



**Normandy House**  
**(CareTech Community Services Limited)**

Service User Experience Review

Published \_\_\_\_ 2020

**healthwatch**  
Milton Keynes

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# Introduction

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## Details of Enter and View

Service Provider	CareTech Community Services Limited
Address of service visited	2 Laser Close, Shenley Lodge Milton Keynes, MK5 7AZ
Authorised Representatives (ARs)	Karen Duggan and Hafsa Omar
Date of visit	29 <sup>th</sup> January 2020
Engagement	10 participants; 5 people who are supported, 4 support staff, 1 relative

## Engagement

During this Enter and View visit we engaged with 10 participants; 7 were male and 4 were female. We invited anyone present who wished to, to converse with us at their convenience. All who live at Normandy House have a learning disability and health needs which impacts their ability to understand complex matters, including expressing their opinions, and use a range of communication methods. Individuals immediate views and opinions of their home and support were gathered through observation of each person's interaction with the environment and staff, plus the activities they were doing. Staff were available to support the communication and interaction preferences of the interviewee. Staff also shared their own views and opinions.

## 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 CareTech Community Services Limited, as well as the management and staff at Normandy House 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 residents and staff, only an account of what was observed and contributed at the time of these visits.

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# Background

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## 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](http://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 residents 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 a learning disability. 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 Normandy House**

Normandy House is a residential care home, provided by CareTech Community Services Limited, that is registered to provide 24-hour support and personal care for 6 adults with a learning disability and autism. At the time of the Enter and View Visit there were 5 people living at Normandy House.

The most recent CQC (Care Quality Commission) inspection, undertaken in October 2019, rated the service as Overall Good.

## Methodology

As this was an announced visit, we liaised directly with management at Normandy House beforehand, to agree the date and time of the visit. Healthwatch posters publicising the visit, including a photo of the Authorised Representatives, 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 ARs were greeted by the manager who provided a tour of the House after which we approached everyone present with an introduction, an opportunity to talk with us and gained their consent for interview. All conversations took place in the communal areas.

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.

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# Summary of findings

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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 this visit, we observed that staff were respectful and knew everyone well. Staff were observant and proactive when someone needed assistance. 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. All staff members we spoke to told us that, in their view, Normandy House is a home for life which provides stability and reassurance for the future for everyone. As the home is a bungalow it is ideally suited for people as they get older.

The home has a comfortable lounge and a conservatory which is the main shared space together with a large kitchen diner and a good-sized garden. All the communal spaces were noted to be clean and welcoming. The bedrooms were personalised and reflected the interests of the occupant.

The people who live at Normandy House receive responsive support and staff are as creative as possible within their resources. We heard about the flexible daily activities as well as some set activities each week. Everyone appeared to be socially active within the home and activities they access. Staff would like to provide more opportunities for the people they support, to enable them to meet and do activities with different people with similar hobbies.

Healthwatch Milton Keynes observed Normandy House to have a very homely environment. Overall, the service showed good examples of person-centred practice in the delivery of care and support.

All areas identified for improvement are practical and aimed to further develop the high quality of care and support provided.

There were some issues identified to be addressed as part of wider Social and Health Care provision as well as Community Presence of People with a Learning Disability.

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# Premises

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Normandy House is situated within Shenley Lodge, a residential area of Milton Keynes, at the end of a cul-de-sac blending well with the other houses in the street. It is a single storey house with a communal lounge, conservatory and kitchen/dining area. There is off road parking to the front of the house and an accessible rear garden. The house was clean and looked after, it was a pleasant house and with a good-sized garden.

Everyone's bedroom was personalised with their interests and character evident. The kitchen was a welcoming and comfortable space. The Lounge was plainer in decoration, tidy and therefore a safe space for everyone. However, it did not appear to reflect the personalities of the people living in the home as well as their personal spaces did. While people living at Normandy House have a range of communication needs, which includes visual impairment, there was little evidence of a multi-sensory environment to support orientation, communication, and independence. Although, where necessary some people have their own specialist equipment sourced and provided through a variety of means.

On arrival the Registered Home Manager welcomed us. We were not introduced to the people who were home until after a tour of the premises even though we walked past the room where everyone was sitting.

Staff reported that people are happy living there and that it is their home for life, if that is what the person wants. This was evidenced by the staff supporting a person at the end of their life rather than moving that person to a hospice. Staff were proud of this saying it was that person's home. This ethos was emphasised by a relative who had told staff this was a home for life for their relative.

One bedroom is available and no one suitable has been identified to move in as yet. The main concern appeared to relate to the vulnerability of people already living there when deciding who would move in. Staff did not appear preoccupied with who would move in and no mention made of choosing/matching a house mate that gets on with everyone, similar interests for example. It is unclear how exactly this is being undertaken and how current residents are being involved.

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# Activities and social interaction

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## Activities

We heard about the activities organised by staff which appeared flexible each day as well as some set activities each week. We observed evidence of staff responding to a person's interests and exploring new activities for them. An example of this was the staff response to a person's interest in dancing, this resident attends a disco, an organised social event for people with a learning disability, once a month

Other examples of interests and activities included watching football on TV at home and at the pub, going for long drives, eating out. Staff take residents to Xscape or, for those who like shopping, to the Centre:MK. Staff also told us that they have residents who enjoy gardening and painting with MK SNAP, a Milton Keynes based charity offering work and life skills training to individuals aged 18+ who have physical and learning disabilities. There did not seem to be a difference between weekday and weekend activities; with activities being flexible, staff told us they provide individualised Care based on age. Staff also told us they feel well supported by CareTech to support people to do things:

**“if staff need anything CareTech will get it”**

We did not hear or see any evidence of how, if at all, each person is involved in any household chores or tasks. Staff reported that they do the cleaning and cooking themselves each day. During the visit two people were very sleepy and did not appear to be engaged in any structured activity.

A theme expressed by staff was that Milton Keynes needs more places that are truly accessible for people with a learning disability and physical disability.

The expense of taxis who have access for people using a wheelchair can be prohibitive for example £10-£15 each way for a local trip. This was a concern repeated by staff as it limits them in supporting people to take part in community-based activities.



## Social interaction

Everyone seemed to be socially active within the home and activities they access. However, they are very reliant on staff support to meet other people and staff are very aware of this. We observed responsive and spontaneous support by staff to encourage people to interact together through dance and music. Staff were quick to respond to residents' needs and gently redirected people where required.

Staff are keen to know how they can arrange/organise volunteers to visit people, including matching for social activities e.g. music, entertainment. They wish to expand the opportunities of people they support to meet people and do activities with different people with similar hobbies.

It appears that a lot of activities are organised, and peoples' interests and wishes are taken into account. Most socialising is with other people with a learning disability and occurs within the home or at learning disability day centres. Although we did hear examples of community presence and engagement including local shops, pub, there did not seem to be any social events designed to meet people and make friends. Staff are keen to do more and expressed frustration with the limitations imposed by transport costs.

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## Independence

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Everyone appeared comfortable in their home moving around freely and safely. Staff were observant and responsive, respecting each person, their space, and their privacy.

Some noticeboards were observed including a staff rota and menu plan. A variety of healthy food is on the menu which changes daily. While a menu plan is in place, staff explained that this can change on the day if something else is preferred. No further noticeboards communicating information about visitors expected (i.e. Healthwatch representatives), activities, which resident was doing activities, or any chore allocation were noted or indicated.

Room entrances did not have a reference, such as an object, photo, or auditory sound, to promote independence, communication and choice.

Residents at Normandy House are very dependent on staff and relatives for all of their social activities outside of the Home, and for all appointments.

While the Manager and staff were very welcoming, with the manager greeting us, and staff members making the visiting team hot drinks, we this could have been a good opportunity to utilise a side by side approach whereby residents are supported to welcome and host visitors in their home.

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## Staff

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To explore whether the people living at the Home felt treated with dignity and respect, we asked whether they thought staff were kind and polite towards them. While communication challenges meant our findings were largely informed through observations made during the visit, we received a double ‘thumbs up’ in answer to this question from one of the residents.

Staff were observed to be respectful and responsive with a good rapport and relationship with each person. We saw good examples of personal interactions.

The Registered Manager was present throughout the Enter and View Visit, spending time with the ARs but also supporting people who lived there and supporting the staff team. She did this respectfully without being intrusive.

All staff were complimentary about the management structure and the communication systems they have in place. They were also positive about the communication within the team:

“It is nice place to work here...good support from manager”

The Manager is very present in the home even when not actually there. She explained she likes to know what is happening within the home and that she will ask staff what they plan to do rather than dictate actions to them.

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## Goals and aspirations

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The people we spoke to were unable to answer questions relating to goals and aspirations. To further explore the theme of goals, we asked if there was anything else they, or staff, felt they would like to be doing. The relative of one resident told us how, as the memory and speech of their loved one deteriorated, it was becoming more difficult for them to enjoy the things they used to.

We heard from staff how they do their best to find and provide activities related to the persons interests and exploring new activities for them. We heard how the Home organised for one resident to have a physiotherapy assessment which means that the resident, who has a severe learning disability, now has a range of sensory equipment to assist in improving and sustaining their health and wellbeing.

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# Healthcare

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All the people who live at Normandy House are dependent on staff for their health needs. Staff observe for any changes, write in the daily report and, if they note anything unusual, they are expected to inform the Manager or Senior. CareTech provide Specialist Health Training and deliver this at Normandy House. CareTech have their own agency which means they can provide cover staff who are familiar to the residents and ensures that there is support for the people who live there so that all regular staff can take part in this important training.

All pharmacy services are provided by Boots and staff feel this is a good service.

All staff were complimentary about the Health Professionals and the fact that they were able to contact them easily and receive a timely response. The Health Professionals provide a community service and always visit Normandy House.

The Learning Disability Health Professionals appear to undertake “whole home visits” it is unclear whether this is a result of the workload management by the Health Professional or is a reasonable adjustment based on the individual needs of each person.

“the Speech and Language Therapist will visit for general observation visits for everyone”

All staff were very agreeable to the GP visiting the Home and commented on how well the GP knows everyone. They all felt there is very good communication with the GP. Staff felt that going out to the GP surgery is tiring for the people they support and there are transport issues which add a layer of complication.

“prefer that...1:1 here and a better service”

Staff were not able to explain why no one visits the GP Practice for their appointments or what reasonable adjustments would be required to enable this. The GP practice provides the Annual Health Checks for people with a learning disability.

“the GP service for people living at Normandy House is very good”

Normandy House is part of The Red Bag Scheme adopted by MK Hospital, however few staff we spoke to were aware of it. The Red Bag scheme is an initiative where, should a care home resident become acutely unwell and need to go to hospital, care home staff will fill the red bag with the residents’ personal belongings such as medication, clothes for discharge, glasses, hearing aids, dentures, etc., as well as an assessment of the residents health, existing medical conditions, highlighting the current health concern.

The red bag is passed to the ambulance crew to take to hospital with the resident. This simple process ensures hospital staff are able to identify the patient as a care home resident immediately, they have all the relevant information needed to assess the resident, provide the most appropriate treatment plan, and involve the care home in discussions about their residents care so they are able to support the resident when they are discharged.

The Red Bag was hanging by the front door and did not have the Normandy House label as it had been lost by the Hospital during the last person's admission. There was a word document on the wall listing what should be in the bag rather than a visual poster that may be a better check list.

Concerns were raised about Milton Keynes Hospital and staff described it as 'below average', these comments related to personal care (toileting and personal hygiene support) provided to patients with a learning disability rather than the nursing or medical care. We were also told of one resident who was discharged with no discharge meeting having been held, and medication for a new diagnosis which was not listed on the discharge letter provided by the hospital.

Normandy House staff provide support when people are admitted to hospital paid for by Care Tech. CareTech will also pay for transport to the hospital for appointments etc. There was some confusion about the Hospital Communication Book, some staff were unaware of the fact that each resident had one in a format provided by CareTech.

Staff were complimentary about hospital nursing staff and felt there is a good relationship between social care staff and health care staff.

**“ask and the hospital staff will do anything”**

Staff spoke highly of the First Response Team provided by Central North West London Foundation Trust (CNWL) and use the service for advice.

**“they are always interested and will make follow-up call to check on the person...**

**will send someone out if needed...they liaise with the GP as well”**

A Chiropodist visits the home every month; the Optician also provides a home visit service. Staff were complimentary about the Specialist Dentist at Eaglestone and one resident had attended a dental appointment earlier on the day we visited.

The Community Learning Disability Team Speech and Language Therapist makes regular general observation visits. They were at Normandy House during our visit to observe the mealtime. They provide a support plan for those who have swallowing difficulties, and this is displayed on the kitchen noticeboard.

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# Additional Findings

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Staff told us that they felt Milton Keynes Local Authority are slow to respond to changing needs. Consistency was raised as a concern with an example given whereby one person has had three Care Managers:

“...there is a blockage somewhere...a delay to everything...not talking as one team...not responsive”

Normandy House staff work with different Local Authorities and ensure they have good communication with Social Services to keep everyone informed.

People who live at Normandy House are very reliant on staff to advocate for them. There is a network of people to keep updated and keeping relatives informed in a timely way is imperative.

There was a view that Milton Keynes can do more for older people who have a learning disability:

“Getting older is scary...should be a time of comfort...it isn't”

“it's a shame...given their life the exit will be painful”

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# Recommendations

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On the basis of this visit no significant issues were identified through the interviews and observations. These recommendations are made with the belief that the support is already good and person centered.

We recommend that the provider explore ways to:

- provide a more multi-sensory environment with visual, tactile, and auditory environmental cues for a Total Communication Approach to promoting independence, choice, and decision making
- assist staff in finding ways to include people they support in all tasks; chores as well as activities to promote independence.
- ensure a person centred matching activity is used to identify what the characteristics, personality, interests and needs of any new person should be in order to be a good fit for the group living arrangement and thereby including the views of those who live at Normandy House
- raise awareness among the staff team of the Red Bag Scheme and ensure that the checklist is easy to follow in a time of urgency.
- review within the staff team the content and use of each person's Hospital Communication Book
- provide information to staff on Reasonable Adjustments (Equality Act 2010) and include in each person's support plan what Reasonable Adjustments they need to access Health Care and Community Facilities and advocate for these
- review the use of pictorial information boards to provide accessible information to people who live there and therefore promoting choice and independence

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# Service Provider Response

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# Appendix A

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**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**