

Enter & View

Report

Shirley House

27th February 2018



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Part of the Healthwatch Solihull remit is to carry out Enter and View Visits. Healthwatch Solihull Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows 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. 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 Solihull Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Solihull safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Shirley House
Provider: Coventry and Warwickshire Partnership NHS Trust
Address: 22 Gilliver Road, Shirley, B90 2DS
Service Type: Respite Care for adults with a learning disability.
Date of Visit: 27th February 2018

Authorised Representatives

Name: Olivia Farrer **Role:** Lead Representative and Author
Name: Scott Baldwin **Role:** Observer

Purpose of Visit

CQC visited Shirley House in October 2013 with a report being published in November 2013, where the service met all the required standards. A further CQC visit was made to Shirley House in June 2017 as part of a CQC Quality report on Coventry and Warwickshire Partnership NHS Trust - Community mental health services for people with learning disabilities or autism, the report being published in November 2017. The report covered 7 locations and the overall rating on this report was good.

We would like to see if the good standards are still being achieved.

There are some specific references to Shirley House within the report, the vast majority showing good practice and standards, with only a couple of negative references as follows:

The respite services had had clean and well-equipped clinic rooms. However, Shirley house had an oxygen cylinder with masks only. Monitoring records for the oxygen showed that checks had only been recorded from 26 June 2017. There were no emergency medicines for severe allergic reaction or defibrillators. Staff told us they would dial 999 for help in an emergency. This meant that emergency equipment and medicines were not readily available in an emergency as recommended by the resuscitation council. Staff told us they trained in basic life support.

Emergency bags in Shirley Houses were not accessible to all staff.

The ear thermometer at Shirley house had the calibration test due September 2016 and not been followed up.

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints
- Speak to staff about training, turnover, support staffing levels
- Observe interaction at all levels between residents, staff manager, and visitors

Physical Environment

External

The entrance was not well signposted, we were unsure that we were at the correct location and had to go inside to confirm this.

The entrance is easily accessible.

The outside of the building is well maintained.

There are gardens that the residents can use and there is a sensory area within the gardens for the use of the residents. The provider explained that they hoped that in the future they will be able to get a large garden swing for the residents. The gardens are well maintained.

There is CCTV on the car park only.

The office is located upstairs, residents are not able to gain access to the upstairs.

Internal

The home has two units and can have up to 5 residents in each. All rooms are single occupancy.

There is a signing in book for people to sign in when they arrive.

There were no malodours inside the building.

The décor was well maintained and all the furniture was in good condition.

Corridors were clutter free and all areas were clean.

Resident Numbers

As this is a respite unit, there are no definite numbers of residents at any one time. At the time of our visit there were no residents, only one service user who uses the service as a day centre.

The manager told us that the resident numbers determines the staffing, this can be just the one person or four. This is worked out by the assessing the needs of service users.

Staff Numbers

This is all determined by the residents who may be staying in during the week.

There are 9 nurses, 18 carers, 2 domestic staff, 1 catering staff and a manager and a deputy. The amount that will be on in a shift is variable and is dependent on the assessment of the needs of the services users on a daily basis.

They have 2 nurses and 3 carers as bank staff.

Agency Usage

The manager told us that they do not use agency staff.

Resident Experiences and Observations

When we arrived we were told that there were no residents in the home at this time, due to the day before being a full training day for staff.

There was one service user in the home using this as a day service.

We saw evidence that residents have choice over food, drink and bedtime.

We saw that residents have individual care plans to meet their needs.

We were advised that if a resident had a religious preference then this would be taken into consideration.

We saw evidence about activities being tailored to the individual needs and the manager confirmed this. The manager advised that outings were arranged and there was a board in the entrance with pictures of outings. Special events are celebrated within the home.

The home provides transport for G.P. and hospital visits, a member of staff will also accompany them to this.

Residents are able to go out, accompanied, if this is what they want to do. We were told that they do not go out on their own because of risks but that the appropriate DoLS is in place.

When residents come in to the home they have a photo that goes on their door with additional information of the likes and preferences of the resident.

We were told that the approach that they take is a very person centred approach and that families are involved with the care planning.

Residents all have grab packs, which are used. In this is a pen picture of what they like and all the important information if someone needed to go to hospital. There was a lot of good information in the grab packs, including hospital admission information, bedtime likes, place mat and a communication profile.

We spoke to the resident who uses the service as a day centre, the manager was present at this conversation to support the resident at their request. The resident told us that they like the food and that they get to choose this. The resident told us that they also get to choose what they do when they are at the home.

The manager told us that some of the residents have built up a relationship and that they try to cater to this need and keep these residents together.

The home has a key worker system for residents, any home visits will be completed by this key worker.

The manager told us that they had a cake and conversation event with residents to see what they want. There was also a big piece of work done by Solihull advocacy about what the residents like or dislike.

The manager told us that they work with the equivalent children's home for a transition period for the residents.

The staff members have pictures on the wall, with their work times recorded, so that the residents can see who is working and when.

Activities

We were told that residents can go out to the cinema, bowling and the disco.

We were told that should residents be in the home over the weekend, they are taken out.

In one unit there is a sensory unit for residents to use. This has lots of good equipment in it.

Family and Carer Experiences and Observations

There were no family or carers available to speak to when we visited.

The manager told us that families are given options on respite care, 12 stays a year, weekend or 5 days, they also get an additional 5 days holiday stay which can be added on to any stay.

The manager told us that every 3 months they have coffee mornings with the carers and get guest speakers in to support the carers (e.g. around benefits).

There is also a newsletter.

Catering Services

There is a varied menu choice. The manager showed us the cards in the kitchen which have all the residents likes and dislikes, so this can be catered to.

Special dietary needs are catered to.

The manager told us that support that is required for the residents is given. The manager told us that appropriate utensils are used for residents.

The kitchen was very clean.

The manager told us that they have pictures of the food on the walls when residents are in so they can pick what they would like.

Staff Experiences and Observations

There were limited staff available to speak to when we arrived as there were no residents due in the home.

It was confirmed that once a month the home has a full in house training session for staff members. The manager confirmed that this will cover whatever is required e.g. if a resident has certain needs then training will be provided for this. This is provided by a number of different providers.

We were told that staff also do the training that is needed by the trust.

There are monthly staff meetings held.

Summary, Comments and Further Observations

The home had a very positive atmosphere about it and all the information that we were provided with showed that the care provided by this home is very person centred.

There is a good level of training for staff members.

Recommendations and Follow-Up Action

Our visit confirmed that high standards and good practice prevail in this home and we feel confident that this will be a continuing standard.

We suggest that consideration should be given as to whether there should be a sign outside.

It would be nice to make a follow up visit at some time in the future, when there may be more residents staying at the home.

Provider Feedback

Healthwatch Solihull received the following feedback from Shirley House.

When asked could they tell us what they felt worked well about the way the Authorised Representatives carried out the visit, they advised:

The representatives were very understanding of the needs of the clients we support at Shirley House. They wanted to see evidence to responses I gave to their questions, for example, the list of our annual training. Also they wanted to see the clients grab packs, and they wanted to talk to the client whom was available at the time to ask him about his experience of Shirley House. They were very thorough.

When asked were there any aspects of the Enter and View visit which they felt did not work well or could be improved, they advised:

It was unfortunate that there were no other clients whom were accessing respite at the time of the audit so they did not get an opportunity to speak to the clients; most of the clients are out in their respective day services or college.

When asked, as a provider of a service, did the Enter and View visit help you to identify areas for improvement and if so, in what way?

We are aware that there is no signage to the front of the building and this was considered last year. However we felt at the time that we preferred to be discrete. This will be something that we will reconsider again.

Shirley House commented further as follows:

I have cordially invited the Healthwatch Solihull Representatives to attend a coffee morning with the carers of the clients that use the service in June. This is a great opportunity for Solihull Healthwatch and carers to meet each other and explain what it is Healthwatch do.

Can I add that the report states that the latest CQC inspection was in 2013, however I did report to the representatives that we had an CQC inspection as a Trust between 26th and 30th June 2017. On the 7th July 2017 the CQC inspected Shirley House and the findings from this inspection were included in the Trusts inspection (June 2017). The findings from the inspection of Shirley House were reported in the following CQC quality report where services received an overall rating of good:

Coventry and Warwickshire Partnership NHS Trust - Community Mental Health Services for People with Learning Disabilities or Autism - Quality Report.

http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5993.pdf

Healthwatch Solihull thank Shirley house for the additional information about the Trust inspection by CQC - we have now included this information at the beginning of the report.

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



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