



Enter and View Report
Downing House Residential Home

Dothill, Wellington, Shropshire.
19 July, 2014

Name of Service Provider:	Telford and Wrekin Council
Premises Visited:	Downing House Residential Home
Address of Visit:	Severn Drive, Dothill, Wellington, Telford. TF1 3JU
Visit 1 Date:	Tuesday, 15 July 2014
Time of Visit:	10.30am
Visit 2 Date:	Saturday, 19 July 2014
Time of Visit:	11.00am until 13:30pm

1 Management Summary

1. Downing House facilities are very good in promoting the development and practice of skills towards more independent living, developing and supporting people's interests, and providing care and support in their living.
2. The Home is a bright, clean, modern and comfortable setting with a "homely" look and feel, and clear involvement of residents (and some families and the staff) in the personalisation of their individual rooms as well as contributions to shared spaces.
3. We saw examples of good care by experienced staff and good interactions with residents - clearly showing knowledge of interests, personalities and capabilities, and staff focus on the needs for progressing independence development of individuals.
4. There are some concerns regarding staffing for covering absences and the quality of care provided when using agency staff - who do not know the individual residents, and particularly those residents who have communication challenges.
5. Reconsider, plan and implement improvements to engaging and communicating with relatives in various areas, including for example with residents in their room decoration planning, dealing with concerns and issues, soliciting ideas for activities to further resident interests and activities. Implement the suggested Resident Relative meetings for management to share information and discuss common concerns.
6. Explore current enablement and independence development progression approaches used, to ensure a tendency towards "too much caution" is appropriately challenged, and consideration of possible sources of ideas including relatives, do not limit resident opportunities - interests, activities and development.
7. Implement plans for using Skype for resident - relative communications, and investigate other IT opportunities in support of administrative recording activities of the staff.
8. Use the need to address the neglected back garden borders to engage regularly with a Voluntary Group (with gardening skills) and use this to encourage resident involvement, interest and skills development.

2 Introduction

2.1 Healthwatch Telford and Wrekin

Healthwatch Telford and Wrekin Mission: “Make health and social care services as good as they can be by being an independent, volunteer led community organisation”. As a new independent consumer champion for health and social care services, Healthwatch Telford and Wrekin has been established to represent the views - the voice and influence of the public to help make sure that local people who use the services get the best out of local health and social care delivery, help to improve those services, and their future development. ‘Enter and View’ is a statutory power that Healthwatch Telford and Wrekin have at its’ disposal. This allows our authorised representatives to enter health or social care provider premises and see for ourselves how NHS or Telford and Wrekin Council-funded services are being delivered to those who receive the services.

We’d like to thank Telford & Wrekin Council and the staff of Downing House for their support during the Enter & View process, and our authorised representatives for conducting the visit and helping with the report.

2.2 Downing House Residential Home

Downing House is situated in the residential area of Dothill, in Wellington, Telford, within reach of Wellington town transport and amenities. Downing House is a purpose-built residential home for 16 adults between ages of 18 and 65+ who have a learning disability assessed to need housing with an element of care, who may have physical disabilities but without need for nursing care. Support care is provided at different levels according to individual needs with mission to promote and increase independence, opportunities and enablement within a safe and comfortable home setting enabling residents to develop independent living skills and participation within the community. This ranges from intensive care and support needs requiring high levels of manual handling with appropriate equipment, to those with moderate or varying levels of care, support and supervision. The House is a 2 storey house organized into 3 x 4-bedded units each designed to wheelchair standard, with individual resident bedrooms and en-suite, a shared bathroom, laundry facility, kitchen-dining room, and lounge. There are 4 individual units each with resident bedroom and en-suite, sharing 2 further bathrooms, kitchen dining room, laundry facility and lounge. These individual units cater for a person developing levels of independence prior to discharge into the community setting, or for respite visits.

3 Purpose of Visit

Explore and understand how the support and care for adults with learning disability is provided with dignity, respect and safety in this residential home setting, how the individual’s choice is promoted in their enablement support, what good practices are evident, and what may be improved. Explore any concerns described to Healthwatch Telford and Wrekin.

4 Approach

Healthwatch trained and briefed Authorised Enter and View Representatives were assigned to this piece of work. It should be remembered that ‘Enter and View’ is an engagement tool performed by Healthwatch-trained lay-volunteers, and is not an inspection. The aim of ‘Enter and View’ is to put together a picture of what people think of the service people are receiving provided by Downing House Residential Home. Our purpose was to collect the views of the Residents and any relatives/visitors

about their experiences of the services, as well as staff, management and any other professional present. The first visit was planned for a morning, however during that visit, most residents and staff were out with many attending day centres. A second visit was arranged for the following Saturday morning at 11.00am when more residents and staff would be available before lunch for the team to meet and chat. Observations were made as the team were shown around Downing House on both visits. Topics we focused on included: personalisation of environment, respect for individual in interactions with staff, enabling and promoting independence in a stimulating environment, and the interaction and involvement of relatives and friends, as this would give a good picture of the quality of services on offer from the perspective of the people using them.

5 Findings

Downing House is a purpose-built modern residential home for adults with learning disabilities, situated in the local community in Dothill, Wellington, in Telford. The house is designed providing supported “social-living units”, as well as “individual units” for the more independent. Next door there is a Day Centre that many of the residents attend on some days.

5.1 General Impressions and Observations

- Initial impressions are of a modern building that has the appearance of a “block of flats” and thus sits well within the residential area.
- The Home Manager met the team on the first visit, and duty manager (Coordinator) on the second visit. The team were briefed on the service, resident’s activities and independence focus, and staffing, and we were able to ask questions. The team were shown around the House - visiting each of the units. We were also invited to explore without escort, and invited to talk to the residents, staff and any visitors during the tour.

Physical Environment

- There is ample parking at the front with good access from car park to the building entrance for wheelchairs. Beyond the parking area is grassed, which was cut. The entrance door access is controlled, but residents, staff and their relatives are able to enter and leave the premises easily; visitors sign in.
- Inside the impression was of a light, bright, clean, quiet, modern-decorated home-like building, providing different levels of independent living with care and support for the residents. Many pictures and other art objects contribute towards a more “home-like” feeling. Everywhere was clean and décor in good condition, the building was warm but many rooms also had windows open for fresh air. There were no specific odours noticed. An area with easy-chairs and coffee table in the lobby-hallway provides a quiet area for visitors, staff or residents to sit, or have a chat. The door to one of the ground-floor “units” leading off this entrance -lobby hallway is kept shut for the privacy and safety needs of one of the residents.
- On the first floor, a door led to a covered veranda from which there is “front door” access to the individual units. We saw clothes drying frames indicating some residents like putting clothes out to dry in this area. Downstairs the veranda provided an area with some protection from rain and sun, where there was ample family-sized garden tables & chairs overlooking a lawn to a planted area on top of a bank that also had a bird table and wind chimes. Residents could enjoy the space with the furniture and access provided, despite the

planted borders looking somewhat neglected, with a predominant impression of just weeds.

- There is a communal Games and Entertainments Room on the first floor with a film projection, television, radio/CD player, several musical instruments, DVD/videos, books, games, and easy chairs/sofas; it was not clear how often it was used by residents individually or in groups.
- Individual resident bedrooms were clean, bright, adequately spaced and personalised - they 'looked like home', with individual choices in furniture, colour/wallpaper, pictures/photos, art, 'nick-nacks', soft toys, vases with flowers and other personal objects. This was equally true for those ground floor rooms where in addition, ceiling rails and hoists provided support for handling those with mobility constraints. It was evident in some of the rooms that staff had made every effort to accommodate the personal furniture purchases of the residents, including adjusting the placement of standard fixtures (e.g. lockable medicine cabinet) to accommodate the items purchased.
- Unit kitchen/diners were spacious and bright, with notice board, regular kitchen furniture and appliances, a family-sized kitchen-dining table and two easy-lounge chairs, which were popular with the residents. Unit lounge/sitting rooms were large with adequate sofa seating to all residents and visitors as well as individual chairs, television, books and artwork, and other decorations and objects reflecting some of the interests and personalities of the residents of that unit.

Staff and Operations

- Staff levels seemed adequate during our visits as far as we could deduce under the current arrangement, but is susceptible to normal temporary absences. Staff are organized onto teams with lead and one or two enablement workers per Unit. Where residents require more handling and lifting and have limited communication capabilities, there are two enablement workers. Some staff are very experienced and ensure some continuity
- We observed several examples during staff interactions with the residents showing staff knew the residents as individuals, their care needs, abilities, their likes, dislikes and individual personalities. Staff were observed engaging with residents and treated them with dignity and respect - a knock on the door preceded a request to come into their room. We also noted a caring touch on several occasions, and as an example observed a senior staff member moving a beaker back into a resident's reach while preventing it falling to the floor when excited movement knocked the beaker several times. It was good to observe the staff and residents getting on well and having a laugh in several situations, including sharing jokes and banter.
- Staff help residents with cooking meals and laundry, necessary care and support where needed, as well as independent living skills and activities. Activities may include transporting residents to day centres, shopping trips, and medical appointments. We observed the returned to the Home of one leader who had accompanied an ill resident to hospital earlier that morning, following escalation of a condition.
- We observed residents had a variety of meals and that unit leads know what meals and foods the residents of the unit like. We observed staff preparing lunch in two of the units - both with two residents present in the kitchen-

dinner, and some in lounge, though none of the residents appeared to have been involved in or responsible for any of the food preparation or cooking. For those residents who are peg-fed - we were told this was now generally done during the day and included as appropriate hydration and medication as well.

Resident Activities

- During our visit one of the residents was receiving a foot massage from a visiting practitioner, which it seemed was a regular event. The resident was keen also to display painted nails which the resident was very proud of.
- There was a “Suggestion Box” in the entrance lobby, but nothing had been posted on the day of our visit.

5.2 Experiences

We were able to meet with about ten residents but not all were able to respond directly to questions or to chat. In some cases we had to rely on staff engaging the topic with resident and our observation of the resident in responding to this. We also talked with six staff, a visiting support worker, and a small number of relatives.

Service User Experience

- Residents described they were happy at Downing House and some indicated the staff were good to them.
- Some residents were able to describe their favourite foods and meals, including “chicken” and “spicy food”.
- Two residents described their interests and favourite activities, including visits away from the home such as shopping for clothes, and outings with relatives. One was very “chatty” and enjoyed talking and joking with people including the staff, and liked to know what was going on with family and the people in the Home.
- One resident was unable to voice their responses and feelings, however was clearly communicating in non-verbal responses with the staff and showed in their engagement with the topics being discussed, confirmation of likes and dislikes, and responded with a hug to one of the staff.

Relative and Visitor Story

- Relatives indicated the ‘resident rooms were lovely’, and the place on the whole was ‘ok’, and most of the time staff seemed ‘ok’, though some concerns were also indicated.

Staff Feedback

- The staff we talked to were cheerful and committed in their work. Senior staff indicated they know the residents well and can see changes that help them consider ideas on how to help the person develop their skills and independence. Staff reinforced that their focus to the daily support given was finding ways of promoting independence and further development in an ongoing way. Staff indicated they made every effort to accommodate resident’s preferences for décor and furniture, so that their rooms are as homely as they could be.
- Staff-turnover was noted as sometimes an issue. Sometimes staff numbers are less than the planned shift numbers - due to illness or leave. On these

occasions, agency staff may be brought in to cover, or staff from a companion Home, or sometimes other Enablement Team staff with “low hours” may come in to help fill-in. A senior/coordinator is onsite for overnight duty (sleeping) and two further staff provide “waking night support”.

- Examples of experiences shared demonstrating consideration for resident’s needs, preferences, and providing stimulating enablement support, included:
 - We were told by staff that the high back lounge chair in the entrance hallway was retained when new furniture introduced because it was an appropriate style (high back) and a favourite place of one of the residents, who occasionally likes to ‘take a nap’.
 - Staff pointed out some “soft mats” in the Entertainments/Games room recently obtained, to enable some residents to spend time down on the floor (as a change from in bed).
 - Staff described they were investigating provision of necessary equipment and broadband capability to facilitate regular “Skype” contact for residents with relatives who no longer live close by for visiting.
- Meals are mostly cooked within the unit groups, though staff stated residents do also visit to join other units for a meal, from time to time. Sunday roast lunches are especially popular; staff ensure sufficient is cooked for “visitors”. Staff told us that when the weather was sunny and warm then residents are encouraged outside with picnics and barbeques. Staff described how they ensure variety, and freshly cooked meals, and they monitor resident’s weight, check on approaches to eating, and promote healthy meals approaches.
- Staff described a range of activities and visits residents undertake away from their unit home, as well as various support professionals who visit - hairdresser, nails/manicure, foot massage and chiropodist. Many were taken to the various day centres in the area, including the one next door (Severn). Activities described included independent living skills-building and social skills, as well as exercise and fun activities - such as Bowling. Some residents do activities with relatives, and we heard about drives out in the country, trips shopping - for clothes, furniture, jewellery, and things for their bedroom, as well as drives in the countryside, visits to the beach/seaside and cafes. Nurse had organized visits bringing in pets and other animals - including Horse, rabbits and birds, and a cat was observed - we were told the cat was a regular visitor.
- We were told that each resident has a documented Care Plan which is reviewed at least yearly, on request, or as needed. These Reviews included resident, Downing House staff, relatives and assigned social worker, as well as professionals and specialists from Community organizations (for example Doctors, diabetes nurses). It was unclear the extent to which residents were encouraged to and did contribute their wishes and choices.
- Staff explained that Unit staff teams have regular meetings and there are 2-monthly meetings between staff and management, as well as one to one’s; some meetings are joint meetings with the companion Home. We heard that a “daily log” is passed from one coordinator/team lead to the next, and “Activity Sheets” also exist recording resident preferences and activities, but staff did acknowledged these were not always up to date due to other pressures on their time.

- Staff explained that some people from the Day-Centre next door are encouraged to undertake light cleaning and other home-making tasks in the Respite Units, as well as making hot drinks, and maybe some gardening (though there was no evidence of this). It was not clear if these opportunities included the residents of the Home, or others from the Day Centre, and whether residents were also active in tasks for their own unit and rooms.
- We were told there have not been any “Residents & Relatives” meetings for Downing House as a whole, or for the Units groups. Staff indicated the focus was very much on the residents as individuals. There was relative concern during our visit for information about the imminent “Options” and implications for residents and their care. The manager on hearing this offered to hold a meeting to provide information to relatives about this topic, and provide an opportunity for them to meet other relatives. The manager also offered to do this again in the future for other topics of concern or interest. (There was no indication that residents might also be involved in some way too). The manager also offered to support a relative in arranging to talk with a doctor about the health of a resident that was a concern for the relative.

6 Issues, Concerns and Compliments

- We saw several examples of good care of the residents by staff, treating the residents with dignity and respect. Senior staff clearly know the residents very well as individuals and know their preferences, likes and dislikes, abilities, and personalities. Their focus is on giving residents support, promoting independence and further skills development - in activities and in their daily living.
- The sharing of some staff between Downing House and companion home was encouraging, and did help share good practices and further ideas for development of independence.
- Residents were generally happy and comfortable in their home, with opportunities to personalise their own rooms and the shared areas of their Unit and engage in some activities of choice.
- There are some concerns regarding staffing for covering absences and the quality of care provided when using agency staff - who do not know the individual residents, and particularly those residents who have communication challenges.
- Some residents clearly had more involvement and their choices included in the personalisation of their rooms (decorations, furniture, pictures and other personal objects- toys, etc.), while for some this may have been more limited. It was not clear that staff also proactively involve near-relatives particularly for those residents less able to make their wishes and choices known, or confirm satisfaction of the outcome after completion
- Staff described the many stages that are taken before an action is finalised to progress a further stage of a resident’s independence, including towards the single unit accommodation. It is possible that there is an element of “too much caution” in some of these approaches and in associated staff “thinking”, which may then result in holding back some independence enablement and individual personal development. There was limited evidence to show the extent to which some residents contribute to their Unit’s daily or weekend “chores”(within their capabilities, but pushing their enablement progress) such

as in the areas of food preparation, cooking, laying table, clearing table, work in garden, or other tasks of the “household”.

- There is a concern that management or senior staff are often so focused on their role with regard to supporting the individual residents and promoting their independent living and care, that they are not appropriately acknowledging the role of relatives, and need to engage and communicate with them (in support of this, in a “joined up way”). We believe there is a need to develop an approach to foster better relations with relatives, both to address individual and collective (similar) concerns, information needs, and learn from them with regards to further ideas for promoting individual resident interests and independence skills enablement.

7 Recommendations for Improvement

- Ensure additional management oversight responsibilities and communication practices are planned and activated if using ad-hoc agency staff again in the future to cover for absences, to assure safeguarding priorities and support confidence in the ongoing resident’s care and enablement plans.
- Reconsider, plan and implement improvements to engaging and communicating with relatives in various areas, including for example with residents in their room decoration planning, dealing with concerns and issues, soliciting ideas for activities to further resident interests and activities.
- Set target thresholds for updating Activity Sheets and regularly review that these are up to date (by leaders or management); consider where IT technology can be appropriately applied to support administrative tasks like this.
- Implement the provisions necessary to facilitate use of “Skype” for regular contact by residents with relatives who no longer live close by for visiting, and where they wish, for the other residents too even though relatives may live near-by.
- Management and the staff to arrange the proposed “Resident & Relative” House meeting, to explain the future of care proposals. We would also recommend that management seek feedback from relatives and residents on any further topics they want to request for future meetings. Consider the possibility of future “Unit” meetings too. We feel this will also help build further appropriate communications and relationships with relatives (encouraging the partnership), in support of the care and progress of the residents
- Explore further the Home and Enablement processes followed (and underlying ‘thinking’) supporting resident independence progression and enablement activities. Allow the residents to take risks and act sometimes outside their comfort zone - in taking more responsibilities and making contributions - even if only in many in small ways, so learning from the challenges these bring.
- The planted borders in the back garden looked somewhat neglected with a predominant impression of just weeds; the front entrance is bordered by shrubs, but limited colour/texture or appeal. We recommend the Home engage with a voluntary gardening group to come and sort out particularly the back garden flower borders and the raised beds, and make arrangements for this to happen as regularly as agreed appropriate. Arrange the initial visit when many residents are “in” so this might encourage some to join in and help, and become more involved. Consider planting salad and vegetables too (in the

raised beds?) that can be incorporated in with resident meals and preparation skills, and (cut) flowers that can be brought in to enhance the Units.

8 Service Provider Comments

A draft report was sent to Downing House manager for consideration and factual accuracy, and the following comments were received.

Firstly, we would like to thank Healthwatch and their volunteers, for carrying out an “Enter and View” visit at Downing House on 15th July 2014 and 19th July 2014.

It is the first time we have had such a visit and we welcome future visits, in order to help us develop and improve the service we offer to customers, parents and family members.

We would like to make the following comments in response to the report, or seek clarification on some points to enable us to look into matters arising:

- **1.4 (page 2)** - All agency staff must have an induction which covers a number of key areas, such as safeguarding process in Downing House and tasks that can be carried out independently or with support from a member of staff from Downing House .
- **1.6 (page 2)** – we would be grateful if you could expand on this. We try to involve family where ever possible should the customer be unable to verbally communicate their point of view. We do involve independent advocacy services (Talking Part) in major decisions. We are keen to learn more so we can improve contact with a range of people.
- **1.7 (page 2)** – Skype will attract additional unit costs and we would need to address issues around confidentiality and safeguarding. Certainly the use of electronic media is something we would like to explore in the future.
- **1.8 (page 2)** – We have a local gardening group from a day opportunity service, who have been undertaking gardening work and basic landscaping. This is a programme run in conjunction between both services. This encourages people with a learning disability, who have an interest in gardening. The project has been in operation for about 2 months and work is in progress.
- **2.2 (page 3)** – we prefer to use “complex care needs which can vary” rather than “intensive care”.
- **5.1 (page 4)** – we would also like to add that the door glass, has been screened to ensure privacy and dignity and in response to specific needs of one customer.
- **5.2 (page 6)** – we would be grateful if you could expand on the concerns of people, so we can look into the matter as we committed to improve visitor experiences.
- **5.2 (page 6, point 2)** we acknowledge staffing issues around cover and rota’s and currently seeking to identify and address them. We have recently encouraged staff to provide “feedback” on their experiences, concerns and options to improve. Our agency usage has decreased over the last 24 months.

- **5.2 (page 7, point 3)** – just to clarify, we do not have nurses on site.
- **5.2 (page 8)** – A meeting was held between family member and several professionals, including a doctor. A meeting is due to be held in October regarding New Options- letters will be delivered shortly to customers and family members. (These have gone out now)
- **6 (page 8, point 4)** - again, we acknowledge staffing issues around cover and rota's and currently seeking to identify and address them. We have recently encouraged staff to provide "feedback" on their experiences, concerns and options to improve. Our agency usage has decreased over the last 24 months. All agency staff have a full induction when coming to work at Downing House.
- **6 (page 8, point 5)** – we recognise this and seek options for improving family contact. We would like to note that not all families speak up on behalf of their relative. Sometimes issues around best interests have been raised and we inform relevant Social Worker or Social Care Officer.
- **6 (page 8, point 6)** – we try to encourage customers to participate in arrange of activities and daily living skills. One customer likes to wash and dry up for example and another customer takes cutlery to be washed up which is something they didn't do at home. We do recognise that not all customers like to engage in such activities.
- **7 (page 9, point 1)** - we currently monitor a range of activities and there is a drive to reduce agency to absolute minimum, while meeting essential staffing levels.
- **7 (point 2)** - we aim to increase family involvement were customers are not able to communicate their feelings, wishes, preferences and choice. We involve Taking Part (Advocacy Services) in decisions as appropriate. We also liaise with the named appointee as required over financial expenditure.
- **7 (page 9, point 3)** – we have recently changed ways of documenting activities and will be evaluating against individual customer enablement plans.
- **7 (page 9, point 4)** – Skype will attract additional unit costs and we would need to address issues around confidentiality and safeguarding. This is something we can explore in time.
- **7 (page 9, point 5)** – we will be exploring ways of developing a "resident and relative" house meeting. Meetings around New Options are currently being arranged by senior managers.
- **7 (page 9, point 6)** – Enablement plans will be developed further and we are currently transferring information over form our current care plans.
- **7 (page 9, point 7)** - We have a local gardening group from a day opportunity service, who have been undertaking gardening work and basic landscaping. This is a programme run in conjunction between both services. This encourages people with a learning disability, who have an interest in gardening. The project has been in operation for about 2 months and work is in progress.

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