





Part of the Healthwatch Staffordshire remit is to carry out Enter and View Visits. Healthwatch Staffordshire 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 Staffordshire 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 Staffordshire 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: Catherine Care Ltd.  
Address: Unit 13A Jerome Road, Jerome Business Park, Norton Canes, WS11 9UE  
Service Type: Day opportunities for adults with learning disabilities  
Date of Visit: 12<sup>th</sup> February 2019

## **Authorised Representatives**

This visit was made by two Authorised Representatives of Healthwatch Staffordshire.

William Henwood - Lead and Observer

Catherine Wetton - Observer

## **Purpose of Visit**

Healthwatch Staffordshire is making a series of visits to Day Services throughout the county in order to report on the range and quality of these services. Each service will have an individual report and an overview report on Day Services in Staffordshire will be compiled once the visits are completed.

A good service should...

1. Have strong, visible management
2. Have staff with time and skills to do their jobs
3. Have good knowledge of each individual client, their needs and how their needs may be changing.
4. Offer a varied programme of activities unless a specific service is offered.
5. Offer quality and choice to their clients around food and mealtimes, where applicable.
6. Accommodate clients personal, cultural and lifestyle needs.
7. Be an open environment where feedback is actively sought and used

The methodology to be used is to;

- Consider the care and services offered and whether this is delivered in a way that promotes dignity and independence.
- Consider staffing levels and the level of the care provided.
- Talk to people using the service, if they are happy and willing to do so to gain their views on the opportunities available to them.
- 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.
- Consider staff training and the support offered to enable staff to do their jobs well.
- Observe interaction at all levels between clients, staff, Manager, and visitors.

## Physical Environment

### External

The centre is clearly signposted from Jerome Road. Access to the centre and its car park is through the busy yard of a motorhome and caravan service centre. There are 10 mph speed limit signs. On-site parking is adequate but in rows which block in other vehicles. The owners acknowledged that the approach and layout are not ideal. From the car park the entrance door was clearly signed and has level access. The centre comprises two attached modern industrial units which appeared to be in good condition and well-maintained. The centre opened in one in 2015 and has since extended into the other. They are on the same level and linked internally. There are no gardens in the sense of lawn, flowerbeds or trees, but there is a decked area to the side of the centre. This is fully accessible and covered by a translucent roof. It has an adult swing, tables and chairs, and raised planters. It was not in use during our visit on a winter's day. The decked area looked modern and in good condition. Entry is through an unlocked door into a lobby with observation window and thence through a second door into a staffed reception area. There is no external CCTV.

### Internal

The reception / office is located immediately beyond the front doors. There is a visitors' book in a prominent position on a table in the reception area and we were asked to sign in and out.

The centre comprises many rooms and spaces across the two adjoining units. The décor varied according to the use of each area: from bright and functional to subdued and homely. All looked in good condition.

Artworks produced by service users using sponge painting were on display, along with much other decoration and art appropriate to the function of the room or space - colourful and cheerful in some, quiet and restful in others.

We saw a very wide variety of equipment for personal care and activities. All appeared to be in good condition. We were told that some rooms have CCTV for monitoring of service users.

The centre uses large amounts of soft furnishings across several rooms, much designed to meet the needs of the more dependent service users. All appeared to be in good condition.

We did not encounter any unnecessary clutter or items stored in circulation areas. We were shown a storeroom containing equipment provided to service users by statutory agencies which is too bulky to be stored in their homes.

All areas looked clean. The legs of some chairs in the main dining area looked stained, as if they might benefit from cleaning, and we asked the owners to look at this. There were no unpleasant odours within the premises

The centre has 9 toilets; all are accessible; 5 are larger and suitable for wheelchair access; 1 has a 'changing place' table.

There are many rooms and different areas within the buildings, some are single-use and some are multi-purpose areas.

There are two main dining areas, one larger and one smaller. Other rooms are also used by people needing a quieter space and or one to one support at mealtimes.

## **Client Numbers**

There are currently 98 people using the services. Attendance varies across the week but averages about 60 people per day.

## **Staff Numbers**

The centre has a total of 15 trained / qualified Activity Leaders and a further 11 trained. qualified Activity Staff.

These are a further 30 staff providing care and support to people using the service.

The centre has 1 Health & Safety Officer and 1 maintenance person.

There are 5 members of the Management Team and 4 administrators.

The centre runs an apprenticeship programme. There are currently 2 apprentices, though until recently there were 4, which is the normal number.

The centre also has volunteer helpers. They are offered training opportunities, including the Care Certificate.

## Management

**Management - A good service should have strong visible management.**

**The manager should be visible within the service, provide good leadership to staff and have the right experience for the job.**

### **Our findings**

Staff that we spoke to expressed confidence in the centre's management and leadership.

The quality of the leadership was also evident in the individualised and person-centred approach to care and activities that we observed throughout the centre.

The owner and manager clearly knew the service users as individuals, understanding their needs and personalities. In turn, they were evidently well known and liked by the service users.

We observed positive interaction with service users throughout our visit.

Those service users able to express their views indicated that they were happy. We saw no negative indicators or unhappiness.

### **Comments**

It was evident that the centre has a good management team which supported the staff and the people who used the service.

## Staff Experiences and Observations

**Quality Indicator 2 - Have the staff the time and skills to do their jobs**

**Staff should be well-trained, motivated and feel they have the resources to do their job properly.**

### **Our findings**

The mandatory training is extensive covering the following for staff and a staff training matrix is maintained.

Induction, Care certificate, Fire safety, health & Safety, Safeguarding, Moving & positioning, Food Hygiene, Medications, First Aid, Epilepsy, Behaviour that challenges, Dysphasia, Steps & ladders, Infection Control, Posture relief, Equality & Diversity, Confidentiality, Communication, Makaton, COSHH, Duty of care, Dignity, Nutrition, Falls prevention, Learning Disability, Autism, MCA, DOLS.

Further training is available to staff as required. This is bespoke training to suit the individuals needs, (ie Huntington's to suit a clients needs), Peg Care, Bipolar, Cerebral Palsy, Down Syndrome, Asperger Syndrome, Supervision & Appraisal, Risk Assessment, Diabetes NVQ Level 2,3, and Level 5 for management posts. Hot tub care, Physical exercise, gym equipment use, Supporting on transport.

We were told that the centre has a training manager and 6 staff who are accredited trainers. Training is also provided by and through Staffordshire County Council, speech and language therapists, occupational therapists, Skills for Care, Carematch, Unwins, and other private companies. Distance learning is also available. Opportunities are also pursued at Wolverhampton University.

Apprentices are encouraged to study for future careers, examples including business administration and accounting technician.

The centre advise that if a client come to the centre in with a specific condition they would provide training to staff to enable them to support that individual client.

Staff spoken to told us that they felt well equipped to fulfil their roles. Staff also spoke positively about the support they receive from the management.

From observation, staff appeared to have the time to undertake care and activities in a purposeful but unhurried fashion, with time to provide personalised services to individual service users.

All staff receive initial safeguarding training and regular refreshers.

Family carers are escorted when they visit the centre.

When we asked about any recent incidents or concerns, we were told of a service user with a history of making false allegations in a variety of settings. An allegation against staff at the centre was investigated, found to be false, and the matter resolved in discussion with the service user's family.

All staff including Apprentices and external Personal Assistants attending the centre have their DBS status checked.

Staff spoke positively about their work. All were cheerful and appeared to work well together.

We were advised that Catherine Care has recently won "Employer of the Year 2018" for Learning Disability and Autism; been a regional finalist in the Care Awards; and been an Employer of the Year for Apprenticeships.

Learning disability nurses from Wolverhampton University do 12-month placements at the centre.

## Comments

The amount and type of training available to staff is excellent and the sourcing of specialised training to meet the needs of individual people who use the service helps equip the staff to give the best possible care to people.

**Quality Indicator 3 - Do staff have good knowledge of each individual client, their needs and how their needs may be changing**  
**Staff should be familiar with clients' histories and preferences and have processes in place for how to monitor any changes in wellbeing.**

### **Our findings**

It was apparent that staff have good knowledge of service users, their histories and their preferences. Assessments and personal care plans are shared with staff.

A formal review (including with the service user's social worker) is conducted after 6 weeks at the centre, and at least annually thereafter. There are also 'informal' reviews with family carers as needed or on request.

Review outcomes are shared with staff, and adjustments made as indicated necessary, including health and medication issues

### **Comments**

The service has high standards on providing person-centred care.



## Activities

### Quality Indicator 4 - Activities - Does the service offer a varied programme of activities?

Services should provide a wide range of activities and support clients to take part in activities, unless the service offers a specific type of service rather than a wider range of opportunities.

### Our findings

Catherine Care have a wide variety of activities as outlined in the table below.

Types of Activities on offer				
Indoor	Outdoor	Off-site	Visits / trips out	Other activities
Rebound therapy	Gardening cabin	Gym	Cinema	Involvement in local community events:
Hot tub	Activity area with swing and equipment	Recording studios	Ice skating	Carol concerts
Reiki, reflexology, aromatherapy, massage		Assistance at local library	Bowling	Carnivals
Music			Holidays (Lea Green Activity Centre in Derbyshire, also Blackpool, Weston)	Wyrley's Got Talent
Drama			Theatre	Christmas lights switch on
Communication				Outdoor performances
Independent living skills				Christmas and summer shows performed on-site
Work experience: tea rooms, garden				Recent drumming workshop
Art and crafts				Bingo
Soft activity area				Psychic night
I.T.				
Photography and video				
Sensory				
Beauty and hair				
Shower/ changing				
Health education				

We observed (and joined in) a singing session with hand gestures in the IT room. All of the participants were clearly enjoying this activity (as did we).

We were shown the hot tub room, which has appropriate décor and artwork. This is locked when not in use.

We were shown the “rei-flex” room, with a massage chair and other relevant equipment.

We observed nail-painting in the pampering room. This was clearly being enjoyed by participants who showed us the results with which they were evidently delighted. We were told that this room is also used for hairdressing, make-up, hygiene (such as tooth brushing) and making of and training on relevant equipment. A chiropodist visits once a week.

We visited a quiet sensory room where staff were giving 1:1 support to dependent service users who were sleeping or resting. We were also shown a ‘sensory story’ room, and another sensory room for massage.

We saw an art class where service users were making jewellery and pot people. We later observed furniture being painted by service users in a workshop area.

We visited the communications room, where we were shown the day’s agenda on a board. Sessions held here were described to us as themed and structured, developing skills. We saw examples of ‘talking mats’ on which pictures helped service users to identify activities, and which they like and dislike.

We were shown a tea-room at the front of the building, with a separate front door to the car park which is unlocked when the tea-room is open. Although not in use during our visit, we noted ‘traditional’ tea-room furniture and soft furnishings, and cards and gifts for sale on shelves and in cabinets. It was explained to us that the room is used by family carers, and that themed tea parties also take place. Service users are trained here. The room is also available for use by outside organisations (for meetings etc.), as part of the centre’s ethos of breaking down barriers between its user group and the wider local community.

In the car park, we were shown around a wooden hut with inside and outside shelving, which is for horticultural activities. Although not being used during our visit, we saw several products and were told that service users are supported to make hanging baskets, pot cacti, tend bonsai trees, and similar. A wreath-making workshop had recently been held.

We also saw other rooms: one with a trampoline for ‘rebound’ therapy; another with a postural relief area for wheelchair users; several quiet rooms with sensory lighting, sound and artwork; a room used by a speech and language therapist working with service users with dysphasia (2 days per week); another used for sensory-based storytelling; an art room where a volunteer had been working with service users on clay modelling and string pictures.

We were told that service users are much involved with preparations for their twice-yearly big shows: costumes, scenery and prop making, as well as designing and rehearsing the performance. The summer 2019 show has American themes: Las Vegas, Disney and the Wild West. Relevant artworks and pictures were already on display in the main hall. We were told that as many service users as possible contribute, including those who use wheelchairs and those who are non-verbal.

We were told that hygiene, exercise, relaxation and therapies form part of activity programmes which all assist with maintaining physical health.

A learning disability nurse has delivered sessions on breast self-examination and how mammograms work, using real examples to allay fears and build confidence. She also covers menstruation and other aspects of female health.

There are plans for an equivalent programme for male service users.

We saw service users engaged in a wide variety of activities, individually or in groups. All appeared appropriate to their abilities and providing pleasure or therapy according to their needs and capabilities.

We were told about 'Makaton Mondays' which are led (with support) by service users.

While group activities may be physically accessible to all service users, they would not be appropriate to all. We observed activities being provided 1:1 to people for whom this appeared to be preferable.

We were told that service users' birthdays are celebrated and bouquets are made for special events. Christmas is thoroughly prepared for and celebrated. The Chinese New Year was recently marked.

Service users are supported with individual hobbies and interests. Examples given were a service user who enjoys horse-riding and another who likes travelling on trains, both of which are arranged by the centre. Most service users need to be accompanied when enjoying activities away from the centre. We observed several instances of one to one care and activities. Staff also join in group activities.

Some of the activities available offer some training to the people to use the service. Examples given to us of training offered to service users were in the kitchen (including food hygiene), customer service and use of the till in the tearoom and building IT skills.

We were also made aware of training on independent living skills, budgeting and hair and beauty.

Several service users gain work experience in the centre's tearoom.

One service user is employed 2 hours per week by the centre as a handyperson.

We were also told of a service user who had been employed as an Activities Assistant, having gained a level 2 qualification through the centre.

Service users able to contribute to designing activities are encouraged to do so, for example planning the next summer show.

We also saw evidence of user involvement listed in the summary of the most recent service user meeting displayed on flipcharts.

We were told that person-centred planning tools are used for each service user from the start, leading to individual activity plans. These are regularly reviewed, but if a service user wants to try something new and different, they are encouraged to do so, subject to assessment of risk.

## Comments

The spectrum of needs of the service user groups that we met meant that while many were benefiting from 'active' activities, others with more severe or multiple disability were being supported in 'passive' (therapeutic) ways. Each individual's needs were provided for with a very wide range of activities.

## Catering Services

### Quality Indicator 5 - Catering - Does the service offer quality, choice around food and mealtimes?

If relevant, Services should offer a range of meal choices and adequate support to help clients who may struggle to eat and drink and accommodate different preferences and needs around individual dietary requirements.

#### **Our findings**

We were advised that the centre has a five star food hygiene certificate.

We saw the day's lunch menu (in writing and pictures) on a noticeboard outside the kitchen.

We were told that the menu rotates on a four-week cycle, and that other, 'a la carte', options are available for service users who prefer them.

Seasonal fare is procured, according to weather and availability.

We saw service users eating their lunch and all appeared to enjoy their meal.

We observed staff providing assistance and encouragement to some service users who needed it. We observed some service users using easy-grip utensils (and some of these being helped to do so).

We were told that the centre has recently conducted a survey of service users and family carers to ascertain levels of satisfaction with catering.

We were invited to have lunch with the owners in the main dining area. Our meal was tasty, and the other menu options we saw appeared and smelled likewise.

Snacks are available. The centre is now providing more fruit and reducing the availability of cakes and biscuits.

The main dining area, in a large multipurpose hall, was bustling and quite noisy.

We observed some service users eating elsewhere, in smaller groups and quieter settings, which we assumed better met their needs.

Some very dependent service users will no doubt have been fed 1:1 in other rooms, but we did not intrude on protected time and space.

#### **Comments**

The centre offers quality, choice and flexibility around food and mealtimes according to individual needs

## Quality Indicator 6 - Does the service accommodate clients personal, cultural and lifestyle needs?

Services should be set up to meet residents cultural, religious and lifestyle needs as well as their care needs, and shouldn't make people feel uncomfortable if they are different or do things differently to other clients.

### Our findings

It was evident throughout our visit that clients individual lifestyle needs were respected and accommodated.

We saw the day's lunch menu (in writing and pictures) on a noticeboard outside the kitchen, and observed service users eating several different types of lunch.

We observed service users consuming a variety of hot and cold drinks with their lunch and heard staff asking them for their preferences.

Few service users would have been able to express their opinion on whether they felt their needs were being met, but from observation, we concluded that each service user was receiving person-centred individual care and activities appropriate to their needs and level of ability.

We observed the day's activities (listed in words and pictures) on a large noticeboard, with the names of participants under each item. We were told that if a service user changes their mind on the day, or asks to do something different, this is accommodated, subject to suitability.

Those service users able to verbally express their views told us that they liked the staff.

We observed unfailingly cheerful and respectful interaction between staff and service users, from which it was evident to us that each knew the other well.

During our visit, we saw no instance of lack of privacy or dignity in respect of any service user.

We saw service users who need a quiet space away from the mainstream, getting this in separate rooms, with 1:1 staffing. The owners did not join us when we visited one room as they felt that would mean too many people in a protected space.

We were told that currently there are no particular religious preferences that needed to be considered in respect of the people who use the service, but that any requirements or preferences notified in respect of clients would be met and observed.

### Comments

The centre, without exception, meets the care and lifestyle needs of the people who use the service through the individual programmes that they offer all the users.

### Client Experiences and Observations

Whilst many people were not able to directly express to us their experience, those who could clearly indicated that they liked the staff and were happy at the centre.

Our observations informed us that people were happy, content and fulfilled in their activities or therapies.

## Family / Carers experiences

No family carers were present during our visit. We were told that carers are welcome at the centre and that monthly coffee mornings are held for them

We were told that carers are welcome at any time and have use of the tea room. When elsewhere on the premises, they are escorted by a staff member.

We were told that family carers receive copies of reviews and emails on coming events.

**Quality Indicator 7 - The service should be an open environment where feedback is actively sought and use.**

**There should be mechanisms in place for clients and relatives to influence what happens in the service, such as a Clients and Relatives Committee or regular meetings. The process for making comments or complaints should be clear and feedback should be welcomed and acted on.**

### **Our findings**

We were told that there are six-weekly meetings with service users who, with support, lead the proceedings - a staff member sits at each table. Pictures and symbols are used to help service users express their thoughts and opinions. All matters raised are recorded.

We saw flipchart sheets on display with writing and some pictorial representations of issues discussed at the most recent service users' meeting. These included things that users were happy and unhappy about. A recent brief failure of the heating system featured prominently.

Regular coffee mornings are held for family carers.

A Friends Group meets monthly, many of whose members are family carers

We were told that the centre's complaints procedure is given to carers in their initial pack of documentation.

No examples of recent complaints were recalled. However, representations were made by service users that there were not enough clocks around the centre. In response, more clocks were bought and installed.

### **Comments**

Catherine Care actively seek feedback from the people who use their services and the family carers and are responsive to feedback that is given.

## Additional information about the service

The centre's standard opening hours are 9.00am - 4.00pm Monday to Friday, but there are also evening and weekend events. It is closed on Bank Holidays and between Christmas and New Year, but there is no summer holiday closure.

We learned that the largest source of referrals to the centre is social care professionals. Health professionals, carer enquiries and word of mouth are also sources.

The centre does not actively market itself. It has recently paid for advertisements on local buses, but this was to increase public understanding of the lives and potential of service users, not a recruiting exercise.

The centre does not accept people with severe and unmanaged challenging behaviour because of the impact on other service users.

Typically, family carers will visit the centre and look around it before a staff member visits the potential service user at home (or at school or college).

The potential service user then visits the centre for a free 'taster' day. People with more complex needs often come for up to a week during half term or school/college holidays.

Potential service users receive a full assessment, conducted with them (with support to enable their voice to be heard), their family carers, centre staff, transition worker and other professionals.

The same people are then involved in the production of a person-centred care plan. The centre seeks to ensure that the activities agreed on the plan are meaningful, and where appropriate, challenging, to maximise the service user's potential for reduced dependency.

All service users have a named key worker

Most service users are transported to and from the centre in Catherine Care's own vehicles. The catchment area extends from Kinver to Derby, but most service users come from the Walsall, Wolverhampton, Stafford and Cannock areas.

We were told that the centre employs 2 transport co-ordinators to organise a fleet of over 20 vehicles, a mixture of cars, people carriers and minibuses, some with wheelchair access. As far as possible, journey times are kept to under 1 hour. Timings are flexible around service user needs and carers' commitments (such as working hours and times).

There are different charges for different levels of support. Some people have shared support, some people are 1:1. Most of the general activities are included in the costs.

There is a basic charge per day. Additional one to one support is charged at an hourly rate.

Where people share transport, this is absorbed in the cost of the care and support. If it is a 1:1 PA session or the centre have to use one of their specific wheelchair-adapted vehicles to collect a 1:1 client from any distance, they do make a charge for transport costs.

Midday meals which include a desert are very reasonably priced and drinks are included all day.

Almost all service users commit to regular usage.

A few other people attend and pay on a sessional basis, for example for drama activities

Information on what the people who use the service can expect from the service is contained in a written agreement.

We asked what were the common types of funding that people who use the service had.

We were told that currently about 80% of service users are in receipt of Direct Payments. Roughly 15% have a Personal Budget. The remaining few are privately funded, including from the proceeds of compensation payments.

We were told that it is often difficult to get agency professionals to agree funding for a realistic level of support, in terms of both a daily rate and number of days per week.

The owners also felt that there is insufficient understanding by agencies and professionals of the extent to which day opportunities support family carers, thereby enabling service users to continue to live in the family home and parents to be able to continue to work. Too often, home circumstances and day opportunities are seen as separate issues.

When asked about current issues and concerns, the owner emphasised the rising number of very elderly parent carers struggling to care for middle aged or elderly service users. The statutory agencies only respond to crises, whereas what is needed is forward (succession) planning as part of the review process.

## **Summary, Comments and Further Observations**

The owners, manager and staff were all welcoming, cheerful, and open with us.

We found this service to be Outstanding in every respect, meeting and surpassing all of the quality indicators

## **Recommendations and Follow-Up Action**

We have no recommendations regarding the quality of the service.

We wondered whether, within the constraints of the building, some additional soundproofing around 'quiet' rooms might benefit the service users who make use of them.

We also pondered whether marking some lines in the car park (to protect the gardening cabin and its approach, and to guide visitors arriving by car) would be beneficial.

## **Provider Feedback**

The Director of Catherine Care told Heathwatch;

*"We really enjoyed the visit and it is refreshing for us all to be able to work together for the benefit of those we support."*

### **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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