



Details of visit

Service address:

Standford Villa, Sambrook, Nr Newport,
Shropshire, TF10 8AX

Service Provider:

Careport, Standford House Care Home

Date and Time:

21 April, 2016

Contact details:

Healthwatch Telford and Wrekin, Meeting Point House,
Southwater Square, TELFORD, TF3 4HS

Publication Date:

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider - Careport, Standford House Care Home, residents (service users), relatives /visitors and carers, and staff, for their contribution to the Enter and View Programme.



Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to 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 and



their families and carers, on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the Visit

- To receive resident feedback on their care in the context of current uncertainties
- To check on the quality of communication about the changing ownership, to everyone affected by them, including residents, their relatives and visitors, and staff.
- Find out if the home is maintaining the quality of life of its residents during the changes; do residents feel cared for and safe, can they continue to make choices, and are they being cared for with dignity and respect?



Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in health and care settings.
- The visit is also in response to evaluations of feedback received by Healthwatch Telford and Wrekin from community engagements, and service provider / local council / CQC liaisons and requests.
- Care homes / hospital wards / GP Surgeries are a strategic focus of regional / national programmes of the CQC, PHE / NHS, local Councils, and Healthwatch organisations.

Methodology

This was an announced Enter and View visit.

Two authorised representatives were assigned to the visit. They met with a member of management before speaking to anyone in the Stanford Home and took their advice on whether any Residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

The representatives explained to the resident and staff they spoke to why they were there. They spoke with one Resident to ask about their views and experiences of the Stanford Care Home services. We talk to the staff and management to hear about their contributions to service provided - quality of care, safety, dignity and respect, and acknowledging Resident and families' wishes. During the visit we would also observe the delivery of the service. Observations were gathered while walking around the Care Home (public /communal areas) to gain an understanding of how Stanford Home actually works and how the Residents engaged with staff members and the Home facilities.

Summary of findings

- The home provides a good safe and caring environment for the residents with a team of staff who are committed to providing a very high standard of care in a dignified manner and who make every effort ensuring that the premises reflect a warm, homely environment for the residents to live happily together.
- During the visit we saw ample evidence to show that residents are well supported and their rights and privacy are respected. They and their relatives are involved in decisions taken associated with resident care and welfare.
- The one resident we met was very happy in her home environment, and was observed interacting with her keyworker in a positive way.
- Other residents appear to be actively involved in community activities of their choice.
- Staff are provided with a good level support and supervision by their managers, and work very well together as a team with energy and enthusiasm for their work.

Results of Visit

Stanford House is a new purpose-built one story building located in a rural setting near Newport. The building is designed to accommodate up to 7 residents. Currently there are 4 residents between the ages of 36 and 50 who have complex needs which include physical and learning disabilities, diabetes and autism. At the time of our visit 3 residents were out and only one was present.

We were met by the Manager who invited us into the office and outlined the aims and objectives of the establishment. We were told that whilst there have been significant changes within the management structures over the past few months, the manager believed that the level of care provided to the residents has improved, and the support received now from the manager's line manager was very good.

Observations of Facilities and Care

The entrance to the Home leads into the comfortably furnished sitting room with chairs and sofas which has laminate flooring which continues throughout the Home. Residents can choose to have their meals in this room at the dining table, or at a table in the adjoining kitchen. We were told by staff that residents are encouraged to be involved in menu planning and meal preparations, and in developing life skills that include some cooking, making drinks, and washing up.

There is a separate Laundry for residents and staff assist residents with washing their own clothes when required. From the bedrooms a corridor leads directly out onto a patio and a large garden area. We observed that all areas within the home seemed to be designed in a way that enables people to have freedom of movement, and are easily accessible for those who are not self-mobile.

There is a medication room which was locked. We were told the room was accessible only to the staff, who are all trained in the safety and administration of medicines.

During our visit we were invited by the resident to look at her room. We noticed this was personalised with lots of family photos displayed, as well as other personal items, and a television. The room has an en-suite bathroom with shower, and French-windows lead from the room directly out to the garden areas. At the time of the visit work was being carried out to modify a potential hazard on an obstacle, which had been identified as a potential hazard during a routine risk assessment.

Residents

We were only able to speak about the Home with the one resident present at the time of the visit. The resident was limited in her ability to communicate verbally with us, but during the visit we observed that staff did everything they could to ensure that she was safe, and her needs were met. The resident appeared to be extremely happy in her environment, and we observed positive interactions taking place between a staff member and the resident. Although the resident was limited in her ability to communicate verbally with us, she excitedly went through the photographs displayed in her room, and with the help of the key worker present we were introduced to pictures of the resident's relatives including parents, aunts, uncles, and baby nieces and nephews. Staff and the resident appeared comfortable communicating; it was good to see that staff had learnt how to communicate positively with this person.

Later the team also observed a member of staff sitting with the resident and together scanning through a magazine. The staff member communicated in a sensitive and interesting way, and encouraged the resident in identifying things from pictures. When looking at a picture of a car, we noticed the resident excitedly say what sounded like "A la dee". The staff member explained to us that the resident meant 'a Mercedes', and that this is the type of car the resident's father drives.

Manager and Staff Feedback

The manager outlined the policies and procedures in operation which place a priority on Safeguarding, Fire Safety, Health and Safety, training, and monitoring

procedures. We were told that staff receive regular supervision by the manager; all of their training needs are identified and catered for. The manager told us that she herself also receives excellent support and supervision, and that all of the requirements of the service are addressed promptly and efficiently. All staff have completed DBS (Disclosure Barring Service) checks. The manager commented on a recommendation made at the last CQC (Care Quality Commission) inspection visit requesting that 'Deprivation of Liberty' assessments be undertaken as soon as possible. The manager commented the Home had not heard from the Social Work team responsible for this after some 7 months.

We were told that staffing was 6 day-staff and 4 night-staff. Staff ratio is 3 staff to 4 residents, and at night there are 2 waking staff. Staff all have NVQ level 3, and 2 staff have NVQ level 5. We spoke to the Senior Support Worker on duty who confirmed that all staff have undertaken Safeguarding training, and have been trained in administration of medicines and required procedures, and they do undergo ongoing training. Their work and involvement with residents is planned individually according to the needs of the resident. Where possible the staff work closely and have developed good relationships with Relatives. The Senior staff member observed that staff believe they achieve a good balance of necessary support work and quality time with each resident. Each resident is risk assessed and always have staff available with them as needed. On trips away from the Home there are always two members of staff.

We were told that the Home is committed to developing a 'person-centred approach' - providing a quality service with empowerment enabling those at the Home to maximise their contribution. The staff work with partners and families to deliver the best outcomes for the people they support and aim to provide the residents with a secure homely environment that is based on their needs, abilities and aspirations, with dignity and right to privacy for the individual as a key focus. We heard that two of the residents are able to participate in cleaning their own rooms.

We asked staff about resident activities, interests and hobbies, and were told that staff and residents meet weekly to discuss social activities for the following week and to plan menus. Those residents that are able, are encouraged to go on shopping trips to the local supermarkets and shops in the mini bus with the staff. One resident who is a wheelchair user is taken on shopping expeditions for food and toiletries; we were told the resident also does some cooking. Residents go bowling and skating, and some go daily by minibus to 'The Hub' in Newport. One resident goes to Horsehay Day Centre by taxi. Staff accompany residents to a G.P. in Newport, and to the dentist in the local community. A psychologist attends the Home, who can prescribe medication and advice about behavioural issues as needed.

We were told that Senior staff update resident care plans on a monthly basis with input from the key workers. Regular reviews take place which also involve parents and relatives. Three residents at present have family support and we were told that the family members visit regularly. One resident receives very little family involvement or social work support. Our discussion led to whether this person could be provided with an independent advocate, and the staff member agreed that this would be beneficial to this resident, if an advocate could be found.

Staff we talked with reported that the team is a very happy one, and that they enjoyed working in the unit. Staff confirmed that regular meetings take place with the manager and with open and stimulating joint agendas. They confirmed that they have regular supervision sessions with the manager who discusses their performance with them, and identifies and provides training as required.

Additional Findings

Adjacent to the main Home building is a new purpose built unit which was designed and equipped as a specialist unit for training people towards independent living.

We were informed that this excellent facility has remained unused for a 3-year period since it was completed, despite the potential of local needs for such facilities in Telford and Wrekin area.

Recommendations

- Establish contact with the appropriate Department to arrange for DOL's assessments to be undertaken for those residents who still require this.
- Investigate possibilities of providing an independent advocate for resident(s) who have little contact with relatives.
- Investigate with local Social Work Department provision for all residents to have a designated Social Worker they can call on if necessary.
- Explore feasibility with Commissioners of CCG and Council on the use of the empty unused Independent Living accommodation by a suitable candidate with this need.

Service Provider response

A service-provider response has not been provided.