gave us a copy of a detailed Getting to Know You communication sheet she is currently introducing. It has lots of questions for residents and their relatives to enable them to have a really good understanding of individuals, their likes and dislikes and their history.

We were told that residents attended events in the local community and the mini bus enabled them to do this and get out and about. They attend a local lunch club in Inkberrow. They are planning to visit local dementia cafes and a Singing for the Brain group.

We were told that the Mill House hold events such as Macmillan coffee mornings and that they receive local newsletters, newspapers and magazines to keep residents up to date on local news and events.

They had visits from a hairdresser and the local Vicar and Catholic Priest. Mill House also had a good relationship with the local GP surgery who visited the home. They also arranged for other health professionals to visit the home to carry out check-ups for hearing, sight and podiatry.

6. Additional findings related to other services

Staff at Mill House told us about difficulties associated with taking residents to hospital and other medical appointments. They said that many of their residents found it difficult if they needed to wait a long time for appointments. They suggested that it would be helpful if services could allocate first appointment times to patients with dementia to avoid the need for waiting.

Staff also told us about difficulties in accessing support from psychiatric nurses, in cases where urgent support was needed, but could not be accessed without a referral from the GP. Even in cases where they had been previously receiving support, but then been discharged. They said it would be helpful if they were able to have direct contact with the service in certain situations.

7. The Mill House response to HWW recommendations

We are very pleased with the report. The only comment is that all our service users have Dementia.