



1a Daubeney Gate

(MacIntyre Care)



Service User Experience Review

Published July 2020

healthwatch
Milton Keynes

Introduction

Details of Enter and View

Service Provider	MacIntyre Care
Address of service visited	1a Daubeney Gate Shenley Church End Milton Keynes, MK5 6EH
Authorised Representatives (ARs)	Karen Duggan and Colin Weaving
Date of visit	11 th February 2020
Engagement	9 participants; 6 people who are supported, 3 support staff

Engagement

During this Enter and View visit we engaged with 6 residents. All who live at 1a Daubeney Gate have communication needs and use a range of communication methods. All were accompanied by staff who assisted with communication on behalf of the interviewee and also shared their own views.

In respect of demographics:-

- 6 were male
- 3 were female
- The age range varied from 40s to 60s
- 8 described their ethnicity as White British, 1 as Afro-Caribbean

Acknowledgements

Healthwatch Milton Keynes would like to thank the people that participated in these visits for their time and valuable contributions.

We would also like to thank MacIntyre Charity, as well as the management and staff at 1a Daubeney Gate for their cooperation and hospitality.

Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time of these visits.

Background

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Authorised Representatives (ARs) 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 Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

If you are interested in finding out more about Healthwatch Milton Keynes, becoming a member or would like to get involved by volunteering with us, please visit www.healthwatchmiltonkeynes.co.uk

Strategic drivers

We agreed to undertake this project, which fulfils our strategic objectives of:

- Engaging with the people of Milton Keynes around matters relating to their health and social care needs and experiences.
- Empowering the community to evaluate and shape services.
- Using local experiences to influence how services are designed and delivered.
- Using evidence to help providers understand what local people need from their health and care services.

Purpose of Visit

The purpose of this Enter and View visit was to engage with people who live in Learning Disability Homes and find out how they are being supported to live happy and fulfilled lives with as much independence as possible. We were interested to hear about their life goals and aspirations and how the people who care for them are supporting them to achieve these.

Planning the project

In planning this visit, Healthwatch Milton Keynes contacted all registered Learning Disability Homes in Milton Keynes by email to introduce the Enter and View programme and explain its purpose and objectives.

To ensure service users and volunteers would be supported in having these conversations, we attended Signalong training provided by Milton Keynes Council to increase awareness of communication methods that can be used with adults who have learning disabilities. We also consulted with two professionals who have extensive experience in this field during the planning of the project, one whom was part of the team of Authorised Representatives who carried out the visits.

Whilst Enter and View is a statutory power that Healthwatch have and visits do not need to be pre-arranged, we liaised with the Homes to find out the most convenient times for people who live there to accommodate visitors. Each Home was individually telephoned during the planning stage so that residents' work and placement routines could be taken into account when scheduling visits.

About 1a Daubeney Gate

1a Daubeney Gate is a residential care home, provided by MacIntyre Care, registered to provide 24 hour support and personal care for 6 adults with learning disabilities and autism. The most recent CQC (Care Quality Commission) inspection, undertaken in March 2018, rated the service as Good.

Methodology

As this was an announced visit, we liaised directly with management at 1a Daubeney Gate beforehand, to inform them of the date and time of the visit. The Registered Home Manager had nominated the Senior Support Worker to be present for the visit. Healthwatch posters publicising the visit were provided to the Home in advance with the request that these be displayed where residents would see them. We also provided the Home with an Easy Read Information Leaflet explaining the purpose of Healthwatch Milton Keynes.

On arrival, the Senior Support Worker was prepared for the visit and welcomed the visiting team of ARs. We were immediately introduced to the people who were home. He showed us around the communal areas and one bedroom where the person was in their room. We were advised we could see the other rooms when those residents returned home. We approached people with an introduction and gained their consent for interview. Conversations took place in the communal areas apart from one, held in a resident's room as that was their preference.

All participants were given contact details for Healthwatch Milton Keynes and told how their information would be used and how to access the published report.

To ensure consistency in the analysis of the findings, ARs used a set of pre-agreed conversation prompts (see Appendix A) specifically designed for this project. ARs recorded the conversations and observations via hand-written notes.

Summary of findings

During this Enter and View visit, the following aspects were considered:

- Premises
- Activities and social interaction
- Independence
- Staff
- Goals and aspirations
- Healthcare

On the basis of our conversations and observations, 1a Daubeney Gate was found to be a warm and friendly home. Staff knew everyone well, providing attentive and responsive support. Staff offered us guidance on the best way to interact with each person and gave advice when certain issues needed redirecting. This showed a sensitivity to the people they support in ensuring our interactions were appropriate and did not unintentionally cause any distress. As our knowledge and training limited our ability to engage residents in extended conversations, this report relies heavily on our own observations and conversation with staff and relatives.

We observed that everyone appeared happy living at 1a Daubeney Gate. One resident was upset due to the upheaval caused by a new vehicle being delivered to the home that day, staff responded in a caring and understanding manner.

Issues were raised about the scarcity of community facilities for people with severe learning disability. This limits access to opportunities for residents to be actively engaged in the local and wider community. Staff explained how they needed to be extra creative to ensure everyone had a range of experiences and met their life goals

We were told that, due to the irregular hours and difficult shift pattern, it is difficult to recruit and keep staff. This results in a reliance on agency staff which the staff team feel reduces the consistency of care that they would prefer to be able to provide for the residents.

Staff at 1a Daubeney Gate and MacIntyre are to be congratulated on the resourcefulness of the staff in finding alternative ways to support people to meet their goals and dreams.

The need for community facilities that are accessible for people with complex needs necessitates a whole community approach and understanding. People with a

learning disability and/or autism can then be active participants and contributors in their local and wider community.

Premises

This Home is situated within Shenley Church End, Milton Keynes in a cul-de-sac residential street. The house blended in with the other homes in the street. It is a two storey with all communal areas and one bedroom and bathroom on the ground floor, all other bedrooms and staff office are on the second floor. There is off road parking to the front of the house and a rear garden.

The décor was pleasant and well maintained everywhere, particularly the downstairs area. The kitchen has been recently renovated, following a donation, and was modern and appeared to be in a style suited to those living there. The lounge, also recently extended with the donation, was comfortable and spacious, it was uncluttered and seemed to be in keeping with the needs of those living at the house.

The upstairs hallway seemed plainer, less homely and personalised. All the doors looked the same with no indication of whose bedroom it may be, or the purpose of the room e.g. office, bathroom, bedroom, store.

Daubeney Gate is a home for life if people want it, and we were told that nobody has any plans to move in the foreseeable future. The house has a lift shaft but no lift; when a resident was no longer able to manage the stairs, the staff office was moved upstairs so the room could be converted to a bedroom.

Everyone has lived together for a long time and they are a close group who accept, and like, living together.

Activities and social interaction

Activities

We saw and heard a lot about the wide variety of activities that the people living at this Home are involved in. All residents attend an Adult Day Centre throughout the week, and we observed everyone being given staff time and attention on returning home from the centre. Individualised support was provided to enable each person to follow their particular routine. Everyone was engaged to some degree at some point as well as having free time to walk about in their home.

We observed residents in their daily routines: making their bed; looking through photos; doing jigsaws; doing artwork with pens and crayons; someone making their lunch ready for the next day; people being supported to make themselves a hot drink; and all involved in menu planning for the week ahead. Everyone was involved and we noted friendly banter and general conversation amongst residents and staff throughout the activities.

Residents are involved in choosing a dinner for the week ahead. Two pictorial images of different meals are presented to each person to make their choice and staff then create the shopping list. The staff explained that all meals are prepared by the staff and healthy alternatives where possible; for example, if someone chooses burgers, these are home made.

Everyone at 1a Daubeney Gate benefits from sensory activities. Staff told us that, as there are not enough options in the community for people with profound Learning Disability and complex needs, a lot of activities take place within the home.

Staff reported that current staffing levels impact on how well residents are able to take part in activities and follow their interests. For example, due to staff numbers one dog loving resident is no longer able to volunteer with HULA as a dogwalker. As an alternative, staff have this resident walk their dogs whenever possible but they recognise this is a compromise rather than a solution.

It is likely that this issue could be alleviated by a full complement of staff, alongside a review of individual Care Needs Assessments by the Local Authority Adult Social Care team to ensure a more accurate reflection of the level of support required by each resident to engage in their preferred activity.

Social interaction

The people we spoke to have lived at this Home for a long time. Staff have not currently identified that anyone is unhappy or has needs that mean they need to move in the foreseeable future. They are a close peer group at Daubeney Gate and do activities together, and at home during the evening and weekends. Some do not have any family living nearby and as a result are very reliant on staff for social interaction and support.

While all residents attend a Day Centre throughout the week, everyone also has a “home day”. This is a day when they are at home and supported to carry out any personal tasks as well as an opportunity for community activities.

It appeared to ARs that a lot of the activities and socialising is with other people with a learning disability, and mainly within the home or at learning disability centres. We did hear of outings to local shops, pub, cinema, theatre but not any social events to meet people and make friends.

Independence

It is evident there is a culture of involvement and promoting independence at this Home. We saw examples of people who live here being encouraged to be involved in activities at a level appropriate to them.

Everyone appeared comfortable in their home moving around freely with staff observing discreetly and responding appropriately.

The noticeboard in the kitchen was clear with the day and dinner meal visually presented although, on the day of our visit, the wrong day and menu were displayed. No further information was seen regarding which staff were on duty that day, any visitors expected (i.e. the Healthwatch team), which resident was doing activities, or chore allocations on any noticeboards.

Staff also told us that it is currently not possible for people to go out in the evenings because of staffing levels. There is no other option but to stay in even when staff know people want to and like to go out. A social evening is held in the lounge instead of going to the local pub. The Home has a leased vehicle which does allow better access to community facilities and the new bus has more space, but the issue of available staff and community opportunities remains the same.

Staff

Staff were observed to be respectful and responsive and all clearly had an excellent rapport with each resident. We were introduced to everyone who lived in the home and all staff. It was clear that the staff knew everyone well and we saw many examples of personalised interactions. Every time someone came into the room staff acknowledged the person and were observant and responsive to their needs, which were predominantly expressed through non-verbal communication and some vocalisations.

Whether supporting the person to follow their usual routine, responding to general communication, or responding to a concern, staff were observed to be sensitive and caring. Staff were knowledgeable about each resident and their specific communication needs. Staff were observed joking in a friendly way with people, asking about their day, responding to questions, and being reassuring.

Staff told us they felt Daubeney Gate is currently understaffed in relation to the level of need; for example, some residents have epilepsy and therefore need higher levels of staff observation which leaves fewer staff to work with other residents.

The Management representative, a Senior Support Worker, was very present; spending time with the ARs but also supporting people who lived there and supporting the staff team. The visiting team noted that this was carried out seamlessly without neglecting anyone or feeling intrusive.

Goals and aspirations

We asked everyone about their life goals and aspirations. When hearing from participants about their daily activities, we asked them if there was anything else, they would like to be doing. The answers given by staff seem to indicate that people were being actively supported by MacIntyre to pursue their day to day goals. Staff recognised that people had dreams and aspirations and wanted to support them to do more but felt impeded by the capacity of the staff to truly support people to achieve these.

Holidays for residents have changed due to changes in how staff support is paid and as a result no support hours are allocated to allow staff to accompany residents on holidays. A few years ago, one person went to see his brother in Canada with support staff, but this type of trip is no longer possible. Recently, however, two female residents were able to go away for a weekend accompanied by female staff.

Staff report they instead need to be creative to find ways to meet peoples dreams and aspirations. They know what the people they support want to do but can't always achieve this.

Healthcare

All the people who live at Daubeney Gate are dependent on staff for their health needs. Staff reported they need to be assertive on behalf of people they support to get an appointment with a GP.

Residents require frequent medication reviews which used to be managed as a telephone review with staff. However, recent changes mean the local GP practice is insists on face-to -face reviews with the individual and a member of support staff. The medication reviews can only take place on a Friday which is disruptive for people's routines (unclear whether this practice policy is patient wide policy, or just for the Home).

The main comment from staff about the local GP practice, which looks after the Home's residents, is that it is hard to get an appointment and that getting through on the phone is very difficult. The GP Practice does offer the Annual Physical Health Check, recommended by the NHS, for People with a Learning Disability.

Staff use a 'Health Calendar' to monitor and record peoples' health needs and changes. Although staff say they like the calendar now, initially it was difficult to implement as it can be complicated.

Overall staff felt that MK Hospital has been great.

“not all [hospital] staff have enough experience [with people with a Learning Disability] but make up for this in effort”.

We were told that the Optician comes to the house with the machine for eye tests and staff felt that the Dentist in Newport Pagnell was very good.

Some staff felt that preventative health care needs some improvement from Health Care Professionals, especially due to the complex needs of each person and their capacity to consent. For example, some have never had a blood test and dental care is difficult for some people as they would need to be sedated which creates a barrier to some preventative treatments:

“nobody wants to make the decision to sedate”

Recommendations

1. Consider using sensory communication tools and methods to ease the navigation and identification of bedrooms and office spaces
2. Review the use of pictorial information boards to provide accessible information, updated throughout the day, for people living at 1a Daubeney gate.
3. Make a request that the GP Practice offer alternatives to the Friday morning medication reviews to enable choice of appointment for residents
4. Management should consider requesting Care Needs Assessment reviews through the Local Authority Adult Social Care Team to ensure that the Care Plans, and review staffing levels to more accurately reflect the needs of individuals and allow for the support each resident requires.
5. Management and staff explore ways to share resources and combine activities across the MacIntyre run homes in Milton Keynes. This may be a good way to enable activities outside of the immediate home and increasing the social opportunities available to residents.

Service Provider Response

Thank You for your observations of the first floor of the house. We will revisit putting visuals on the individuals' bedrooms doors if they wish to have them. However, we have done this in the past and they have been removed, this has happened with most visuals we have had in the house over the years.

With regard to your other suggestions, we will gladly look into these when our individual's movements are not restricted by lockdown/shielding etc.

Appendix A

How long have you lived here? Why here? Where did you live before?

Are you happy here? What do you like about living here? Has anyone asked you before?

Who is your key worker? Did you choose this key worker?

How often do you spend time with them? what do you do together?

Where do you meet your friends? Do you go out in the evenings?

What do you do during the week? Do you work?

What do you do at the weekend?

What else would you like to do during the day and evening?

Aspirations... Tell me the goals/plans you have in your person-centred plan/Personalised Care Plan? When did you talk to your key worker about your plans? When was your last/next person-centred planning meeting? What did you do at your meeting?

What is your dream? Have you talked to anyone about this?

Do you take medicine? What do staff do to help you take and look after your medicine? When did you last talk to a doctor/nurse about your medicine?

What is good about your doctor? What would you like your doctor to do better / What is bad about your doctor?

Who else helps you stay healthy? What do they do that helps you? What could they do better?

What do you do to keep healthy? Who helps you know what to eat and drink? What exercise do you do? Is there any activity or exercise you would like to try?

Would you like to live here forever? What do you like best about living here? What would make this an even better place to live?

OR

Where would you like to live? Tell me about what your new home? Where is it? What staff do you need? What will you do there? Have you talked to anyone about this? What needs to happen? Cooking, public transport eteetc.

Are staff polite and kind to you? Do they listen to what you say? If not what do they need to do better?

Anything else you want to tell me about the staff who help you or the doctors hospital, dentists, optician eteetc.
