

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

Royal Mencap Society
148 Plantation Rd, Amersham, HP6 6JG
08.08.19 – 4.20 pm
Alison Holloway, Jenny Cassidy

Summary of findings



- Staff did not treat residents as equals
- Insufficient experienced staff on duty to enable person centred care
- Little choice or meaningful activity for most

The Visit

Southernwood currently provides residential care for 5 men who live with a learning disability, several of whom are non-verbal. We talked to 1 resident and 2 members of staff. We observed a further 4 residents.

How people are treated



Staff were very welcoming, cheerful and open. We were told many staff had worked in the home for years although, on our visit, one was newly in post; “this is my first shift”. They knew residents’ names but there was little interaction between anyone except when personal care was given or assistance at meal times was provided. Most interaction was gentle but perfunctory. Nor was there any touch except to help someone to the table or to wipe a resident’s mouth. There were only two staff on duty and one of them had popped out for a few minutes as we arrived. One staff member rushed around doing all the work whilst the other, who was new, checked their mobile phone a lot. The latter was not proactive, but neither were they asked to help. At one point, they stood next to the sink to eat a sausage roll and packet of crisps rather than sit down with the residents at the table. There seemed insufficient staff on duty for the five residents who all seemed very dependent. Staff were casual in the way they talked to each other and could be condescending to residents. Commands were given “Drink” rather than questions asked. We rarely heard staff say “would you like...” or “would it be alright if...” A staff member laughed at a resident who wouldn’t let go of a cup before telling him the cup was empty. However, when time allowed, we did see the same staff member be very attentive to two individuals. They ensured the puree meal prepared for one was completely smooth and talked to them on and off as they helped them to eat. They took the time to wait until a reply was forthcoming. However, this individual did not have their undivided attention and several times the staff member left the table to make a drink or provide personal care to a different resident, even though the other staff member was not doing anything.

Personal Choice



We were told that residents are put to bed usually between 8.30-9pm “although (X) just gets up again”. We were also told residents were helped to get up in the morning after the night staff go off duty. Although we were given a drink, no resident was offered one before their evening meal. Neither were they offered drinks before they had finished eating. Most residents gulped their drinks

down quickly. However, staff did know what each resident liked to drink. One was offered a choice of flavoured milk shakes, another tea (at his preferred temperature) and the others were asked whether they would like Vimto. There was no choice of food and no menus, pictorial or written. We were told that whoever cooks decides what's being made. We were not told that residents helped choose any food. However, when asked what a resident's favourite meal was, a staff member answered immediately "fish and chips ... but you can't puree that." We were told that some people didn't like to be at the table when certain others were there. However, our observation was that this didn't seem to be the case. The evening meal started with just one resident called to eat their packed lunch which they hadn't eaten earlier as they hadn't gone to the day care centre. They ate alone whilst one staff member made cheese sandwiches and defrosted a puree meal. Three more residents were then told "Up, come on" and helped to the table. The sandwiches had been cut up into inch square pieces which seemed too large for bite size and too small to pick up. One resident fed himself and two others were fed with a fork. The resident who was eating a puree meal asked for his food but was told he had to "wait 20 minutes" although he indicated he wanted to eat it whilst everyone else was eating. He was asked where he'd like to eat and was moved to the end of the table joining the other 4 residents. Everyone seemed happy to eat together. The cheese sandwiches were eaten quickly, although no one was asked if they would like anything more to eat. One resident was fed a yoghurt, after he had left the table, to help him take his medication, but no one else was offered a dessert. Everyone had a bib put on them before their meal although no one asked them whether they would like one. One resident seemed to wear one permanently.

Just like Being at Home



We found the home to be tidy and relatively clean. However, the smell in one bathroom and a couple of bedrooms indicated that the bins needed emptying. Bedrooms were personalised and we saw that one was decorated with Chelsea FC and Dr Who items. Another had labels on each drawer to help a resident find what they were looking for. On each bedroom wall was a photo of the occupant's key worker and a complaints process. One resident was in bed when we arrived, but they were assisted to get up for the evening meal. Another resident spent most of their time wandering around the home and another was watching snooker on the large TV in what we were told was being developed into a sensory room. The other two residents sat in the lounge where another TV was on. The TVs remained on, at high volume, throughout our visit although one was hurriedly turned over to a quiz show when a staff member did not feel the programme was appropriate.

Whilst we were told family visit, we were told no other visitors come to the home apart from other professionals. Residents can only go out if there are enough staff or drivers on duty. Residents were not encouraged to help themselves or to help in the home. We saw one resident being fed sandwiches with a fork, yet he picked the crumbs off his bib with his fingers at the end of the meal. We were unsure why he had not been encouraged to eat his sandwiches independently. The kitchen, laundry and garden were all fully accessible, with all the doors open, although we saw no resident use them. The resident we spoke to did say he was happy in the home and he liked his evening meal although he didn't consider Southernwood his home.

Whilst staff use iPads to update care records, and they used them to link the TV to YouTube for the residents, the latter do not have any direct access to any computers, portable or otherwise.

Privacy



All the doors to all rooms were open apart from one bedroom where personal care was being given. We did not see any confidential information lying around. However, staff did talk about residents in front of others with little regard to the privacy of this information or respect for the individual. For example, when one resident entered the room, they said “this was the one I was working with”.

Quality of Life



One resident goes to a day centre every weekday except Monday when his parents visit. Others go a couple of days a week and one doesn't go to a day centre at all. We were told staff try to take him out to the park or to town whenever possible. In the home, there seemed to be little to do apart from watching TV. One resident was watching snooker which was obviously something he liked to do. Other residents were in the lounge where Channel 4 was on the TV. When asked what the residents liked to watch, we were told films. There was an extensive collection of films behind the TV. There is a room which has a large ball pit in it for one resident although no one was using it. There were also sensory lights in the corner which had yet to be put up and a projector which could create light shows on the ceiling. However, none of these were being used. One resident wandered around with nothing to occupy them for most of the time we were there, except for a little while spent in front of the TV and whilst he ate.

Assistance was given to those who needed help to move including a resident who could propel themselves to a certain extent in their wheelchair. Staff did allow them to move themselves for a while before helping. However, one staff member forgot to ask the resident to take his foot off the floor before he pushed the wheelchair. Two residents were helped to eat although both staff members did this standing in front of the resident rather than sitting next to them. A staff member put on gloves to put slippers on a resident wearing surgical stockings, yet they didn't wash their hands before preparing food or assisting someone to eat. Residents were also not encouraged to wash their hands before eating their meal.

One resident had bare feet and had long, broken toe nails. They also made a lot of noise away from the dining table as they appeared to be seeking attention as they had just been left in front of the TV. They would deliberately throw a toy on the floor to try to get someone to pick it up and interact with them. We were the only ones who did pick it up though, with no staff interacting with him unless to give medication or admonish him; “You ain't gonna throw a tizwoz with me mate.” Although we were told three residents were non-verbal, only speech was used as a communication tool. We saw no sign language or pictorial aids used.

Recommendations

We recommend that Southernwood

- Encourages staff to work together, delegating more and being proactive to ensure care is more person centred and less task based
- Ensures staff have time to interact positively with each individual living in the home
- Ensures there are enough staff on duty to meet residents' needs
- Ensures staff do not use mobile phones unnecessarily when working and use their time instead to interact with residents

- Enables staff to sit down next to residents when providing them with assistance to eat rather than stand over them
- Encourages staff to talk to residents at the table whilst they eat and eat together when assistance or other work is not required of staff
- Brings in a culture where residents are treated as equals and asked what they would like rather than being told what to do
- Ensures residents have access to drinks in between meals
- Asks resident whether they would like to wear a bib and whether a staff member may help put a bib around their necks
- Ensures appropriate language is used in the home and ensures people do not talk in front of individuals as if they were not there
- Works with residents to enable them to communicate what they want in a positive rather than negative way which may include forms of communication other than speech
- Involves residents in planning menus and ensures they have a choice of what they might like to eat
- Fosters more independence e.g. encourages those who could feed themselves to do this more and involves those who are more able, to contribute to the running of the home e.g. wipe tables, fold laundry or sweep the floor after a meal
- Looks to use pictures and photos more in the home to help residents choose what to eat or do
- Provides more stimulation in the home e.g. listening to favourite music rather than just the TV, throwing a soft ball to and fro and playing simple games
- Turns the TV off during mealtimes
- Encourages staff and residents to use the garden
- Ensures residents can get up and go to bed when they would like to
- Ensures staff always wash hands (in the appropriate sink), residents wash hands and gloves are used in appropriate situations
- Ensures nails are cut if long and broken

Service Provider Response

On the day of the inspection I feel it should be noted staff sickness in the service was very high and therefore the service was short staff during the visit. As stated in the report there was one experienced staff member and one new staff member on duty at the time of the visit, another support worker arrived to support with the people we support with their evening routine at 7pm following a request due to staff calling in sick for the evening shift. Therefore it is recognised that at the time of the visit the service was understaffed for those couple of hours although the needs of the service users were still able to meet with those staff levels.



"One staff member rushed around doing all the work whilst the other, who was new, checked their mobile phone a lot" – We can see from the report how hard the experienced staff must have been working at this time, the manager has addressed the issues relating to the new staff member being on their mobile phone and not supporting as would be expected. This has been addressed and resolved with the staff member now more aware of expectation whilst on duty.

"Commands were given 'drink' rather than questions asked" & "Three more residents were then told 'Up, come on'" – Staff were following the person we support's SALT assessment and support plan in

place. These state clear and simple communication is to be offered. The person we support mentioned here has profound learning disabilities and cannot understand long sentences nor has the capacity in many areas of daily living. The person is also blind and therefore it has been documented staff are to provide clear, simple and direct verbal prompts as needed to assist this person.

"However, this individual did not have their undivided attention and several times the staff member left the table to make a drink or provide care to different residents, even though the other staff member was not doing anything." – We recognise this will have been relating to the staff sickness in the service that day, additionally as the new member of staff had not received full Eating and Drinking training therefore, at the time the one staff member had noted this and was aware he would need to provide all people we support with this support as required.

"Although we were given a drink, no resident was offered one before their evening meal" – This is also documented in the people we supports SALT assessments and support plans that they are to receive a drink during/after their evening meal to ensure their throats are clear due to having a high choking risk. The SALT guidelines in the service state a drink should be provided during and after the meal to help clear the mouth and throat of any potential blockage to reduce choking risks.

"There was no choice of food or menus" - The preferred meals of the people we support are recorded within their Support Plans. This information has been gathered over many years of experienced staff, a close working relationship with family members, and observation of people's reactions to meals. The people we support do not have capacity over meal choices and 3 of the people we support are unable to communicate their choice due to their profound learning disability. Additionally due to visual impairments the people we support are unable to use a picture menu plan regarding meal choices. Therefore meal choices are made through knowing the people we support and their preferences.

"The resident who was eating a puree meal asked for his food but was told he had to wait 20 minutes" - This is roughly how long it takes to microwave the meal and then leave it to rest as it is very hot. The person who eats a puree meals has an exceptionally high choke risk and requires 100% of staff attention when eating. He requires a calm and quiet environment and full attention and support from staff due to the high level of choking risk. Therefore as per his support documents he waits until the other people we support have finished so that he is able to eat at the table in the required environment with the correct support as per his SALT assessment.

"Everyone had a bib on them before their meal although no one asked them whether they would like one" - All the people we support have the ability to remove an apron if they do not want it, none of them have the ability to put one on independently. Additionally as previously stated the people we support struggle to communicate verbally and have visual impairments and therefore placing an apron on is tactile/sensory communication and they are able to feel this knowing it is a meal time and will remove the apron if they do not wish to wear it.

"We saw one resident being fed sandwiches with a fork, yet he had not been encouraged to eat his sandwiches independently" - He has been assessed by SALT as a choke risk as he tries to put as much food as possible in his mouth. He has a long history of biting, which is not done in aggressive manner, but is triggered by mealtimes or feeling affectionate. Staff were following the SALT guideline which state to keep both staff and the person we support safe during meal times staff are provide support using cutlery at all times.

"However, staff did talk about residents in front of others with little regard to privacy of this information or respect for the individual. For example, when one resident entered the room, they said 'this was the one I was working with' – This will be looked into and addressed.

"In the home there seemed little to do apart from watching TV" – As noted already in the report, the people we support have access to a sensory room, I-pads and music which they all enjoy very much as well as TV in the evenings, many attend outings during the day and prefer to relax in the evening.

"One resident wandered around with nothing to occupy them" - This is something the person likes to do. DE wanders between his bedroom and the living areas and has a routine. He often moves things between his bedroom and the living areas. DE has Dementia and a learning disability and this behaviour seems to offer him comfort. He can become distressed if his routine is broken by staff. This is documented in his support documents that staff are to leave DE to wander his home and only offer support when felt necessary, this is something DE likes to do and is a routine which staff respect.

"One resident has bare feet and long broken toe nails" - CG has bare feet because sometimes he likes to remove his socks and have bare feet. We know this because he pulls his own socks off, which can cause damage to his toe nails. His toe nails are cut weekly by a professional, otherwise he could do serious damage to his feet when he yanks his socks off. Therefore although the nail may have appeared long these are regularly checked, monitored and treated by a professional.

"We saw no sign language or pictorial aids used" - Four of the people we support are registered blind or have severely limited sight. Sign language and pictorial aids have been attempted many times in the past but have been unsuccessful for this reason. The most successful method has been to find images on the I-pad and have them displayed on the wide screen TV's or to use sensory/tactile communication or clear, simple and direct verbal communication.

Acknowledgements

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

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.

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.
