healthwatch Wandsworth

Enter and View Report January 2015

Visit to St Mary's Residential Home for adults with learning disabilities

A current strategic priority for the use of our Enter and View powers is to visit care homes that do not provide nursing. We feel that these homes get less scrutiny than other health and social care services.

About the home

Address: High Street, Roehampton, London SW15 4HJ

Management: St Mary's is a modern building managed by The Frances Taylor Foundation which is part of the UK charity the Poor Servants of the Mother of God. It replaces an old fashioned care home with dormitory accommodation.

The staffing ratio varies from floor to floor reflecting the different needs of the residents at different times – 1 or 2 staff for the 12 residents on the top floor, 7 staff across the 24 residents on the first and second floors and 3 or 4 staff for the 7 residents on the ground floor. There are early and late shifts and a night shift with two waking staff and a senior on call. The Manager has one deputy, 4 team leaders and 7 senior care workers, who count in the staffing numbers. There is a review meeting every morning, attended by the Manager, when all residents are reviewed. Staff then complete updates to care plans for use at handover.

Residents: The home has capacity for 42 residents who are grouped into seven flats and a self-contained flat across four floors. All residents are permanent apart from two respite residents. The home caters for a considerable range of people by age - from 24 to 82 – and by need – more independent people on the top floor and people with dementia on the ground floor. 16 different Councils pay for the people resident at St Mary's.

Description/layout: The ground floor contains offices, laundry, a communal lounge, assisted bathroom and the 6 bedded flat for more dependent residents plus the one

self-contained flat. There is no central kitchen. Each of the 7 multi person flats on the upper floors has a kitchen and individual bedrooms with en-suite facilities.

Meal arrangements: Meals are eaten in each flat, largely prepared by staff but with varying assistance from residents. Meal times are flexible and vary between flats to suit different needs. For example, the ground floor flat residents who are more dependent have a later breakfast to allow personal care tasks to be completed, a light lunch and their main meal in the evening.

Activities: There is a considerable range of activities for residents in the home. The most able residents are often out and about independently whilst the less able residents use the adjacent Day Centre, also run by the Foundation.

Quality of care – information collected by the home

As part of a quality assurance exercise completed by the home in December 2013, 22 **residents** responded "yes" as follows:

Staff and others respect my room	100%	
Staff treat me as an equal	100%	"Sometimes" "Yes and we need to be loved, supported and helped" "More symbols would be good" Everyone else said they feel listened to
Staff show me what they write about me	100%	2 residents said that they complete their own daily care diaries for themselves
My things are safe in my house	100%	
The food is good	100%	
I get food choices	100%	
I get to go out of the house	100%	"We get out a lot" "I go out to work and outings" "Yes, I am happy"
I would not like to live anywhere else	95%	One resident would like to live with his brother

Other views of the quality of care at the home

Care Quality Commission (CQC):

St Mary's received an unannounced CQC inspection in January 2014. It was judged to have met the 5 key standards inspected:

- Care and welfare of people who use services
- Meeting nutritional needs
- Safety and suitability of premises
- Supporting workers
- Complaints

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About our visit

Six members of the Healthwatch Wandsworth Enter and View Team visited the home in pairs on three different dates – 27th, 28th and 29th October 2014. Each visit was to a different floor of the home. This was a planned visit and members of the Team had previously met with Lisa Dowling, the home's manager and Clare Birkett, the deputy manager.

Each visit involved a mixture of talking to residents and observing mealtimes. A number of relatives were spoken to for their views subsequent to our visits.

Interviews were informal in style and tailored to the residents' capacity to respond. Some residents with sensory or cognitive impairment or mental health problems were not able to give accurate responses to questions about their daily lives. However a flavour of how they felt about the home was obtained both from conversation and observation. We spoke to 14 residents, and to 3 relatives.

Healthwatch Wandsworth would like to thank the home's managers, residents, relatives and staff for their contribution to the Enter and View programme.

Findings from our visits focusing on the quality of individual care and the responsiveness of services to individual residents' needs

Personal Care and Health:

+ve:

Many residents are relatively independent and do not need help with personal care but those that do, for example help with bathing, reported that they are comfortable with the care they receive and that their privacy is respected. No one said that they had ever felt awkward or embarrassed.

Residents were very well connected to a wide range of health services, for example a dentist, a visiting optician, a GP and nurses and therapists from the Community Learning Disabilities Team, and there was clear evidence that they are accessed regularly and appropriately.

A major exercise was underway to bring together all aspects of a resident's care planning into one place. Care plan files were clearly understood to belong to residents

and were held in their rooms to reflect this. Some more able residents were actively involved in updating their plans and recording events.

-ve:

The positive family feel created at this home sometimes raises dilemmas when personal information is discussed openly which more able residents are be able to pick up on. For example when publicly asking two residents if they needed a toilet break or openly sharing information about residents' histories which might be embarrassing to them or they may wish not to be shared.

In the one care plan we examined some key documents were misfiled.

Food and drink:

+ve:

Residents are involved to different degrees in food shopping and meal preparation. Staff involve some residents in menu planning and personal preferences are taken into account. Meals are prepared and eaten in each flat separately and there is no central kitchen or communal dining shared by all the flats. This means occasional snacks are easily available in each flat.

Staff, and some residents, were alert to the need to eat healthily and in some cases residents have fortified diets to avoid weight loss - the home has recently started using a new tool to identify the risk of malnutrition. Residents considered to be at risk have their daily intake recorded.

The mood at mealtimes was very positive with friendly interaction between staff and residents and between residents, some of whom have lived together for many years and appeared to be friends. Mealtimes were happy events.

Several disabled residents on the ground floor received one to one help with eating their meal.

-ve:

The kitchen/dining area on the ground floor was too small to allow all residents, many of them in wheelchairs, to sit round the table and eat together as a group. This meant that two ground floor residents were effectively excluded from the group at mealtimes, which seemed undesirable, although we were told that one of them preferred to eat on her own in this way.

The puréed food given to residents on the ground floor looked unappetising.

Activities:

+ve:

Residents had a very busy schedule of activities, both inside the home and out, which they clearly enjoyed – two out of the three visits were arranged for the early evening to meet as many residents as possible.

The level of staff supervision of residents on activities was carefully graded according to their ability – for example a resident went out for very local unaccompanied trips but was accompanied for trips further afield, sometimes with a travel buddy.

Although more disabled residents spent longer at the home or in the adjacent Day Centre, they too got to go out for trips in the home's minibus.

More able residents were actively involved in planning outings. For example to Richmond Park.

Many residents talked in detail and with enthusiasm when relating to us what they did on different activities.

Activities extended into the weekends with church visits included for those who wanted them and weekends or weeks away as a group.

-ve

Staff attitudes:

+ve:

Most residents who were able to respond were consistently positive about the staff and their friendliness.

Staff were reported to be very helpful and to show respect. No resident reported ever feeling uncomfortable or embarrassed when personal care was given.

We observed kind and supportive care to very disabled residents and participative and lively engagement with more able residents.

-ve:

Views of relatives

+ve:

The three relatives we spoke to could not think of any concerns they had about the care offered at the home, trusted the staff to do their best for their loved one and generally could not identify how things could be improved. "If I was not happy, he would not still be there "– said one.

One relative said that it was the best move that she had ever made to support her aunt's move from another non specialist care home to St Mary's and said she had been the happiest she had been for years.

The home was thought to be very friendly and welcoming to relatives – they felt they could visit whenever they liked and could also ring and talk to someone.

One resident was reported as always being excited to come home but also excited when going back to St Mary's.

-ve:

The distance of the home from where one relative lived was a problem.

Our conclusions

St Mary's is achieving excellent outcomes for a very wide range of residents with disparate needs. The mood at the home is positive and lively for more able residents and yet caring and personal for more disabled residents. Access to health services is exemplary. There is a strong ethos of supporting residents to achieve their maximum independence related to their capacities. However, managing care for such a wide range of people raises some challenges of its own.

Our recommendations

We recommend that the home:

1. Completes its task of combining care plan information, making it less cumbersome but also easier to navigate.
2. Identifies areas of good practice – such as nutrition monitoring - it can share with other homes through the PLD Providers Group and likewise picks up good ideas from other homes to sustain the high quality of care being provided.
3. Gives some thought to the issues of boundaries of confidentiality when caring for groups of residents with wide extremes of ability and understanding, whilst not

damaging the informal family feel of the care being provided.

4. The home should research best practice for serving pureed food that is more appetising in appearance.
5. Review ways of making the ground floor dining arrangements less crowded, excluding some residents from the table.

Disclaimer: Please note that this report relates to the findings of the Healthwatch Wandsworth Enter and View team. It may not be a representative portrayal of the experiences of all residents and their relatives.