



ENTER AND VIEW

Lawnswood Avenue

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.

Tel: 0800 051 8371

enquiries@healthwatchstaffordshire.co.uk
www.healthwatchstaffordshire.co.uk

Provider Details

Name: Lawnswood Avenue, The Royal Mencap Society

Address: 112 Lawnswood Avenue, Chasetown, Burntwood,
Staffordshire WS7 4YE

Service Type: Accommodation and personal care for adults with learning disabilities

Date of Visit: 7 June 2017

Authorised Representatives

Name: William Henwood

Role: Author and observer

Name: Robin Bentley

Role: Observer

Purpose of Visit

A recent CQC inspection had highlighted that the service was not always effective, in particular applications to deprive people of their liberty had been made before some people's ability to consent to care and make decisions about their safety were assessed.

They had found that action had been taken to improve safety and improvements had been made to the cleanliness and maintenance of the home. Staffing levels had been reviewed and increased to ensure people were supported adequately.

We wanted to see that the improvements and good practice were ongoing, and that the improvement in staff morale had been maintained.

We were also interested to see what activities were available to residents and it is well known that good activities are invaluable to the wellbeing of residents.

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

112 Lawnswood Avenue is a single-storey purpose-built home, dating from about the 1980s. The outside of the building appeared to be in a good state of repair. It occupies a relatively small plot. There is a garden area with seating on a lawn, used by residents, though not on the day on the visit. This is passed between a gated entrance and the front door. The gate, which has a large sign stating that it should be kept closed at all times, was open when we arrived and left. Narrow strips of land behind the home were overgrown, but we were shown matting which had been put down to try to suppress growth, and were told of as yet unfulfilled plans for improvements to provide a sensory area. A further paved area is used for storage, and on the day of the visit contained some old office furniture and old plastic chairs. These areas are not accessible to residents.

We were told that a gardener visits about every three weeks. Our visit was at the height of the growing season but it was not evident that this is sufficient to keep the gardens consistently neat and tidy.

Access to and from the building is by doors which are kept locked unless in use.

Internal

The entrance to the building is well signposted and is easy to find.

The home comprises two wings, each accommodating four residents in single rooms, and each having two bath/shower rooms, a lounge, and a kitchen/dining room. There is also a laundry with commercial-style equipment. We saw that the programmes of redecoration and deep cleaning referred to in recent CQC reports have been completed, and the décor and floor coverings of all rooms and corridors looked clean and pleasant. It was evident, however, that the home had been designed for a fully ambulant resident group. We saw and were told that two current residents are wheelchair users, one of whom also needs the use of a hoist. While the bedrooms are of adequate size for this, the corridors and doorways are narrow, and a good deal of grazing and scraping of walls and door frames was apparent. Staff told us that there also issues relating to the ability of the lounge and dining areas to cope with wheelchairs.

One shower, which appeared to be a domestic type, has been out of use since March and we were shown records of the initial reporting and frequent chasing of this problem. We were also told and saw that the home suffers from low water pressure, thought to be due to reliance on a domestic standard supply pipe, which struggles to deliver the amount of hot and cold water required to meet all the needs of the current resident group in a timely way: a member of staff told us that it can take up to 45 minutes to fill a bath.

Resident Numbers

The home is registered for 8 residents. 7 beds are currently occupied: 4 males and 3 females, ranging in age from 40s to 70s.

Staff Numbers

The current staffing structure comprises:

A Manager (currently on maternity leave; the Acting Manager was on annual leave on the day of the visit)

An Assistant Manager

During the day, there are 4 whole time equivalent Support Workers who, in their own words, 'do everything' (care, activities, cleaning, cooking). There are 2 waking staff at night.

Some care packages fund additional staff who provide 1:1 support to individual residents at certain hours of the day and/or on certain days of the week, including at weekends.

Agency Usage

Recent reliance on agency staff was described to us as 'quite a lot', currently being: 1 at night and 1 for afternoons. Recruitment was described as 'difficult at present'. We were told that 3 agencies are used frequently and on average 9 agency staff are used weekly.

Resident Experiences and Observations

The degree of mental impairment of many of the residents limited our ability to obtain their views on life at the home.

During the visit, however, we saw and heard one resident exhibiting moderate challenging behaviour. Another resident told us that they felt intimidated by this, though we also observed this resident antagonizing the other resident. We were told that this deterioration is causing concern to staff and other residents. Safeguarding issues have been raised with the resident's social worker, but additional support or other action has yet to be finalised. Staff told us of occasional assaults on them, which they described as being very frustrating.

Call bells are not necessary as all residents have a monitor in their rooms if assistance is required.

Staff told us that all residents requiring hospital or GP visits are accompanied, and that if this unexpectedly happens at night, there is a procedure for summoning an additional member of staff immediately, to ensure adequate cover at the home.

There are house meetings, but some residents are unable to participate due to their limited cognitive skills.

Activities

We were told that the enclosed garden is well used by residents in good weather.

The home does not employ an activities coordinator. Activities are arranged and provided by support workers, with use of additional 1:1 support hours where these are part of a funded care package. We were told that volunteers have on occasions helped with activities such as knitting, but that their input has been sporadic and that currently there is none.

Residents' individual needs and preferences were clearly described to us. Examples given of current individual regular activity include angling, visiting a public house, meals out and attending a disco. We were told that previous residents also made use of the nearby Burntwood Leisure Centre, but none of the present cohort do so, their greater level of dependency being a limiting factor.

1:1 support hours are used for other outings, for example to nearby Chasewater, but staff felt that more would be good. The hope was expressed to us that a recent detailed analysis of support workers' time might lead to additional 1:1 support hours. The home has two accessible vehicles and staff told us that they would like to be able to make fuller use of them.

Family and Carer Experiences and Observations

There were no family or friends present during our visit. We were told that, for most residents, such visits are sadly infrequent. For this reason, it is not easy to furnish relatives with an up to date picture of residents' needs and health.

Catering Services

All meals are prepared and served in the two kitchen dining areas, food being purchased locally.

We did not observe a meal being prepared or served, but were told that the kitchen/dining areas can be quite cramped when residents are eating, and staff serving and assisting, with a wheelchair-using resident and attendant also present.

We were told that there is a variety of meals available and we were shown a typical weekly menu. The needs of those residents who require blended food are accommodated.

There are fluid charts for residents but we were told there is no monitoring of nutritional levels for residents.

Staff Experiences and Observations

The staff we spoke to demonstrated understanding and application of person-centred care, delivering the best possible service to residents within the resources and facilities available to them.

Two long-serving care staff thought that the home would benefit from more staff being available.

There is training, arranged by the manager, to enable staff to manage difficult residents, and they told us that they have found this helpful and supportive.

There are regular staff meetings.

Summary, Comments and Further Observations

We saw and spoke to a committed staff group who are person-centred in their approach to care and who know their residents well. They appeared to enjoy their work and as a result the care offered to residents was friendly and relaxed.

This is a relatively small home where individual attention can be given to those with severe dependency needs. Staff told us, however, that their increasingly dependent client group would benefit from funding of more 1:1 support hours, to enable more tailored activities and outings.

While the current situation appeared sustainable, we concluded that the physical fabric of the home would struggle to cope with any further significant increase in the dependency of its resident group.

Recommendations and Follow-Up Action

A further visit in 6-12 months' time could check

- The continuing suitability of aspects of the building for the increasingly dependent resident group that it accommodates
- How far placing authorities are funding sufficient 1:1 support hours to allow programmes of activities and outings tailored to the needs and preferences of individual residents

Provider Feedback

No feedback has been received

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.