

**Care Home Provider:**  
**Care Home Address:**  
**Date and Time of Visit:**  
**Authorised Representatives:**

Epilepsy Society  
Chesham Lane, Chalfont St Peter, SL9 0RJ  
07.09.17 – 11.15 am  
Alison Holloway, Susan de Kersaint-Seal

### Summary of findings



- Permanent, long term staff which has resulted in very positive relationships between residents and themselves
- Residents can participate in a range of activities but there seems to be less opportunity to go away from the Epilepsy Society site

### The Visit

Morton House provides residential care for 11 people who live with epilepsy and a range of physical conditions. We talked to 6 members of staff and 8 residents and observed another 3 residents and 1 staff member.

### How people are treated



Staff were very welcoming and open and knew the residents very well as many had worked in the home for years. Residents were also very comfortable with the staff; “the staff are all lovely”. There was lots of banter and a very positive response on the return of one member of staff from holiday. Faces lit up as she entered the room at lunch time. There was a lot of interaction between residents and staff. We heard the manager asked if they might put in a hearing aid for a resident, who frequently removed this, and the resident quite happily consented. Other staff members were seen to provide reassurance when questions were asked, and we saw hair gently moved out of the way when another resident ate. Staff provided a variety of cutlery at lunch enabling residents to all feed themselves whilst remaining alert to anticipate any need. There is also a resident’s meeting every 3 months.

### Personal Choice



Residents can get up when they want to although assistance from staff is required for most. They have a choice for breakfast with the addition of ‘a fry up’ on a Saturday. There were ten different meal options served at lunch all which looked nutritious and appetising. All the residents ate in the dining room with the deputy manager joining a table near the end of lunch. The dining room chatter became more animated when this happened. Those residents who were able to, could help themselves to more tea from tea pots on the table. Residents were free to also go outside when they wanted to smoke, go to the café or get some fresh air.

We were told that two residents use the internet and i-pads. Another resident told us how they worked in the café serving drinks and clearing plates on a Monday afternoon. Whilst two people told us they were quite happy not doing much in the home, two others said they would like more to do. One said they'd like access to a kettle to make their own tea sometimes.

### Just like Being at Home



The home is not new and décor is dated but clean, comfortable and tidy. We were told of a hoist which had just been ordered for the above the bath. The garden contained lots of planters filled with flowers and a huge gazebo which remains up 9 months of the year acting as a garden room. Gardening is a favoured activity of many of the residents. There were lots of pictures on the walls and a resident told us the fresh flowers we saw get replaced each week. There were also photos of residents doing various activities. The house was cool with windows open, and the front and back doors frequently open with lots of comings and goings. None of the doors had signage, word or pictorial, indicating whether they led to a toilet, bedroom, shower or office which could be confusing for visitors and new residents or staff. One resident and their friend, in another home on site, visit each other most days. Whilst past life was known and recognised, and one resident had helped lay the tables in the past, we did not see staff enabling residents to help around the home.

### Privacy



A resident had asked for a lock to be fitted to their bedroom door and we saw the manager explain which type of lock would be installed including using another door to illustrate this. We saw staff knock on doors and ask whether we might come in before entering. Staff also ensured doors were shut when personal information was being talked about. Some bedroom doors were open whilst others were closed.

### Quality of Life



We saw one resident having their nails cut and all residents appeared clean and tidy. A dentist, chiropodist, and GP visit on a regular basis and wheelchair assessments, for several residents, were being undertaken at the time of our visit. There was an activity board in the office but we saw no activity board with the same information for residents to readily access. Although we were shown picture menus there was no pictorial activity board to aid those who were unable to read. We were told that three different activity coordinators spend about 3 days a week in Moreton House although we did not meet them or see any activities being undertaken. Activities on a one to one basis seemed to be less clear. Senior staff told us of a range of activities included bingo, quizzes, boccia and visits by Pets as Therapy. However, other staff seemed unable to find out what might be happening after lunch when we asked. Two residents did talk to us about the mosaic projects they were doing or had completed.

There is a car for the whole site to use for trips out. However, two residents said they would like to go off site more; one saying that it was a month since they had done this. We were also told by

residents of jobs they'd previously had onsite which they now missed as facilities had been closed. "It can get boring". "It's gone downhill over the years".

### Recommendations

#### We recommend that Morton House:

- invests in more one-to-one person led meaningful activity to stimulate and challenge residents, many of whom have lived in the home for decades
- looks to staff to get involved in simple, short activities such as dominoes and armchair exercises for residents, to supplement activities organised by the site's activity team
- creates opportunities for residents to participate in the normal running of the home e.g. folding towels, clearing dirty plates after a meal, laying tables
- puts up pictorial and word signage on bathroom / toilet doors.

### Service Provider Response



Many thanks for your report. It was a pleasure to have you visit us, and the feedback from the visit was very positive.

I have shared a copy of your report with the residents and staff of Morton, and we feel that it is a very fair view of Morton.

I would like to point out a few things which came up in your report, for you to be aware of. These are:

- One resident reported that they would like access to a kettle to make their own tea. We have a water boiler in the kitchen, which is fitted, and plumbed directly. This means that a resident can use the water boiler from a wheelchair, with no lifting or tipping required. We have a resident with a risk assessment to use this, and would be happy to do another for the other person.
- We have regular opportunities to go out, and liaise with the activities team to extend this, but do accept that people would want to have more opportunities.
- We try to be needs led with one to one activities, and focus on what people want to do at the time. I'm sorry you didn't get an opportunity to see this during the visit.
- We do have a resident who takes a more active participation with the running of the home. He regularly picks up our post from reception in the morning, and will empty communal bins in the afternoon, when not working in the coffee shop. Another resident will also help fold laundry, as he used to work in the central laundrette. These activities are done on their terms, but they do enjoy them, and it can also help us out.
- Regarding the signage on bathroom toilet doors, we will discuss this in our next resident meeting, to get their views and ideas on this.

### Acknowledgements

Healthwatch Bucks would like to thank the residents and staff at Morton House for their contribution to the Enter and View visit as part of the Dignity in Care project.

## Dignity in Care Enter & View visit to Morton House



### **Disclaimer**

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

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### **Methodology**

This was an unscheduled Enter and View visit in that the care home were given up to 2 weeks' notice of our intention to visit but not the time and date. Authorised representatives noted what they observed and were told.

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