

Enter and View Report February 2015

Visit to Anvil Close Residential Care Home for adults with learning disabilities

A current strategic priority for the use of our Enter and View powers is to visit care homes that do not provide nursing. We feel that these homes get less scrutiny than other health and social care services.

About the home

Address: 21-24 Anvil Close, Streatham, London SW16 6YA

Management: Anvil Close is managed by Macintyre Care, a national charity that provides learning, support and care for adults and children with learning disabilities. They manage another care home in Wandsworth and a large number of others around the country.

Description/layout: The home was purpose-built in 1996 and consists of a two-storey block at the end of a residential close. It has a single front door with controlled ingress and exit in view of the adjoining office. The ground floor and first floor are each divided into two flats with their own front doors (usually left open or unlocked but with an entry bell). Each flat has a corridor off which are the bedrooms and which leads to a lounge and through to a kitchen/dining room. The corridor and rooms are large, having been designed for wheelchair access. But only the ground floor flats are currently fitted with hoists. There are no communal rooms for the whole home, but residents can visit each others' flats for parties, shared meals or activities. There are three residents' bedrooms per flat, all with their own TV and one with en-suite facilities while two residents in each flat share a bathroom. There is a second office on the first floor landing. The home also has an accessible garden at the rear.

Residents: The home was currently fully occupied, with 12 permanent residents (although one resident was in hospital at the time of our visit). There were 3 women and 9 men, ranging in age from their 40s to their 60s. All were funded by Wandsworth Borough Council. Two residents have been at Anvil Close since it opened. Four of the ground floor residents are wheelchair-bound. All suffer from moderate or severe learning disabilities.

Staffing: The staff team, in addition to the manager, total 21 support workers, plus 4 seniors, each of whom takes responsibility for one of the flats. The ground floor flats are each supported by 2 staff during the day time; the first floor flats where the residents are less dependent have one staff member on duty. At night 2 staff are on duty and one staff member sleeps in. In addition one resident is provided with 17 hours a week of one to one support.

Meal arrangements: Meals are planned with residents (to the extent possible) in each of the flats and prepared by the support staff. The upstairs flats shop together as do the ground floor flats - some residents take part in shopping trips. Some residents have diet plans worked out with a dietician. Three ground floor residents have dysphagia (= difficulty swallowing) and have to have blended food and supplements. A nutrition nurse advised on another resident (in hospital at the time of our visit) who had "peg feeding" i.e. a tube direct to the stomach). The upstairs residents are encouraged to help with meal preparation (although we did not see this happening).

Activities: Most of the residents are funded by Wandsworth Council to go out on week days to day activities at Church Lane Day Centre or at the Tooting and Battersea Community Social Bases (at the Wilditch Community Centre and St Boniface's Church Hall), or at the independent providers Generate and Share. The home is not generally funded to provide daytime activities but the two residents who do not go out to day care are supported on trips out e.g. for shopping or lunch with relatives. One receives music therapy once a week from a visiting therapist and is supported by the home to attend a walking group, other walks, meals out and a weekly visit to their family. All these activities are recorded in the residents' daily log.

At weekends some residents visit their families and/or go (or are accompanied) to church. Staff take some residents out for bus or tram rides or trips to the cinema. They sometimes arrange group visits eg to Brighton or Richmond Park. On alternate weekends aromatherapy sessions are organised which some residents attend. Some residents attend Generate's Friday night disco.

## Quality of care – information collected by the home

The home conducts an annual survey of residents' satisfaction. There were 7 usable responses in March 2014 and the proportion saying "Yes" – as opposed to "Sometimes" or "No"- to different questions relevant to our visit were as follows;

Question	% saying "Yes"
Are you happy with the staff who support you?	100%
Do you get the support you need with your health?	100%
Are you happy with how the home supports you to get out?	100%
Do staff get it right when they support you?	87%
Do you get out when you want to?	87%
Do you like where you live?	87%
Do you choose what your money is used for?	86%
Do you get the support you need to see friends and family?	86%
Do you like the food you have in the house?	71%
Do staff spend time listening to you?	71%
Do staff talk to you about the things they write about you?	57%
Do staff support to you to learn new things?	57%
Do you have enough things to do with your time?	43%

## Other views of the quality of care at the home

### Care Quality Commission (CQC):

Anvil Close received an unannounced CQC inspection in September 2013. During their visit the inspectors apparently were unable to speak to any of the people using the service as they were out taking part in activities during the day. But they spoke to the relatives of some of the people using the service by telephone following their visit. It was judged to have met the 5 key standards inspected:

- People should get safe and appropriate care that meets their needs and supports their rights.
- People should be cared for in a clean environment and protected from the risk of infection.
- People should be cared for in safe and accessible surroundings that support their health and welfare.
- People should be safe from harm from unsafe or unsuitable equipment.
- People should have their complaints listened to and acted on properly.

A further CQC inspection was carried out in January 2015 but the report has yet to be published.

Enter and View report February 2015 - Visit to Anvil Close Residential Care Home

About our visit

Two members of the Healthwatch Wandsworth Enter and View Team visited the home on 27 November 2014. This was a planned visit and members of the Team had previously met with Hannah Crampton, the home's manager.

The visit involved a mixture of talking to residents and observing life in the home. A number of relatives were spoken to for their views both during and subsequent to our visit.

Interviews were informal in style and tailored to the residents' capacity to respond. Some residents with sensory or cognitive impairment or mental health problems were not able to give accurate responses to questions about their daily lives. However a flavour of how they felt about the home was obtained both from conversation and observation. We spoke to or observed 5 residents and spoke to 3 relatives during our visit or subsequently by telephone.

Healthwatch Wandsworth would like to thank the home manager, residents, 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 residents' needs

Personal Care and Health:

+ve:

Staff display detailed knowledge of the preferences and needs of individual residents.

One to one care is given when needed and facilitated by special equipment, such as hoists. All flats are designed to wheelchair standards.

Staff speak to residents who have no verbal communication with kindness and in a friendly way.

Residents are weighed every month. One resident alerted staff to when his medication

was due.

-ve:

Food and drink:

+ve:

Residents who could articulate their wishes have favourite foods that they are included on the menu.

To a limited extent a few residents are able to help prepare meals. Some also go on shopping trips with staff. Each of the four flats has its own meals.

-ve:

Activities:

+ve:

Residents have a range of activities that are personalised to their wishes. This includes activities at weekends arranged by staff. Each resident has a weekly planner by the door to their room.

Each resident has their own spending money which is accounted for separately.

Residents recall the holidays they have had, arranged with their key worker.

-ve

Each flat – for just three people- has a very large living room and large kitchen, designed to wheelchair standards. Although residents visit other flats, the sheer size of each flat has a rather empty feeling which does not promote interaction. At the time of our visit (early evening) the less dependent residents seemed to be left to their own devices and some did not seem to have enough to do.

In some of the communal rooms the TV was left on even when residents showed no interest or seemed unable to follow the programme showing.

Staff attitudes:

+ve:

Even if flat doors are open staff always ring the bell to alert residents that they are

entering.

Many staff are long term and have a clear commitment to and knowledge of the residents.

Staff respect the individual preferences of residents - for example to get up when they want.

-ve:

### Views of relatives

+ve:

The three relatives we spoke to were generally very satisfied with the care at Anvil Close. They expressed both confidence about the standards of personal care, nutrition etc and praise for the way that care is provided. They particularly praised the attitude of staff. They felt that their relatives, some of whom were severely disabled, had benefitted from being at Anvil Close.

-ve

We picked up from one relative a concern that not much seemed to be done to help people with learning disability deal with loss and grief both in relation to friends and residents at the home.

One relative felt that she had not always been kept well enough informed when difficulties arose in relation to her relative's overall care arrangements.

One relative would ideally like to see staff generally engage more with her relative but knows that they like and bond with their link worker.

One relative said her only adverse comment on the home was that "the doors slam".

### Our conclusions

Visiting Anvil Close in the evening we were struck by the sheer size of the flats. This, together with the equipment installed, makes the home eminently suitable for highly dependent wheelchair users, and we saw such residents being skilfully and kindly attended to. But it does also in our view lead to a sense of emptiness which could be

depressing for less dependent residents if steps are not actively taken to encourage a friendly and positive atmosphere. To a considerable extent the staff at Anvil Close seem to provide this by their caring attitude and friendly interaction with residents. But we were conscious that the home is staffed and run on the basis that residents' need for activity is mainly met by their attendance at day care services outside the home. We were left with some concern about how well the home may be able to deal with the needs of residents who for one reason or another are not attending day care services. We also felt that more could be done to offer the less dependent residents suitable options for relaxing but constructive activities in the evening.

### Our recommendations

#### We recommend that:

1. Consideration should be given to ways of offering the less dependent residents a wider range of suitable options for relaxing but constructive activities in the evening.
2. Residents in each flat should be consulted on whether or not they want the TV on in communal rooms and staff should be asked to turn off TVs when residents are showing no interest in watching.
3. The provider should explore the possibility of providing suitable support for residents dealing with loss and bereavement. This might be an issue to raise in the Wandsworth Learning Disability Providers Forum.

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.