



42a Haddon (MacIntyre Care)



Service User Experience Review

Published February 2020

healthwatch
Milton Keynes

Introduction

Details of Enter and View

Service Provider	MacIntyre Care
Address of service visited	42a Haddon Great Holm Milton Keynes MK8 9HP
Authorised Representatives (ARs)	Nadine Lynch, Karen Duggan, Hafsa Omar and Colin Weaving
Date of visit	15 th January 2020
Engagement	11 participants

Engagement

During this Enter and View visit we engaged with 9 residents, one of whom was accompanied by 2 family members who assisted with communication on behalf of the interviewee and also shared their own views.

In respect of demographics:-

- 8 were male
- 3 were female
- 3 were aged between 35 - 49
- 8 were over 50 years old
- All described their ethnicity as White British

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 42a Haddon 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.

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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 of whom joined the team of Authorised Representatives carrying 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 42a Haddon

42a Haddon is a residential care home, provided by MacIntyre Care, that is registered to provide personal care for up to 40 adults with learning disabilities and autism. The most recent CQC (Care Quality Commission) inspection, undertaken in May 2019, rated the service as Good.

Methodology

As this was an announced visit, we liaised directly with management at 42a Haddon beforehand, to inform them of the date and time of 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 manager was prepared for the visit and met us at the Coffee Shop before showing us around the premises and introducing us to the people who live there. We approached residents with an introduction and gained their consent for interview. Some interviews took place in the Coffee Shop and others took place in peoples' individual flats.

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, 42a Haddon was found to be a bright, friendly and welcoming community of people living fulfilled and contented lives.

Every person we spoke to told us they felt happy at the Home. The people we engaged with appeared to be supported by friendly, caring and competent staff who encourage and empower residents to be as independent as possible. We found staff at all levels to be welcoming and receptive of the visit, taking pride in their roles and demonstrating patience and rapport with the people they support.

The visiting team of Authorised Representatives noted that the ability to live empowered lives was very much enabled by the high levels of dedication of the support provided in their home.

Whilst there were some areas identified for improvement, these were practical and environmental issues, as opposed to quality of care, which was highly praised.

Main Findings

Premises

This Home is situated within the quiet residential estate of Great Holm in Milton Keynes. Rather than one large building, the service avoids an institutional feel by being spread over a number of individual flats, alongside the MacIntyre Coffee Shop and Adult Learning Opportunities.

The Coffee Shop is bright, spacious and welcoming and provides the community of adults who are supported by MacIntyre with employment opportunities and the chance to develop skills in food preparation, customer service and money management. We received a warm reception by the friendly staff, and people working in the Coffee Shop were given the opportunity to chat with us if they wished.

Healthwatch representatives were also invited into the residential flats and sat in the lounges to conduct the interviews, which allowed interviewees to feel comfortable and speak openly. Carers were available and on hand to help but respectfully busied themselves to allow people space to talk.

The flats felt very homely and not clinical. Whilst the living areas were all clean and tidy, there were various personal effects dotted around and every flat we entered was decorated differently, reflecting the personalities and interests of the people living there. The same was true of the residents' individual bedrooms.

The manager explained that the buildings were originally designed to imitate university-style dormitories; a communal entrance and typically four individual bedrooms, with a shared bathroom, kitchen and dining area, and lounge. Whilst none of the residents we spoke to raised it as an issue, representatives and family members felt that individual en suite bathrooms would be more appropriate than the shared bathrooms.

Structurally, the three-storey buildings do not appear to have been designed to accommodate people with mobility difficulties. The first and second floor living quarters are accessed by a narrow concrete spiral staircase and there is no elevator. The manager explained that enquiries had been made regarding alterations to improve access, but the architectural layout of the building does not allow for this. The Home have made efforts to ensure anyone with specific accessibility needs is given a ground-floor flat, but as the resident population grows older, the building layout will prove problematic. Nevertheless, the environmental issues were unquestionably outweighed by the Home's high standards of care and this sentiment was echoed by the relatives we spoke to:

“An en suite bathroom would be good but compromise is relevant. A good compromise in this situation... MacIntyre stood out to us as a provider.”

The staff office is situated close to the residential flats and during the visit we saw several residents approach the office to have discussions with staff members. Staff seemed approachable and helpful, and it appeared that people living there felt comfortable knocking on the door.

Activities and social interaction

Activities

We saw and heard lots of evidence that the people living at this Home lead busy lives and are involved in a wide variety of activities and opportunities throughout the week. Many of the people we spoke to go out five days per week, working in the MacIntyre Coffee Shops in Great Holm and Stony Stratford, as well as the Bakery. We also heard from people who enjoyed the Social Skills Workshops they attend regularly with their Key Workers, as well as the Learning Centre day placements at Beanhill.

There are also many leisure activities on offer; residents were keen to tell us about theatre trips, horse riding, swimming and trips to the farm. We were also told about previous holidays to Wales and to Butlins.

We asked people what they like about the Home and they were enthusiastic in their responses, referring to the activities and social opportunities they enjoy:

“Working outside. The pet rabbits.”

“My colleagues. Folding tea towels is fun!”

“[I like] gardening.”

“Going to the pub!”

Going to the pub was mentioned by several people as an activity they enjoyed. However, over the Winter months and darker evenings people had not felt safe getting back home from the pub. The staff team had therefore introduced regular social evenings in the Summer House (situated on site) as an alternative to the pub, which helped people feel safer.

One resident was keen to tell us about their interest in music and was proud to show us the posters and decorations in their flat. We also heard from another person who told us they enjoy getting the bus to the gym several times per week.

Social interaction

The people we spoke to have lived at 42a Haddon for most or all of their adult lives and, when asked whether they would like to live here forever, the answer was a unanimous yes.

It became evident from our conversations that many of the people who live here have formed long-standing friendships and feel part of a community.

“I don’t work at the weekend - I like to spend time with my friend.”

“I want to live here forever with [my friends] in our flat.”

Two residents happily told us they are in relationships and enjoy meeting up with their partners to go for walks and spend time together.

“I see my girlfriend who also lives here. We go walking together.”

One person’s Key Worker told us that, whilst they do not often go out on social activities, they liked the people they share a flat with and show concern for them when they are not around.

Independence

It is evident to see a strongly embedded culture of independence in the support provided. We saw and heard many examples of people who live here being empowered to live fulfilled and meaningful lives, encouraged and supported to manage their own finances, employment and daily chores such as cooking and cleaning.

“They treat me like an adult. I don’t like to be treated like a child - that’s why I moved here.”

All the participants who were able to communicate verbally spoke enthusiastically about carrying out their errands: going to the bank, shopping in Central Milton Keynes, and grocery shopping at Morrisons followed by lunch in the supermarket café.

“I like going out and about.”

Many people we spoke to felt confident in getting themselves around using public transport but are also sometimes taken out by staff who drive. Two people told us they like to cycle everywhere during the Summer months.

We heard examples of people supported at 42a Haddon being involved in making decisions. A few residents had at some point moved flats for various reasons - sometimes this was related to personality clashes with flat mates or other times where people needed a quieter living environment. People we spoke to seemed happy about any changes that had been made and had felt involved in the process.

“I like living by myself. The staff come in when I need them.”

The residents of 42a Haddon appear to take pride in their home and were very hospitable in treating our representatives as guests. One friendly resident insisted on personally walking our representative back to the Café to ensure they made it back safely.

Staff

In order to find out whether the people living at 42a Haddon felt treated with dignity and respect, we asked whether they thought staff were kind and polite towards them. All the people who were able to answer this question answered positively, and those who could not answer appeared to have established a good rapport with their support staff and felt comfortable with them.

“They are very nice.”

“Very polite and very nice.”

All residents were acknowledged by staff and introduced to us throughout the visit and we observed many examples of person-centred care; people were always addressed directly regardless of their communication limitations.

All staff were observed to be patient and respectful towards each person we met, not only in how they addressed them verbally, but also in their body language, and everybody was given opportunity to speak or respond.

We found the manager to be very personable, approachable and well liked by everyone; as we were shown around the grounds, she stopped to talk to lots of people and was greeted affectionately by many of the residents. It was evident that the hands-on management style was appreciated by the people who live there and contributes to the strong community atmosphere.

Goals and aspirations

We asked everyone we spoke to about their life goals and aspirations. Not everyone was able to answer the question, but those who did mentioned progressing at work and pursuing their hobbies:

“I want to learn to make cakes in the bakery. The bakery staff are showing me how.”

“I want to stay working at the café. I like being with people.”

“I like the theatre and acting. We do act here!”

Another person was excited to tell us they are saving up to go on a skiing holiday.

“I went skiing in Italy a long time ago. I’d like to go again.”

To further explore the theme of goals, when hearing from participants about their daily activities, we asked them if there was anything else they would like to be doing. The answers people gave seem to indicate that people were actively being supported by MacIntyre to pursue their goals.

Healthcare

Eight of the nine residents we spoke to are taking regular medication and are supported by staff in managing this. Medication reviews appeared to be based upon peoples' individual needs, with some having a review every six months and others reporting a yearly review.

The majority of participants appeared to be a healthy weight and one person was proud to tell us they had felt motivated to lose weight by becoming a member of Slimming World and had also been using a cycling machine at home to lose weight.

We heard from family members and residents who felt that staff 'went the extra mile' in supporting people with their medication:

"We left [the person's] medication chart behind once and they posted it out to us... they also know [the person] finds it difficult to swallow and they help with that."

"[The staff] always check the chemist have done it right for me."

Some people spoke to us about their experience with GPs. One person indicated that the size of the text on the prescription information label was too difficult to read and should be made larger:

"[The GP could be better by] telling me what medicine I am taking - too small to read. Writing needs to be bigger."

We heard from most people we spoke to that they are offered and attend annual Well Man or Well Woman checkups at their GP and they are supported by MacIntyre staff with any GP visits. Feedback about people's experiences with their GP were generally good with the only criticism relating to difficulty getting appointments quickly.

Dentist visits were mentioned by two people. One praised their local dentist as 'outstanding' but the other raised some concerns following their experience with an NHS dentist:

"I have to keep still. [The dentist could be better by] not being so rough."

Staff felt that better, clearer explanations were needed from GPs and Dentists when talking to people with learning difficulties:

"Dentists need to explain what they are doing before they do it... Doctors need to provide more accesible information and a better understanding of learning disabilities - they sometimes give confusing advice."

Additional Findings

We spoke to the parents of one resident who spoke of their concerns about planning for when they would no longer be around. They explained that they had received information from MacIntyre about funeral planning and been offered seminars on Will writing, which they had found helpful but admitted that it was easy to put such matters off.

It is clearly a worry for the families of people with complex needs as to who will assume the mantle of providing unconditional love and support to their dependents when they pass away, but it appears that MacIntyre are encouraging families to have these difficult conversations and providing practical support to relatives for planning for the future.

Recommendations

On the basis of this visit no significant issues were identified through the interviews and observations.

We recommend that the provider continues to explore ways to improve the layout in terms of accessibility and provision of bathroom facilities and to involve all those who live there in any decisions. However, Healthwatch Milton Keynes would commend this MacIntyre Registered Home on its caring and empowering ethos and suggest that this service demonstrates excellent examples of good practice in the delivery of care to this particular client group.

Service Provider Response

Dear Healthwatch Milton Keynes

Thank you for taking the time to come and see us and writing such a nice report!

I promise I will continue to battle with our environmental problems and will feed this all back to my team.

Kind regards

Sarah Lancaster

Frontline Manager

42a Haddon

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 etc

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 etc