



## **Enter and View Report: Best Practice U & I Care**

Visit: 20<sup>th</sup> December 2016

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# Background

## What is Healthwatch Warrington?

Healthwatch Warrington is a consumer champion that helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure that they are heard and listened to by the organisations that provide, fund and monitor services.

## What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View (E&V) visits. Local Healthwatch representatives, who are trained volunteers, 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 (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people identify a problem but equally, they can occur when services have a good reputation; enabling lessons to be learned and good practice shared.

Healthwatch Enter and View visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit, Healthwatch Warrington safeguarding policies identify the correct procedure to be followed.

## Disclaimer

Please note that this report relates to the findings observed on the specific date of the visit. This report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time. Wherever possible, the report below is in the words of the E&V team members who were present at the time of the visit. The report has been collated by Jackie Le Fèvre, as the visit lead, and some of the text has been formatted to allow for easy reading. The essential facts of the team's reports have not been altered.

## Acknowledgements

Healthwatch Warrington would like to thank everyone at U & I Care for their welcome and in particular Maresa Hope, Donna Dean, Amanda Coone and Julie Williams; all of whom made time to share information with the team and answer a range of questions.

## Purpose of the visit

In November and December 2016, Healthwatch Warrington embarked upon a series of Best Practice Enter and Views visits. U & I Care had been identified by the Local Authority and other partners as undertaking particularly noteworthy work around 'Person-Centred Care'. The purpose of the visit was to explore what that work looked and felt like from the perspective of a lay person and to see if transferrable lessons could be identified to strengthen practice in other providers, in the future.

In the last few years, poor practice in health and social care setting has often been ascribed to the presence of a 'toxic' culture and absence of person-centred values. Part of the Best Practice approach is to pay conscious attention to the expressed and embodied culture and values of providers.

# Details of the Visit

## Details of the Service

Burton Wood is a six bedroom home where both residential, weekend, short break and day service support is provided to young adults with learning disabilities, autism and complex needs. The home is owned and operated by U & I Care - whose website may be visited using the following link: [www.uandicare.co.uk](http://www.uandicare.co.uk)

## Location

Burton House, Burtonwood Road, Great Sankey, Warrington, WA5 3AJ.

## Date/Time

We visited on Tuesday 20<sup>th</sup> December from 10:50am until 12:40 pm.

## Panel Members

Jackie Le Fèvre - Healthwatch Warrington, Enter and View Visit Lead

Vicki Blaylock - Healthwatch Warrington, Enter and View Panel Member

Jim Sinnott - Healthwatch Warrington, Enter and View Panel Member

## Provider Service Staff

Maresa Hope - Deputy Manager U & I Care

Donna Dean - House Senior

Amanda Coone - Support Worker

Julie Williams - Support Worker

# Results of the Visit

## Spotlight - Person-Centred Care

One of our team wrote: “my impression was that the care and support was holistic and person-centred. There was no evidence of a “one size fits all” culture”. Another said: “I was so impressed with Maresa and the Burton House team and how well they all interact with each other - they were open, cheerful and very relaxed in the way that they communicated together in an environment that seemed to me - a home from home”.

How a place feels matters a great deal - especially when the experience being looked for is one of everyday life and being welcomed as a whole person. It is not easy to operate a professional and high quality service and yet not come across as clinical, or constrained by formalities, but the team at Burton House does just that.

Behind the easy going banter between the staff and young people, there are detailed person-centred plans in use every day. Many organisations talk about such plans as ‘living documents’, at Burton House we saw what that means in practice. Plans are reviewed monthly, with each young person having 4 targets set for the month ahead, plus the mood and engagement of every individual is recorded throughout the day to identify triggers which are unhelpful and activities which are appealing. This keeps all members of the team briefed; enabling them to swiftly flex and adapt support provided to the needs and preferences of the individual.

## First Impressions

Burton House is a clean and well maintained, modern dormer bungalow. It is approached over a block paved drive. Sitting in a residential cul-de-sac, Burton House does not look significantly different to its neighbouring properties, which is good from the perspective of being a 'home' rather than an institution of any kind.

## Activities / Leisure

Each client has an individual timetable, which is drawn up through conversation between the young person and the support worker.

Every morning and every afternoon, there is a choice of two different supported activities: one is 'out' of the house and one is 'in' the house. In addition, individuals are free to simply watch some television, listen to music or have some peace and quiet in their own space. A large dry wipe board in the communal kitchen displays the options for the day in words and pictures. Photos of the staff present that day were also on the board and each activity had a group name and the people taking part in the group were also listed. Example activities include shopping, exercise, visiting the zoo, cinema, arts and crafts, and baking. More mundane tasks such as cleaning and tidying also go on and young people take part in domestic duties, if they wish to do so.

The decking area and astro turf lawn located in the back garden help to create good all weather outdoor conditions. There is a large wooden cabin a little way away from the house where messy activities take place and where there is also additional comfortable seating and a television for anyone who feels like a bit of solitude. There is a small sensory room included within the cabin. Table tennis, bicycles and other outdoor recreation equipment are available and young people are encouraged to take an active role in maintaining the outdoor space. There is smart furniture on the decking.

While we were in the house, one young woman arrived back from Christmas shopping with her support worker and declined a cuppa as she needed to get ready to go out again for more Christmas shopping with her parents. A small group came

back to the house from a supermarket run and were busy in the kitchen chatting and laughing while putting things away and starting to make lunch.

Maresa told us about the positive attitude of U&I Care to work experience and ultimately seeking employment for those individuals who would like a job. She explained how the Head Office of the organisation provides work experience from time to time and there are good relationships with some local businesses: one client is now working at Tesco and another at a florists shop.

### **Food / Dining**

Well supplied with worktops and appliances, the big communal kitchen (with its central island) lends itself to being both meal preparation as a shared activity and just a social space to congregate over a cuppa and biscuit. A recent food hygiene certificate is displayed with a rating of 5, which indicates very good hygiene standards.

Any individual dietary requirements are recorded in client files, alongside their main likes and dislikes. We formed the impression that staff seek to strike a balance between enabling young people to eat a healthy diet and respecting the rights of the individual to choose what they want to eat and when they want to eat it. Maresa gave an example of one man who really loves ice cream and support workers know the whereabouts of certain ice cream vans - so that getting ice cream can also involve a walk in a local green space. There is ready access to drinks and snacks in the kitchen: we were offered cups of tea or coffee at least four times during our visit - sometimes by staff, sometimes by clients.

Burton House can be very busy (with up to 12 young people present when both residential and day services are running at capacity), so lunch is organised in two sittings; with groups being determined by who has chosen which activity in the morning.

### **Staffing / Staff Training**

Burton House generally has between 5 and 7 staff on duty during the day, 2 staff on sleep over duty and there is an additional member of the team present during the

evening. The staff we met were wearing ID cards on lanyards and so were easily identifiable.

The onsite team is supported by a small local Head Office, which in addition to the named Registered Manager/Responsible Individual, also includes a Deputy Manager, Operations Manager, HR Manager and Behaviour Management Specialist. Maresa described to us the decision of U&I Care to concentrate in one area of service provision and become specialist. She also emphasises the importance of growing slowly, so as not to lose the authenticity of “who we are”.

The whole organisation has a headcount of around 40 employees and is likely to grow by an additional 15, as progress towards opening two new residential houses is made. There is a mixture of full time and part time staff, including some university students, and in general there is enough flexibility not to need to rely on agency staff; which improves continuity for clients.

Opportunities for professional development are supported: various staff are currently undertaking relevant NVQs in care, safeguarding and first aid training.

Turnover is very low and when new staff are recruited this is handled in-house by Operations, with support from HR. New staff undertake a two week induction that includes specialist behaviour management and physical intervention training. Training is carried out by a company director who is licensed in SCIP.

Julie, who joined U&I Care two years ago from a call centre, told us that she had learned a lot by observing other colleagues and that: “you do get an idea about the work and the clients from reading the care plans”, but “it really comes from the connection with the individuals”. Donna also emphasised that all new staff read the care plans first: “it’s like a bible”.

In addition to onsite line management, staff have regular supervision sessions with Clare from HR. These are carried out onsite, so that Clare meets clients too. Head Office and Support Workers share the same core training; so that everyone is equipped to work constructively with clients in the same way.



Recruitment is structured; there are interviews and background checks are made. However, Maresa told us: ‘we look for a feeling from the potential support worker’. We asked Donna, who has 20 years’ experience in this sector, what she particularly liked about U&I Care (where she has been for the last 3 years), she replied: “it’s just lovely, everyone ‘gels’.”

One of our team wrote: “the staff were enthusiastic regarding their role and they are able to manage, which at times must be challenging, a special client group”.

### **Bedrooms**

We saw two of the six bedrooms. Each had a double bed and was well supplied with wardrobes, drawers and a chair. The rooms were also individually furnished; reflecting the interests and personality of the occupier - soft toys, models and pictures all gave each room the informal feel of a bedroom within a family home. Wherever possible, residential clients are given a choice of bedroom although this does depend upon how many rooms are available at the time - Sats was there first so chose his.

### **Furniture and décor**

Every room we saw was in good, clean condition and decorated in light, contemporary colours. Paintwork on walls was unmarked and there was a well-chosen variety of clocks, pictures and other pieces of wall art in the lounge areas and the hallway. At the far end of the main lounge, the cards and celebratory balloon from the birthday of one of the residents were on display.

There was also an exercise bike close to the window which had been acquired for a resident who wanted to build up their fitness while watching television, but did not feel comfortable going to a gym. Both the main and the secondary lounge had comfortable sofas (colour coordinated with curtains and rugs) and plenty of natural light from big windows. The secondary lounge also has a computer for young people to use.

## Privacy and Dignity

We were impressed with the openness of the team in terms of talking to us about their service and showing us their building. It is important to state that at the same time as staff were open with us, we were not offered sight of documents that were confidential. Before taking us into one bedroom, the door to which was closed, Maresa knocked first and then waited for a few moments to be certain that the room was not in use; so personal privacy was respected.

All the staff and young people we met were on first name terms (sometimes nickname terms) with one another and talked together as peers. One client who was sitting in the lounge was due some medication during our visit. A staff member approached the client, had a soft spoken conversation with her (which could not be overheard) but from the nodding and verbal exchange had clearly checked their understanding, as well as sought and gained consent before bringing the medication through. This interaction was characterised by a very calm manner and warmth of connection with the individual.

## Other comments

U&I Care sets out a clear statement of purpose on its website:

“With every person affected by a disability there is a family, a relative and a real person involved, who have ambitions and dreams. With support and imagination we can help them to achieve these goals by changing our approach to ‘promote ability not the disability’.”

U&I Care set out to provide: ‘a family environment with a feeling of worth and belonging’.

Now that doesn’t just happen - it takes intention and attention.

When an approach is made to U&I Care by a family, or a referral is received from another service or provider such as Walgrave House, we got the impression that a well-oiled process starts up.

Everyone involved in the life of a young person is contacted to understand the main features of their situation at present. Then a member of the team will meet up with the young person in their own space. This initial meeting is very low key and predominantly observational. Next, the U&I Care staff think about whether their services could meet the needs and aspirations of the individual. Interestingly Maresa told us that sometimes: “we do respectfully decline clients”. If the team feel it can support the individual, then it becomes a question of group dynamics and working out a transition programme which can take up to 6 months to finish. This process involves short visits, day visits and single overnights before arriving at a complete programme of support.

Every client has an individual care plan which includes their current situation, achievements, abilities, preferences and aspirations. Each day that staff members have contact with a client, records are made using a ‘mood matrix’. This framework enables to staff to be consistent in noticing how a client is affected by different times of day, social situations, activities, foods and challenges so that positive behaviour can be focussed upon and negatives can be turned into positives before escalation occurs.

In many ways this comment from a member of the team sums it up:  
“It’s not that you have a care plan, it’s what you do with a care plan”.

As living documents, care plans develop over time as individuals discover new interest and develop skills that neither they, nor anyone else, knew they had. As Maresa says: “if we don’t add new behaviours or achievements then we don’t do the client justice”. There is a high level of reflective practice taking place in Burton House and each day is approached as a brand new opportunity to make things work well for individuals and for the group. The team and the young people are to be congratulated on the great atmosphere inside their home and the hospitality they offer.

Our sense was that Burton House runs true to the stated core purpose of U&I Care.

## Recommendations

1. Keep up the great work - the focus on positive behaviours and positive achievements is clearly bearing fruit for clients and staff.
2. Review the website. Currently while it contains useful information, it does not give a clear picture of the core beliefs and values which drive the service, and therefore, an accurate sense of how it might feel. The historical story is a great way to set the scene, but it does not have an author so we do not know who is writing this; which makes it more difficult to connect with the underpinning ethos.
3. Continue to support staff to develop their reflective practice and consciously capture the processes that work in order to ensure that the organisational culture continues to thrive as it grows.
4. If appropriate, consider putting a discrete name plaque on the outside of Burton House as it a little difficult for first time visitors to identify.

### Distribution List

This report has been distributed to the following:

- Warrington Borough Council
- NHS Warrington Clinical Commissioning Group (CCG)
- Care Quality Commission (CCG)
- Healthwatch England

## Appendices

### Appendix A

#### Response from provider

No response was received from this provider.

