

Engagement (Enter and View) Visit Report - The Old Rectory

Service Address: Church Street, Tenbury Wells, Worcestershire, WR15 8BP

CQC Registered Provider: Chantry Retirement Homes Ltd

CQC Registered Manager: Maggie Hope

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

HWW Contact: Morag Edmondson

HWW Authorised Representatives: Morag Edmondson, Lizzie Robertson, David Eastwood and John Taylor

Report Approved by Healthwatch Worcestershire: 8th May 2015



Acknowledgments

Healthwatch Worcestershire would like to thank the residents, relatives and staff at The Old Rectory who gave us a warm welcome and spent time talking to us about their experiences of living, visiting 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. 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 Standard is used by Worcestershire County Council and the three Clinical Commissioning Groups³. 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 Old Rectory provides accommodation and personal care for a maximum of 28 people, some of whom may have a dementia related illnesses. The Old Rectory, 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 Old Rectory does not currently have the Residential Dementia Service Standard.

This was an announced Enter and View visit. We spoke 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 Old Rectory 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.

We asked for and were given information about activities provided at The Old Rectory. We asked The Old Rectory to provide us in advance with the names of people who had mental

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.

capacity and had given their informed consent to talking with us. We were given the names on arrival at The Old Rectory.

Our visit was based in two main communal lounge area of the home, where 11 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 Activities Coordinator, 2 members of staff, 5 relatives and had structured conversations with 5 residents who had given consent, and spoke informally with other residents who were present. 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 Old Rectory were given an opportunity to comment on the final draft of this report and provide a response before it was published - please see Section 6 for The Old Rectory's response to our recommendations

4. What were the main things we found out?

- We saw staff talking to residents in a friendly way that showed an understanding of their needs
- We were told about planned activities organised by the home that residents told us they enjoyed
- We were told about the ways activities were adapted for individuals
- Engaging residents in meaningful activity was not viewed as something that all staff were responsible for. This was seen as the responsibility of the two staff whose roles are specifically around activities.
- Opportunities for residents to get involved in tasks around the home is limited
- During our visit there were periods where residents were not engaged in activity or did not receive any interaction other than to receive care
- We saw limited resources to encourage engagement and interaction and did not see any sensory or tactile resources

5. Our findings and recommendations

Interaction between staff and residents

We observed staff talking to residents in a friendly way that showed an understanding of their needs, when providing care. Residents were all offered a drink. One resident was assisted to help themselves to a drink. We observed staff using touch appropriately when assisting residents. Staff used an appropriate volume when communicating with residents.

The Activity Coordinator initiated singing with the residents in one of the lounges, which two of the residents joined in with and enjoyed. During this engagement we observed the rapport between the Activity Coordinator and the residents joining in. The Activity Coordinator also engaged a few of the residents in conversations about wool and their knitting.

During our visit there was limited interaction between staff and residents other than to provide care. We did not observe staff taking advantage of potential opportunities to engage residents in activity or offering resources to people.

We were told that residents sat in different lounges based upon their care needs, as decided by management at the home. We were told that this enabled the staff to check more regularly on the needs of those who required more care.

We observed a resident being brought into one of the lounges and asking a member of staff for something. The member of staff said they would come back. However we did not observe them returning within the following 20 minutes we remained in the room.

HWW Recommendations

The Old Rectory could consider -

- Allowing residents to choose where they want to sit, to enable increased interactions and stimulation for all residents
- How they could enable staff to spend more time in communal lounges to increase interaction

Activities

The residents we spoke to told us that they enjoyed planned activities provided by the home. One told us they liked going on trips on the mini bus. We saw information in the hall showing upcoming activities over the next few weeks, including: a singer visiting, going to a table top sale and someone visiting with some animals. Residents also told us they had enjoyed the Country and Western singer and hand bell ringing. Another resident told us about the hairdresser visiting.

During our visit four residents were knitting. One resident was holding a toy dog that they had been given by their grandchild.

The Activity Coordinator told us she usually works 6 days per week, for a few hours each day, including over the weekends to ensure there are activities throughout the week. She explained that the activities she did with residents were a range of group activities and one-to-one. Residents particularly enjoy weekly trips out on the mini bus on Thursdays and having people visit the home to provide entertainment or bringing in things of interest, such as animals.

The Activities Coordinator explained that she spoke to residents and their relatives when they moved in to the home to find out what they are interested in and their history. She told us she has an activity programme for each resident, which she shares with another member of staff who works one day per week doing activities with residents. The Manager told us that information about preferred activities and things residents did in the past is included in individual care plans.

The Activities Coordinator told us that she tried to find activities that are appropriate for individual residents and things they would like to do. She was planning to bake cakes in the kitchen that afternoon with one of the residents who had said she would like to bake cakes from scratch. She had arranged for someone to visit the home with some birds and for residents to do the RSPB bird watch as one resident is interested in birdwatching. She also told us about adapting activities to reflect changes in residents' ability to carry out tasks. For example one resident had been a keen artist but now found it difficult to paint. The Activities Coordinator had found some pictures to print off using a dot to dot type template.

Despite the number of staff on duty, during our visit we observed long periods of time when residents were not engaged in any activity or interaction. For some of this time the Activities Coordinator was speaking to us in another room. We did not observe care staff engaging residents in activities or encouraging them to engage with any objects or resources.

Although the television was on for some of the time in one of the lounges, we only observed this being watched briefly by one resident. Feedback from a relative via our survey questionnaire suggested that often the television is on without people watching it and it would be nice to sometimes have some music playing. Two other relatives we spoke to said they felt that residents did not have enough interaction during the day in the lounges.

Feedback from three other relatives we spoke to suggested they were happy with activities provided by the home.

We did not observe any residents assisting with tasks around the home. We were told by staff that this did not really happen.

The Activity Coordinator told us that she and another colleague who worked on one day per week were the staff responsible for meaningful activities. Other staff also said that they saw this as the Activity Coordinator's role. On some days she works for only two hours. Some of her time is spent on a one-to-one basis with residents in their rooms and we were told there are a number of residents who do not take part in organised or group activities.

HWW Recommendations

The Old Rectory should -

- Encourage all staff to see engaging residents in meaningful activity as every staff members responsibility
- Encourage staff to develop an understanding of ‘meaningful activity’ to include ways in which residents are engaged beyond planned and group activities or outings and look at how they could develop the ways in which staff deliver meaningful activity in the home.
- Consider ways in which residents could be involved in everyday tasks within the home.
- Consider seeking advice and guidance about how to support people living with a dementia related illness to maintain their individual hobbies and interests

Resources and environment

We observed books on bookshelves in the home and one resident reading a magazine. We also observed residents with their knitting and one with their own soft toy.

The home has a mini bus which enables residents to have trips out. Residents told us that they valued this.

There was art work by the residents displayed in the dining room. There was a board in the hall which showed what activities would be taking place that week and a poster showing upcoming events.

There is a fish tank in the hallway, although this was not in a position that residents could easily spend time watching the fish.

Apart from the knitting and the soft toy we did not see examples of residents having treasured possessions with them. We did not see objects or resources that reflected individual’s history or personal interests.

We did not see any tactile resources or rummage boxes available to residents. However when asked, the Activity Coordinator said that she would like to get some tactile resources for residents.

The Activities Coordinator has developed many of her own resources and used some on line resources, as the Manager told us there was limited money budgeted for engaging residents in meaningful activity. Money for externally run activities are raised mainly through fundraising. They are currently fundraising for a new mini bus.

HWW Recommendations

The Old Rectory could consider -

- What additional resources, such as rummage boxes, tactile materials and other relevant objects could be made available for residents to engage with and initiate interaction
- Whether dementia friendly clocks and 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 areas

Involvement of relatives and the local community

The home is in the centre of Tenbury and those who are able to, can walk to the shops and the library. We were told by staff, residents and relatives that they attend events in the local community, including a regular coffee morning at the local church, table top sales and other local events. The home organise their own events to raise funds for the residents fund and residents are able to get involved with running these.

We were told that the local Vicar and Catholic Priest regularly visit the home.

We were also told that The Old Rectory have worked together with the local school in the past, creating ‘life stories’ of residents, making a tapestry with the children and the children have performed for the residents, such as carols at Christmas.

We were told that relatives are invited to social events at the home and that in the summer they hold barbeques which relatives attend.

There are not currently specific relatives meetings. Two relatives told us that they would value the opportunity to have relatives meetings. We were told by the Manager that relatives were able to attend residents meetings, but that this did not usually happen.

We were told by the Manager that at residents meetings, which are held once a month, they discuss ideas from residents about future activities and asks them what they would like to do. However, other staff told us that these meetings took place less than once a month.

HWW Recommendation

The Old Rectory could -

- Explore how they could develop communication with relatives

6. The Old Rectory's Response to HWW recommendations

Allowing residents to choose where they want to sit

Most of our Residents have brought their own riser recliner chairs and given choice when they arrive of where to sit, these are very large to move so that is why most residents sit in same place each day.

One of our lounges is used for residents who need closer monitoring by staff so this one enables staff to interact often, the other one is for more able /independent residents who can get about without so much help from staff.

We do have certain residents who are bed -bound and as our activities coordinator is in 6 days a week our staff do tend to spend more time with these residents allowing them interaction.

Encourage all staff to see engaging residents in meaningful activity is every staff members responsibility

All staff are encouraged to engage residents in many forms of meaningful activities from taking them shopping ,out for walks around town, sitting having a chat ,taking our free mobile phone to them so they can speak to family or friends, taking out to local concerts of their choice, visits to local pub for lunch, local beauty parlour to have nails seen to or she visits in house, Hairdresser visits weekly or your own hairdresser can come , nail cutting service available every 6 weeks Residents can bake in kitchen at allotted times if they wish to.

One gentleman resident sorts out our recycling of newspapers and boxes with the offer from him of fetching any shopping anyone would like we asked long term residents family's to give us some life history of their family member so staff can have details which they can use to interact with them some have produced lovely photographs albums of their life which does help when they have poor memory issues.

A lot of our residents find it difficult to be able to carry out everyday tasks but we do try and enable them to maintain their independence and help them to remain part of our local community

All staff are offered Dementia Awareness training to help our residents maintain their past hobbies and interests.

Additional Resources

We have purchased two memory boards one for each lounge which states date, date, year, weather, on this day activities with one of our residents in charge of this daily.

We keep materials for use with activities in separate area for safety reasons these can be accessed by staff on duty at any time. Residents are at this time knitting new baby bonnets for Africa.

Relatives are invited to all Residents meetings with notice put on hallway notice board in advance.

To keep all residents next of kin informed of any changes to their condition. We ring to inform them of any visits booked so they can attend or if not able to come we contact them afterwards to let them know what's happened.

Residents families are offered refreshments at every visit and offered to stay and have free meals with them also if a loved one is poorly they can stay overnight with them.