

Enter and View Visit Report

‘What Good Looks Like’

1. Visit Details

Premises visited: Milford House, Derby Road, Milford, Near Belper, Derbyshire DE56 0QW.

Purpose of the service: Residential and Nursing Care Home.

Date and time of visit: Wednesday 12th February 2014, 5.00pm - 7.00pm.

Authorised Representatives: Miss Holly Pawlitta and Mrs Anne Walker.

Contact details: Healthwatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford, Derbyshire DE56 0RN Telephone: 01773 880786.

2. Acknowledgements

Thanks are due to the manager, staff and the residents of Milford House. All of who welcomed us warmly and with whom we had interesting and informative conversations. Their contribution was most valuable.

3. Disclaimer

Please note that this report relates to findings found on the specific date and time specified above. It is not representative of all service users and staff only those who contributed within the restricted time available.

4. Purpose of the Visit

Healthwatch Derbyshire wants to ensure that everyone who lives in Derbyshire, including those who live in a care home, get the opportunity to engage with Healthwatch to have their say about the health and social care services they are receiving.

For the purpose of this visit, Healthwatch Derbyshire wanted to observe ‘What good looks like’ within a care home setting.

Milford House, was randomly selected, alongside 9 other Care Homes who had been awarded the Derbyshire County Council Bronze Dignity Award.

The purpose of the visit was to:-

- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.

5. Methodology

This was an announced Enter and View visit.

Authorised Representatives conducted short interviews with some of the staff of each care home. Topics such as quality of care, safety, dignity, respecting and acknowledging the resident's families' wishes and staff training were explored.

Authorised Representatives also approached residents at each of the care homes to informally ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services from the care home may also have been explored, to help with our wider engagement work.

A large proportion of the visit was also observational, involving the Authorised Representatives walking around the public/communal areas and observing the surroundings to gain an understanding of how the home actually works and how the residents and service receivers engaged with staff members and the facilities. There was an observation checklist prepared for this purpose.

The visit was approximately 1 ½ - 2 hours in duration.

6. Findings

Arrival

Parking was reasonably adequate, with separate parking bays for coaches.

There was no sign above the reception door and there was two sets of steps, making this entrance inappropriate for wheel chair users, but I did not explore other access options.

Inside the reception area a hand sanitizer dispenser was provided alongside a visitor's book.

When greeted by the manager, one of the Authorised Representatives was very politely asked her age. Upon discovering that she was 17 years old, she was informed that it was the care home's policy not to allow any persons under the age of 18 to wander around the home independently and was told that she must be accompanied by an 'adult' at all times. When we queried this we were told the following, which we will now take into account:-

Care Homes are required to follow national legislation which specifies that anyone under the age of 18 years (minors) cannot be employed to provide personal care in a care home setting. Therefore care homes have to be very careful when allowing under 18's to undertake any tasks in a care home. Areas within a care home setting where minors can be employed are areas such as kitchens, activities where there is absolute clarity that personal care is not being given. As regards Healthwatch Derbyshire Authorised Representatives, this means that we need to give prior warning to the care home prior to someone under 18 conducting an enter and view visit, so that a risk assessment can be carried out.

Environment

The exterior of the building is very grand and majestic and, although the interior of the building seems to preserve some of these qualities, certain aspects are a little dated and worn. The building is grade 2 listed which restricts the amount of work that can be done to the building. The areas of the building occupied by residents for a large amount of their time, i.e. the dining area, are newly decorated and have a homely feel. There were no unpleasant smells.

The lounge areas were fully occupied and were being fully enjoyed by a majority of residents during the time we were there, none of the residents appeared restless or uninterested in the TV show which was on at the time. There were quite a number of lounges (all containing a television) available for residents, encouraging those interested in the same program to sit amongst one another and socialise simultaneously if preferred.

Spread around the care home were notice boards advertising and evidencing activities available for residents, such as Zumba.

Both respite and full-time residential care can be provided at the home, for the duration of which double rooms (in addition to single rooms) can be provided for couples who would like to remain together. The care home is capable of taking sufferers of mild to moderate dementia, but it is not equipped for taking sufferers of more severe forms of dementia which may require specialist care.

Staff

On the whole, all staff were approachable and friendly; not one single member of staff portrayed a sense of anxiety towards our presence.

The Manager explained during conversation that that she and her colleagues were planning to go for the Silver Dignity Award, although the Manager expressed some concern at the quantity of paperwork needed for this.

When touring around the interior of the home, the Manager discussed the recruitment process that herself (and any other senior position members of staff) are required to go through. She explained that during her interview residents are allowed to be present and encouraged to put forward their views in regards to the candidate's general attitude during the interview.

Residents' involvement and participation in formal matters is actively encouraged, for example whilst we were talking to the Manager, a disorientated resident clutching a walking frame appeared at the door way; to ease her nerves and confusion she was encouraged to remain with us during our chat. The Manager's sensitive and welcoming attitude, her grounded personality and her ability to converse with the residents, has earned her respect.

The Manager also described the process of admitting new residents, stating that during this process both the prospective resident and their relatives are invited to the home for a discussion in regards to the care the future resident may need to receive along with various other details. These discussions are not bound to time constraints, although usually last roughly 1 hour. This conversation is simply to aid with the moving in process, enabling both the future resident and their loved ones to understand the workings of the home and become familiar with the environment surrounding them. Once the resident has been admitted to the home, their relatives are encouraged to join board meetings, specifically designed for relatives of residents; empowering relatives to discuss any subject matters they feel may need to be addressed and take a slightly more active role in their loved ones' care.

Upon observing a section of the care home for residents suffering from more severe health care problems, we had the opportunity to talk to one of the nurses.

The Nurse was asked to define dignity, and was not hesitant in her reply, explaining the importance of the home meeting residents' needs and providing them with choice. In addition she stated that she refrains from using terms such as 'service users' or 'clients' when referring to residents, as she acknowledges that the care (often long term) provided in a residential home is rather personal and therefore she perceives addressing residents by their first name as more respectful.

The nurse also said that relatives and friends were encouraged to visit at times that were best for them. To evidence the effectiveness of this system, she informed me about a relative of one of the residents at the home, who enjoys spending almost all day with their loved one.

When asked about whether or not she felt the home requires any form of improvements, she briefly mentioned storage and said she felt the buildings non-symmetrical spaces and Grade 2 listing prevents materials from being stored effectively.

The nurse said that she would like some form of training which is designed to teach and provoke empathy with future workers at the home. She suggested that simple activities such as role play, involving minimal props can aid with developing empathy.

When asked about the Bronze Dignity Award, the nurse was very aware of it; exclaiming, *"I've seen so many changes here in the past two years."* She expressed a huge amount of praise towards the improvements the home has undergone and expressed a hope that she had personally contributed towards these improvements. From the passion and enthusiasm portrayed by her, I am sure she did assist with improving the home. The nurse's ebullience, eagerness and passion in regards to her profession make her an asset to the Milford House.

A Care Worker employed by the home informed me that she has been a Care Worker since the age of 19 and that consequently respecting peoples' dignity comes naturally. Due to her vast experience, she is able to automatically carry out tasks which in turn protect resident's dignity i.e. knocking on a resident's bedroom door before entering. She also discussed the importance of not making crude comments or unnecessarily revealing residents' personal information.

When asked what she feels is good about the service she helps provide, the Care Worker described Milford House as a second home. She places a large amount of emphasis on the family feel which has manifested within the home, stating that she treats the residents with respect - as with her grandparents. There is not a solidified routine in the home, encouraging closer, more supportive and respectful relationships within the home between residents and workers.

As with the nurse, I encouraged the Care Worker to suggest potential improvements that could be made within the home. She also felt that there is lack of storage made available at the home, but understands that the home is rather restricted in terms of adaptations and extensions due to its Grade 2 listing. One other important issue the Care Worker touched on was the lack of kitchen staff available to cook meals during evening times, explaining that the Care Workers often have little choice other than to act as substitutes for this role - pulling them away from other responsibilities they have.

Finally I asked the Care Worker whether or not she would recommend Milford House to friends and relatives, to which she said she has done in the past. The Care Worker seemed to emit a sense of pride towards her profession, alongside a naturally caring, compassionate and understanding attitude.

A senior worker also spoke about her pride and pleasure at working at Milford House. The senior worker has won several local and regional awards for his work in care and has been nominated for yet another for which he will attend a presentation in London in April. His dedication to work and education has, he assured me, paid dividends as he is about to resign his post at Milford House to take up a promotion within the company, as the manager a new home.

This senior care worker is responsible for the training at Milford House and is qualified to carry out moving and handling training. He presents a twelve week induction programme of training for new employees, after which they will be individually assessed for their competence and potential and placed on further mandatory training. It appears that currently eleven staff have been registered on apprenticeships and he believes that 97% of the current staff meet mandatory training requirements. The carer spoke highly of her senior care worker and of the management team. She also stated that she values the regular staff meetings where problems can be aired freely and joint decisions made. She feels that staff feel empowered and valued.

Residents

At Milford House residents are provided with opportunities to take an active role in the general functioning of the home. Residents are also involved in the production of the menu in the care home. During each season a number of residents are gathered and asked to choose what meals they would like to be made available for that season - keeping meals seasonal and tailored to the preferential tastes of the residents. Residents are also able to taste test food, should they become overwhelmed by choice. In addition, records of residents' food choices are kept and documented - keeping tabs on their nutritional intake and preferences.

Residents are supported to sit where they like during meal times, and meal times are not constrictive. Apparently one resident woke up during the early hours of the morning, asking for a bacon and egg sandwich, of which they were happily provided with. It seems as though residents are very fond of this flexible approach to meal times.

During our visit one resident who had recently returned from hospital asked for a small brandy, to which carers very obligingly provided her (and other residents) with a small brandy. All residents seemed content and comfortable during our visit, sipping small tumblers of brandy and welcoming back their friend.

Other activities are also available for residents to participate in such as physical activity classes; large notice boards advertise these classes/ groups. The vast array of activities available meant that unfortunately, we were unable to document all that was available.

Some residents chose to participate in such activities, whereas others seem comfortable entertaining themselves or simply socialising with others in the lounge. Charitable activities allow residents who enjoy arts and crafts to knit toys and sell them for charity; we were able to see some of the produce ourselves and they were fabulous.

For residents who have passed away memorial services are held in their memory.

Recently a portable cinema company visited the home, showing films for the residents and providing them with cinema snacks.

In the section of the care home that catered for residents with advanced needs; it was only possible to retrieve a minimal amount of information in regards to their perceptions of the home without causing distress or confusion. During my visit, there were no residents that seemed in particular distress or discomfort; all seemed rather immersed in either the television programme on at the time or conversing with fellow residents and/or staff.

In the residential area residents appeared relaxed after finishing their supper. A couple of residents happily joined in a chat with us. One lady had previously been employed as a cleaner at Milford House so was not at all hesitant to enter as a permanent resident when she became unwell and unable to care for herself in the community. She was full of praise and keen to stress, on several occasions, that she could find no fault whatever with the home. She told me that a range of activities were regularly available but being a 'loner' she preferred to remain alone and quietly concentrate on crosswords she preferred to do in her leisure time.

The second resident said that she was in Milford House for respite care to allow the family a break. Apparently this happens regularly and she always looks forward to her stay - *'it's a bit like going on holiday'* - she said with a warm smile. She too repeatedly emphasised that she could find no faults and stressed that she regards the staff as lovely, surrounds warm and welcoming, and food lovely. Both residents would recommend Milford House to family/friends.

7. Summary of Findings

Milford House is set in a quaint and picturesque location. Although the inside of the building may be slightly worn and in need of extra storage space, its homely character seems to have been preserved and kept alive by the friendly staff. The staff at Milford House provide a holistic style approach to care, placing their residents at the centre of all they do by taking into consideration the personal preferences of their residents.

Milford House appears to be a well run care home in which staff, residents and their families came across as happy, safe and relaxed. Staff/resident interaction appears good, as does staff/management. The Dignity Principles are well understood and put into practice on a regular, daily basis as a matter of fact and this results in residents who feel safe, happy, not afraid to bring up complaints and issues when necessary and feel respected and dignified with choice in all their daily activities, resulting in feelings of wellbeing.

8. Recommendations

There are no recommendations.

9. Responses from the Care Home to the Report

Manager, Sheila Barwick.

We would like to thank you for producing such a positive report. I am looking forward to sharing the final report with our staff. They work very hard, and to be recognised is very fulfilling and rewarding.

The only point I would like to add is that during the visit your colleagues were shown extensive evidence of all the activities taking place at Milford House, but there appears to be very little mention of this in the report.

Proprietor and Registered Person, Gerald Hudson

I cannot tell you how much your report is appreciated by myself and everyone at Milford House. It comes at a time when we are all feeling rather depressed due to the actions of certain Bureaucrats, your report comes as a breath of fresh air, at last we have someone who can approach their role without bias and politics .