

## Enter and View Report February 2016

### Visit to Chestnut House Extra Care Housing Scheme for Older People

A current strategic priority for the use of our Enter and View powers is to visit extra care housing schemes. We feel that tenants in these schemes get less chance to express their views compared with users of other health and social care services.

#### About the scheme

Address: 209 Arabella Drive, London, SW15 5LH

The premises: The scheme occupies a purpose-built horseshoe-shaped building on 3 floors opened in 2009 on the Lennox Estate in Roehampton. It contains 41 flats of which 7 are for double occupation, having two bedrooms, while the remainder are single bedroom flats, each with their own kitchen, toilet and shower facilities. All flats are let unfurnished with carpet, cooker, washing machine and fridge and are connected to a central alarm system.

There is a large communal lounge with kitchen facilities on the ground floor and a separate "quiet room". There is outside space with chairs and tables accessible to all tenants.

Management: The building is owned and run by Paragon, a provider of affordable housing and services in the South East and West London. Men and women over the age of 55 are nominated by Wandsworth Council to receive a tenancy with rent and a service charge payable to Paragon.

London Care, a provider of [home care services to people living across London and Southeast England](#) and registered with the Care Quality Commission for the provision of personal care services, provides care and support services under a contract with Wandsworth Council, which runs until July 2016, when it is due to be retendered. There is an on-site Care Manager at Chestnut House but at the time of our visit the registered office and manager were at London Care's Raynes Park regional office. We understand that this was a temporary arrangement and that a registered manager is now in place at Chestnut House pending the completion of other registration formalities.

Tenants: The scheme has capacity for 48 tenants. At the time of our visit, one double flat was being used for 6-week reablement funded jointly by Wandsworth Council and the CCG and a number of flats were vacant pending occupation by new tenants and we were given the names of 37 Extra Care tenants in residence. Six of the Extra Care tenants are self-funders while the remainder have eligible care needs met by London Care under the Wandsworth Council contract. Care is provided for each tenant according to an individual care plan initially drawn up Council social workers on the basis of an assessment of eligible needs. A minimum care need of 10 hours a week is the Council's normal threshold for access to the scheme. London Care reviews the care plan every 6 months, or earlier if there is significant change. The Council conducts an annual review of care plans. We were told that the majority of tenants suffered from a degree of age-related cognitive impairment and that in some cases this had become more advanced during their time at Chestnut House. But we were told that London Care had a commitment to continue to care for such tenants at the scheme so far as possible rather than move them elsewhere.

Staffing: The Care Manager normally has two Team leaders who act as deputies and a care staff team of 21. At the time of our visit one of the Team Leaders was Acting Care Manager pending the appointment of a new Care Manager following the departure of the previous post-holder. The care staff work shifts. There are 9 staff on duty in the morning, 5 in the afternoon and 2 at night.

Meal arrangements: A wide variety of arrangements are in place for tenants to have food delivered, to have shopping done and to have meals prepared or to be assisted with their preparation in their own kitchens. Only a few tenants prepare their own meals (with some staff support as necessary) while the remainder have their meals prepared by care staff. The majority of tenants take their meals in their flats but at the time of our visit some had their meals prepared and served in the communal downstairs area. The usual allowance of care time for meal preparation at the time of our visit was 15 minutes but we understand that this is being increased to half an hour. To a great extent, reliance is put on convenience foods or ready to eat meals.

Activities: A few tenants are funded to go out to day centres. Tenants have been asked about activities they would like. There is a coffee morning every Monday, a chair-based exercise group on Tuesday, singing on Wednesday, Bingo on Thursday and a quiz on Friday. There are 10 to 15 regular attendees of these activities. Additional funding from Wandsworth CCG has been provided for activities and an outside organiser has been commissioned to consult tenants and organise a wider range of activities. Additional

support for activities is hoped for from a newly established Friends of Chestnut House Association.

### **Quality of care – information collected by the scheme**

London Care carries out a detailed annual Service Quality Survey of Chestnut House tenants. We were shown an analysis of the results of the May 2015 survey. This involved 19 questions covering a wide variety of aspects of care. The response rate was 31.6%. The responses to most of the questions were positive and where there were some negative responses these were in the minority. In response to the final question "Overall, how happy are you with our service?" 75% of respondents were "very satisfied" and 25% "satisfied".

### **Other views of the quality of care at the scheme**

#### Care Quality Commission (CQC):

Depending on the exact registration position of different Extra Care housing schemes, there is currently an inconsistent pattern of CQC inspection of the category "Housing with Care". CQC has now produced new regulatory guidance for this kind of provision which should in future ensure that schemes like Chestnut House are given a specific focus.

Accordingly we understand that hitherto Chestnut House has not been separately registered with the CQC and has not been inspected by them. People looking for information on Chestnut House would not find it on the CQC website. At the time of our visit the registered care provider for Chestnut House was London Care's office at Raynes Park. But we understand that new registration arrangements are in hand which will ensure that Chestnut House is separately registered and inspected by the CQC. This is in our view a welcome development which will ensure the availability of better information from the regulator about this scheme.

## Enter and View report February 2016 - Visit to Chestnut House Extra Care Scheme

### About our visit

Seven members of the Healthwatch Wandsworth Enter and View Team visited the scheme on 17 December 2015. This was a planned visit and members of the Team had previously met with London Care's regional manager and the scheme's acting care manager. Posters advertising our visit were put up and each tenant received a letter explaining who we were and the purpose of the visit.

The visit involved a mixture of talking to tenants and observing interaction between tenants and staff. Interviews were informal in style and tailored to tenants' capacity to respond. We spoke to 15 tenants (8 men, 7 women). Nearly all had lived at Chestnut House for a number of years and several had lived there since it opened. Although some had memory or speech problems we were in nearly all cases able to have in-depth conversations about their experience of living in the scheme.

In addition 4 relatives were spoken to for their views either during or subsequently to our visit.

Healthwatch Wandsworth would like to thank the scheme's managers, tenants, relatives and staff for their contribution to the Enter and View programme.

## Findings from our visits focusing on the quality of individual care and the responsiveness of services to individual tenants' needs

### Personal Care:

The tenants to whom we spoke had a range of needs: 5 were wheelchair users and most needed help with washing, dressing and medication.

### Positive:

All but one or two expressed themselves as generally happy with the personal care they received which treated them as individuals, respected their dignity, privacy and choice and allowed them to do as much as they could themselves.

Several tenants specifically mentioned having regular carers, particularly in the morning, who they knew and liked. While only one of those we spoke to mentioned having carers of the same sex, none told us that a preference for male or female carers had been ignored.

When we looked, we found Support Plans in the flats, often fixed to kitchen cupboards, giving clear guidance to care staff.

A relative said: "they run like clockwork; the carers know what to do".

A number of tenants enjoyed having their hair done by the weekly hairdresser downstairs.

### Negative:

A couple of tenants with impaired mobility felt a lack of choice about the time to get up/go to bed but did not seem to have voiced this to staff (unlike others who had negotiated arrangements which suited them).

One tenant mentioned that their main morning carer worked in silence despite attempts to engage her in conversation.

Another tenant sometimes found it embarrassing when trainee carers came to assist with personal care and apparently did not know what to do.

A few tenants mentioned the frequency of change in their carers: one said that it seemed to be a different carer each time except in the morning.

One tenant who finds standing difficult would prefer a bath to a shower but did not

seem to be aware of the assisted bath facility on the ground floor.

#### Food shopping and meals:

We encountered a variety of different arrangements for obtaining supplies: the majority of the tenants we spoke to have their food ordered for them by their family; several are able to order or shop for themselves, while one has food ordered by the scheme. In most cases this takes the form of ready meals.

Most of the tenants we spoke to now have their meals prepared for them in their flats by care staff but one we spoke to apparently cooks for themselves and another is able to start the cooking but then needs help. We observed that a number of tenants were having their midday meal prepared and served in the communal area downstairs and we spoke to a couple of these.

Several of those we spoke to were able to make themselves drinks between meals while some came downstairs for drinks.

#### Positive:

The majority of the tenants we spoke to expressed themselves as happy with their meal arrangements.

We were told that the tenants served downstairs were mainly those whose nutrition needed to be monitored.

At the time of our visit the scheme was preparing for a Christmas lunch which a number of the tenants we spoke to were planning to attend.

#### Negative:

We observed that the tenants served downstairs had their food collected from their flats, prepared and served separately by one or at most two members of staff. This meant that tenants had to wait their turn, which some seemed to find tiresome and little attempt was made to create the atmosphere of a communal meal. There was little social interaction between tenants and staff or between tenants themselves.

### Pursuing interests and activities:

#### Positive:

Only one of the tenants we spoke to was funded for day activities outside Chestnut House, but most of them attended at least some of the communal activities organised there. A number went out on their own, or with family, friends or church members.

Several enjoyed reading - there is a visiting library service - or watching TV. People can go downstairs for company when they want it.

Several of the tenants we spoke to made clear that they could occupy themselves, were happy with their own company and were content not to take part in various organised activities.

#### Negative:

A few tenants said they occasionally felt bored or lonely.

A few tenants expressed an interest in going out e.g. to the theatre or the Wetlands Centre but would need support and they did not seem to expect this to be available.

One male tenant was uncomfortable socialising with women and wondered if there could be group activities specifically for men e.g. darts.

### Access to healthcare:

#### Positive:

Most tenants are registered with the same GP practice in Putney and a GP visits Chestnut House each week. A few tenants have chosen to keep their previous GP. A single pharmacy is used for ease of access to medication. The optician also visits when needed.

Two tenants we spoke to are visited regularly by District Nurses for specific purposes.

We heard a number of examples of tenants receiving hospital treatment or tests with staff help in arranging transport.

#### Negative:

One tenant who had been at Chestnut House for 2 years said they were not registered with a GP but had not asked staff to help with this because they were too busy.

The acting care manager told us of difficulty obtaining support from the mental health services for one tenant.

Other aspects of independent living:

Positive:

Several tenants told us that they preferred living at Chestnut House to the alternative of a residential care home. The privacy and greater independence of living in one's own rented flat was generally valued.

A married couple with differing care needs were benefitting from the ability to pursue their individual preferences in terms of activity and social interaction.

Some of the tenants we spoke to would have no hesitation in raising problems or concerns with the manager or a staff member and were confident they would be listened to.

We observed what seemed to be a healthy "live and let live" attitude throughout the scheme. One tenant we encountered (but did not interview) suffered from a condition which gave rise to verbally challenging behaviour: this was received with general tolerance although it caused some inconvenience to others.

Negative:

Others told us of wishes or preferences that they had not expressed to staff or were reliant on family members to speak for them.

Environment, Health and Safety:

Positive:

We heard no complaints and some positive comments on the space and quality of the accommodation. One tenant took particular pleasure in the French window with a "Juliet" balcony which are a feature of all the flats, giving greater access to fresh air.

The couple we spoke to had been able to bring a fireplace from their previous flat which made their new flat more homely for them.

Cleaning/laundry (when part of the care plan) is carried out weekly by London Care.

Alarm pulls are installed in all flats and some tenants have an alarm fob. All those who commented said that staff responded quickly.

We found the entrance and communal areas well lit, bright and welcoming and observed certain safety features such as handrails in corridors, a glass panel by the front door of each flat, and different coloured front doors on each floor to help orientation.

Two tenants mentioned plumbing repairs which had been carried out quickly.

Negative:

A relative commented that repairs are slow to happen. A few tenants specifically mentioned items supplied by the scheme (a shower chair, a radiator and an alarm fob) which were in need of repair and two reported delay (in one case significant delay) in getting these repaired. We noticed badly stained or burned carpets in a few flats.

The furnishing of flats is the tenant's responsibility: but we observed that a number of flats were very cluttered or poorly furnished and we felt that the tenants needed some help in addressing this.

In particular, one tenant, after a period of illness, had needed to have a hospital bed installed. Because they already had a bed bought for them by a relative, the hospital bed was at the time of our visit taking up a large part of the living space and the bedroom was effectively a storeroom. Prior to our visit the scheme did not appear to see a need to help the tenant address this problem.

Staff attitudes:

Positive:

Several tenants specifically described care staff as "wonderful", "brilliant", "friendly" or "very nice" or commented on their willingness to provide extra help when needed.

One said: "Marks out of ten? I would give them a million!"

One tenant said that the night staff were very good.

Negative:

One tenant felt that, as compared with when the scheme first opened, care staff had become more "rough and ready" and that some were more caring than others.

A few others felt that carers were very busy or rushed and did not have enough time to chat.

One tenant who frequently falls felt that some care staff are not as sympathetic after a fall as they might be.

One tenant had reported "1 or 2" staff members who they felt had been insulting - but they were the exception.

Another tenant told us they had once reported a carer who they suspected of stealing and had been concerned when, after a period of absence, the carer returned to work.

#### Working with relatives:

Some of the relatives we spoke to were concerned about the recent change of management at Chestnut House and feared a deterioration in the high standards they had become used to.

In particular, there was concern about the level of communication with relatives. Under previous management there had been regular meetings with relatives: it was not yet clear whether this was continuing. At the time the previous manager left, relatives had apparently not been informed in writing. One relative was not sure who to go to if there is a problem and was uncertain whether if they speak to a carer on the phone any action would be taken. Two relatives mentioned that the office appeared to be unmanned and they were no longer greeted on arrival.

A relative was upset that, after their relative, a tenant with impaired mobility, had had to call out care staff five times in a night, this had been described by the acting care manager in a way that implied that the tenant had behaved badly.

Another relative who had reported the loss of money from a safe in their relative's flat had felt that the care manager's initial response had shown insufficient concern. We have however been assured that the scheme has a robust theft policy in place, including reporting to the police and the Safeguarding Team.

#### General:

We asked most of the tenants we spoke to, to rate how they felt in general about living at Chestnut House. Of the 12 who gave a rating, 6 were "very satisfied", 4 "quite satisfied" and 2 "neither satisfied nor dissatisfied".

## Our conclusions

This was the third of our visits to Extra Care schemes for older people. The scheme has been running longest of the three and seems to have had a relatively stable existence both in terms of tenants and of management. There has however now been a change of management following a period of vacancy. The scheme has clearly benefited from its stability to build up a reputation for quality. The comments from some of the relatives we spoke to may be taken as a reminder that maintaining service quality during and after management change can be a challenge and that a particular effort may be needed to reassure relatives on this as well as on the scheme's commitment to working with them.

The concept of Extra Care for older people is a relatively new one in Wandsworth but not elsewhere. In principle it aims to combine the advantages of independent living in a person's own home with the provision of co-ordinated on-site care to cover a wide range of essential care needs. It is a provision that the Council sees as a preferable alternative to residential care homes. In the case of Chestnut House we felt that the advantages both of individual living and of co-ordinated care were receiving their due weight and being appreciated by tenants and their families.

We have however found that judging the success or otherwise of how an Extra Care scheme is meeting the needs of its tenants can prove complicated. Extra Care can be assessed at different levels – for the quality of personal care provided to individuals in their own accommodation as with any other domiciliary care service in the community, for the quality of additional support provided for vulnerable people together in a sheltered environment and for the wider quality of life living independently, retaining more choice and control.

On the quality of individuals' care our findings were very largely positive although we have recorded a number of minor "niggles" on which the new management may wish to reflect. We felt that the scheme was making reasonable efforts to provide an element of continuity in the provision of care, particularly at getting up time: several of the tenants we spoke to had a particular relationship with a "main carer". We appreciate the difficulty of combining continuity of care with maximum independence and the efficient deployment of resources - but in conformity with NICE guidelines continuity deserves to be prioritised to the extent possible. We noted that the scheme does not operate a system of "key working" as some services do: while this did not seem to represent any obvious gap in care arrangements we do wonder whether a key working system, at least for more vulnerable tenants, might offer worthwhile advantages and

think that this should be given some consideration.

Arrangements for the provision of meals also seemed to be working to general satisfaction. But we do think that thought should be given to how the provision of meals to a number of tenants in the communal dining area, if it is to continue, might be made into a more enjoyable and more sociable experience for them.

The activities organised for tenants seemed to attract sufficient support and people who did not join in seemed content with their decision and under no pressure. The one area where there seemed to be an unmet and possibly unexpressed wish for some tenants, was for more support to leave the facility.

Turning to the less tangible issues of the quality of additional support provided for vulnerable people together in a sheltered environment and for the wider quality of independent life, we recorded a number of positive comments. But we would wish also to mention our impression that some tenants have got used to not speaking up for themselves on their wishes, preferences or perhaps concerns and also our sense that staff and management may be so focussed on maintaining the smooth running of the care routine with limited resources that they sometimes miss the need to help a vulnerable tenant address a one-off problem like the need to get a rid of a surplus item of furniture. Bringing vulnerable people's individual problems into sharper focus and supporting their efforts to resolve them would be a potential benefit of a key working system, were that to be introduced. We also felt that some clarification of responsibilities and expectations for these wider aspects of care would be useful: this would necessarily involve joint consideration with commissioners e.g. in the context of the contract retendering.

Finally, we were pleased to hear that discussions with the CQC are well advanced on new registration arrangements designed to improve the regulator's ability to assess the quality of care at this Extra Care scheme.

## **Our recommendations**

We accordingly recommend that:

1. London Care should conclude with CQC appropriate registration arrangements designed to ensure that the regulator, commissioners and the public are able to get accurate information about the quality of services provided at Chestnut House through direct visits.

2. London Care should discuss with Wandsworth Social Services' commissioners how best to clarify the responsibilities of and expectations from the scheme and the care manager as to when and how tenants' additional support needs going beyond narrow definitions of personal care should be responded to. This might best be considered in the context of the contract retendering process.
3. In that context, the care providers and commissioners should also consider the potential advantages of offering some or all tenants individual key working support. and/or the possibility of involving additional resources from outside the scheme.
4. Any conclusions from this review of roles and responsibilities should be spelt out both in contract documentation and in information provided to tenants and their relatives.
5. The Care Manager should consider how the provision of meals to a number of tenants in the communal dining area, if it is to continue, might be made into a more enjoyable and more sociable experience for them.
6. The Care Manager should explore the possibility of offering interested tenants support to go out, e.g. to the theatre and the Wetlands Centre.
7. The Care Manager should explore the possibility of organising some gender-specific group activities.
8. The Care Manager should consider how best to reassure relatives about the scheme's continued commitment to working with them and in particular should make arrangements to ensure that the office downstairs is normally staffed at times when visitors might be expected.

Disclaimer: Please note that this report relates to the findings of the Healthwatch Wandsworth Enter and View team. It may not be a representative portrayal of the experiences of all residents and their relatives.