

## Enter and View

### Report of visit to Ashley House supported living scheme on 27 July 2016

#### Purpose of visit

A current strategic priority of the use of our Enter and View powers is to visit extra care and supported living housing schemes. We feel that tenants in such schemes get less chance to express their views compared with people using other health or social care services. We visited three extra care schemes for older people. In December 2015, we discussed visiting supported living schemes for adults with learning disabilities with Mike Abel (who was then the responsible commissioning manager at Wandsworth Council). He recommended to us a selection of schemes to visit. This report is based on the second of those visits. Two members of the HW Enter and View team (Cherill Scott and Nada Savitch) held an introductory meeting with care managers at Ashley House on May 9 2016. A full site visit to talk to tenants took place later, on July 27 2016.

#### About the Scheme

**Address:** 32, Fawcett Close, London, SW11 2LU

The premises: A three storey, purpose- built house in a quiet road on a large housing estate. There are communal areas on each floor. There is a 'staff flat' on the ground floor, and a wheel-chair accessible lift to all floors. There are 13 tenants who live in 12 flats. Eleven flats have one-bedroom and one has two bedrooms, and each has a kitchen and a bathroom. There is a small garden around the building.

#### Management

The scheme opened five years ago. The landlord (*owner?*) of the building is Sanctuary Housing. Care and support to tenants is provided by Lifeways, a company that provides care in three other schemes in the Borough. The care service in Ashley House is managed on a day-to-day basis by Sandra Afeeva (Team Leader) and overseen by Tawa Olaloko (Senior Services Manager), who visits frequently and often works alongside the more junior care staff. There are no housing staff on site. There is a named contact at Sanctuary's office, but he covers a wide area and does not have direct responsibility for repairs. We were told by the care managers that larger repairs such as the front door (broken on the day of our first visit) and the lift can take some time. Smaller items such as lighting are usually dealt with quickly.

#### Staffing

There are over 10 staff (*how many exactly?*). Four staff work on the day shift and two at night. There are three shifts – morning, afternoon and night. All staff members do different shifts on a rota. Shifts start at 7 am or 8am and end at 2.30 or 3pm. Night shifts are from 10pm. Once in a while staff work a 'long day' from 8am to 10pm. Staff

work in pairs. Handover meetings take place at 8am, 2.30pm and 10pm. There are two team leaders. All tenants have individual key workers. If the key worker is not available, cover is arranged. It is not easy to recruit staff. Retention of staff is not a problem at Ashley House, but two experienced members of staff left fairly recently. Currently, there are no staff vacancies.

## **Tenants**

Tenants' ages range from the 20s to 70s. There are 11 single people and one couple. There are five female tenants. Most tenants are supported by Wandsworth Borough Council. Tenancies are short-term (possibly reviewed after five years) with the housing provider. One tenant receives direct payments and has a personal assistant during the daytime, and only uses Lifeways support during the night. One tenant receives shared support: four days via direct payments and three from Lifeways. Two tenants use wheelchairs; one tenant is blind, and some have comparatively mild mental health problems and/or behavioural problems. There is a mix of cultural backgrounds. Tenants' support needs vary, but most are relatively independent: they are able to go out and return when they want. Sometimes they might inform staff of where they are going, but this is their choice. Some people attend a day centre on a regular basis.

## **Care arrangements**

Tenants are assessed before admission by a social worker. Those considered suitable for the scheme visit Ashley House to confirm that they would fit in. Care and support plans are drawn up in consultation with tenants, and carers where possible, and a copy is kept in each flat, along with a copy of the daily schedule of staff visits. Care plans are reviewed and updated annually, but if more hours or different care are needed between reviews, staff have to involve social services. Most tenants only require prompting, or minimal help, with personal care, but three (including the people who use wheelchairs) need full personal care. Most of the tenants are on some kind of regular medication, and staff help with the administration of this.

## **Healthcare**

All tenants are registered with one of three local GPs, and with different dentists. Staff ensure that tenants receive regular checks, make appointments for them and accompany them as necessary. If tenants need help with exercise, Occupational Therapy or mental health services, they access these via their GP. Tenants may also use the walk in health centre at Clapham Junction.

## **Meal arrangements**

There are tea and coffee making facilities in the communal areas. Tenants have their own meals in their own flats. Some tenants have hours allocated to help with meals. Staff may also help with shopping. Ready meals are often used. Staff may check

tenants' cupboards and fridges to ensure they are eating well. Two residents have diabetes; staff monitor their diets and support them with medication where necessary.

### **Activities**

Staff are able to support the more active tenants who prefer to do their own shopping, or take walks outside. The most independent tenants can organise their own external activities, such as attending meetings. There are no regular, organised communal activities at Ashley House. Parties are organised by staff to celebrate tenants' birthdays, important anniversaries, and Christmas, but we were told that attendance could sometimes be patchy, depending how sociable individual tenants were feeling. There are monthly tenants' meetings for general discussions, or to make joint plans for the next social activity.

### **Relatives**

Some tenants have regular visits from relatives, and these are encouraged. Ashley House does not have formal meetings for relatives at present, but one tenant wants to organise a coffee morning for relatives.

### **Complaints and safeguarding**

There is a clear procedure for handling complaints. Tenants are assessed for financial capacity, and where this is judged to be inadequate an independent person is appointed to assist with this. We were informed at the May visit that that was one ongoing safeguarding issue, which had been raised by a staff member

### **Sources of information about the quality of care**

We were told that Lifeways carry out audits regularly, including financial and care plan audits. Tenants are encouraged to talk to their key workers or social workers if they have major problems. Lifeways does an annual written questionnaire for tenants and a survey of families' views. There is no survey of staff views, but we were told there are procedures for staff views to be cascaded up the management hierarchy. There are regular staff meetings and handover meetings.

**Care Quality Commission:** The South London Office of Lifeways (Suffolk House, Croydon) is registered with the Care Quality Commission (CQC), but Ashley House is not registered separately. There has not been an inspection recently, but we were told that one is expected soon. Ashley House might be involved, depending on what records the CQC choose to review.

## Healthwatch Enter and View visit on July 27 2016

Following the preliminary visit in May, arrangements were made to send letters to each tenant explaining about the planned visit later in July. Posters were also sent, to be displayed for the information of staff, tenants and relatives. We carried out our full site visit on 27<sup>th</sup> July starting at 11am. The three Healthwatch visitors are lay members of the Enter and View team: Cherill Scott, Avril Charnock, and Nada Savitch. When we arrived, staff rang tenants who they believed to be at home to see if they would be happy for us to visit. The interviews were informal and tailored as far as possible to the individual's capacity.

Our findings are based on interviews with seven out of eleven tenants, our observations and a further conversations with Tawa Olaloko at the time of this visit.

### Our findings

The communal areas appeared clean and well maintained. Televisions were not left switched on when there were no tenants around. The ground floor communal area had armchairs, a table at which six people could sit, and tea and coffee making facilities. It was decorated with some attractive artwork done by one of the tenants, and with photographs of recent parties. The individual post boxes in the downstairs communal area seemed well used. The lift was working well. There were plenty of staff around to answer questions, and tenants seemed happy to come and go while we were there. The flats seemed of a good size with appropriate facilities (for example automatic front doors and a wheelchair accessible bathroom in one flat). The flats we saw were clean and well maintained.

**Care and support services:** There was a variety in need for personal care among the tenants we spoke to. Most reported being able to wash and dress themselves. People who did require more support with personal care reported that sometimes staff were in a hurry. The key worker system seemed to work well for most people, who identified individual staff that they were happy to talk to about their problems. Some tenants reported having 'issues' with staff, which were usually presented as personality clashes with individual care staff. Most of these issues appear to have been resolved - for example in at least one case there had been a meeting with staff and the tenant. A few people expressed a reluctance to talk to us about staff. There was also a large variation in support with money. Some tenants valued support with financial matters, others were very independent.

**Healthcare:** Some tenants reported that staff supported them take medication, and helped to organise appointments with GPs, dentists, and other services as needed. Those tenants who were more independent reported that they went to their GP surgery alone.

**Meals:** Most tenants had choice over their meals. Some tenants had support with shopping and/or cooking. These arrangements seemed widely acceptable. One of the tenants reported being proud of having learned to cook – a good example of the way in which such a scheme can promote independent living.

**Activities:** All the tenants valued their independence but there was some tension between support and independence. A few people wanted someone to talk to or more organised activities. But most expressed being content doing their own thing. Many tenants mentioned the parties organised for birthdays and Christmas, and for some this seemed to be enough. Some tenants had friends who were also tenants, others preferred to keep themselves to themselves. Some had family who they were in touch with. Some tenants mentioned that they would like more organised activities such as bingo, but others stated that they don't go to organised activities. Most of the tenants go out on their own, but one reported only going out with their carer. Watching TV was often mentioned as an important activity. Tenants mentioned a variety of activities: going shopping, seeing relatives, going to day centres, doing gardening, going to church and one tenant volunteers at a local community farm. Two of the tenants said that they were more independent living at Ashley House than they had been in their previous accommodation. Activities such as gardening and music are offered in the local day centre.

**Complaints and safeguarding:** When asked about arrangements for voicing concerns, tenants all seemed confident that they would inform their social worker or other staff if there were any problems. At least two of the tenants had support from advocates. Tenants did mention some issues that had been fixed (for example, meeting with staff to address personality clashes). There was a report of rats in the roof space – but this appears to have been addressed.

## Conclusions

It is clear that the staff at Ashley House are committed to providing care and support as and when needed, whilst trying to discourage undue dependence on them. It was clear from our interviews that the range of needs and personal issues in tenants' lives meant that it was difficult to differentiate between problems with Ashley House and personal problems in their lives. Because of this, it can be helpful to obtain 'outsider' opinions about services – for example from relatives or close friends. Unfortunately, on this occasion, there were no visitors that we could interview.

Views about living at Ashley House ranged from “all right...I can do what I like...I'm happy here” to “I can't live here anymore”. There were a variety of reasons why people described their experience as bad or in most cases 'just OK'. Many of the tenants felt that they were ready (or wanted) to move on – but it was not clear that there would be appropriate local housing facilities available.

Overall, the atmosphere in the house felt calm and friendly. The keyworker arrangements seem to be working well.

## Recommendations

- In some cases, there appeared to be a lack of trust between staff and tenant. Where a poor relationship develops, tenants should feel secure enough to report this so that, at the very least, a meeting could be convened to help 'clear the air'. We further recommend that, ideally, Ashley House should aim to achieve good 'matches' between staff and tenants.
- It is clear that staff are actively involved in helping tenants with arrangements for events such as birthday and Christmas parties. While we are sympathetic to suggestions from some tenants that additional communal activities might be organised, we acknowledge the difficulties staff face in organising communal events that risk having minimal participation.
- Ashley House staff should consider how to identify and support tenants who might benefit from referrals to other services, such as counselling or other mental health services.
- We suggest that Ashley House should consider involving relatives more closely. This need not require highly formalised arrangements: we liked the idea we heard of occasional coffee mornings to discuss matters of common interest.
- Based on the positive experience of one tenant, we would like to encourage staff to support anyone who might be interested in learning to cook. Most tenants report that they rely on ready-made meals rather than freshly-prepared food.
- The issue of moving tenants on to other suitable accommodation when needed – whether because they feel the need for a different kind of support, or because they are ready for a greater measure of independence – should be clarified. The original idea of five-year tenancies designed to promote and encourage greater independence may be getting lost. Ultimately, this is a matter for those responsible for planning and commissioning services.

## Acknowledgements

The Enter & View team of Healthwatch Wandsworth would like to thank the staff of Ashley House for their helpful and welcoming attitude. We also thank those tenants who made the time to talk to us.

## **Disclaimer**

**This report relates to findings of the Healthwatch Enter & View team on the day of our visit. It may not be a representative portrayal of the experiences of all tenants. The nature of Enter and View visits means that we do not have the time to build a level of trust with people or understand their particular needs or life histories.**

## **Response from Ashely House care managers**

Healthwatch Wandsworth followed its usual practice of inviting the managers we met at Ashley House to correct any factual inaccuracies in this report, and to respond to our recommendations. We have received no reply to date.