

Enter and View Report February 2015

Visit to Old Hospital Close Residential Homes 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 homes

Addresses: 12 Old Hospital Close, London SW12 8SS
21 Old Hospital Close, London SW12 8SR

Management: There are two homes in Old Hospital Close, within 2 minutes' walk of one another, which are both managed by Metropolitan - a housing association which provides residential care as well as affordable housing for rent. Both are managed by one manager. There is a great deal of common information for the two homes and so this report on the Enter and View team visits will cover both homes.

The staffing ratio in each home varies during the day with two staff on duty in the morning and afternoon/evening, one for a short period in the middle of the day and one sleeping in at night at No 12 and one awake at night at No.21. The Manager has one Team Leader and eight senior care and support workers and two care and support workers. An additional full-time senior care and support worker post has just been advertised. The Manager has introduced the practice of having the staff working across both of the homes which makes for greater flexibility with the rotas and also allows staff to get to know all of the residents so that they can help out if needed. The staff we spoke to like these arrangements.

Residents: Each home has capacity for five residents. All residents are permanent. At the time of our visits, there were four residents in each home. Each home had three men and one woman living there. The age range was from 34 to 71. All of the residents have lived there for more than five years with four of them having been resident since the homes opened in 1994/95. All of the residents have substantial learning disabilities which may include autism and / or mental health problems. In one of the houses the residents have more physical care needs.

All of the current residents (referred to as "customers" within the houses) are funded by Wandsworth Borough Council and receive benefits from DWP. They all have support

packages which include either day centre attendance or provision of 1:1 support workers in addition to the residential care package.

Residents all have keyworkers, some have co-keyworkers and the team leader is keyworker for more than one resident. Some bank staff are used to cover shifts. Residents have individual folders which are kept either in the office or a downstairs locked cupboard. There are sheets to record what is planned for each resident and what s/he has done: each resident has a 'Tick chart' which is filled in daily. It monitors daily tasks, appointments, day services, etc. Any further information is recorded on the sheet behind (e.g. appointment notes etc). This is in addition to their full files of notes and care plans.

Description/layout: The two near identical houses are situated on a modern housing estate in Balham on the site of a former hospital (St James'). They were built in the early 1990s and opened in 1994/95. Each house has five bedrooms and three bathrooms/shower rooms plus a kitchen / diner and sitting room. On the ground floor are the kitchen/diner, the sitting room and one bedroom with ensuite facilities, a utility room and a WC. On the first floor there are three bedrooms, one bathroom and one extra WC. On the second floor there is one bedroom with a wetroom. There is also a small office on the second floor and a "sleep in" room for staff on the first floor.

Meal arrangements: Meals are cooked by staff each day in each house separately. Most shopping is done with online ordering and delivery. Recipe cards with pictures were used in one house (where residents were more able) to encourage and help residents to contribute to menu planning. This was done on a weekly basis before ordering food.

Some residents go shopping with their 1:1 workers and buy food that they like e.g. West African food. Most of the cooking is done by staff with residents having a rota for laying the table and clearing up/loading the dishwasher after meals. Meals are individualised to an extent e.g. advice from the dietician for two residents who need full fat milk and protein supplements; vegetarian; individual preferences. West African favourites are sometimes cooked in bulk and frozen and cultural preferences are also respected.

Activities: Several residents go to a range of different day centres by minibus. Others have 1:1 workers who take them out or do activities with them in the home. At weekends and some evenings there are outings e.g. to the cinema or the pub with use of Dial-a-ride or taxis. One person goes to church with his family. All of this is documented in their individual folders. The houses often do activities together or some people from each house may go out and others may stay at home in one of the houses. The common staffing gives this flexibility. Residents are escorted to use a local pub as well as attending activities (e.g. in Tooting Leisure Centre) organised for people with

learning disabilities. On the first evening that we visited, it was intended that some of the residents should go to a disco and others remain at the houses.

The houses also engage in some activities with another house managed by Metropolitan in the locality, for example having barbeques together.

Quality of care – information collected by the home

The homes do not collate data from residents or relatives about their views of their care. However, where possible, they do record information from a monthly meeting between each keyworker and resident using pictograms to aid responses but these are stored in the individuals' folders.

Other views of the quality of care at the home

Care Quality Commission (CQC):

Both homes have recently received unannounced CQC inspections.

No 12 was visited on 22 November 2013 and in the published report on the website it was judged to have met the following standards: Care and welfare of people who use the service; Meeting nutritional needs; Management of medicines and Supporting workers and Records. None of the residents was interviewed. The home was also visited in October 2014 but, at the time of the Enter and View visits, the report on this visit had not yet been published. This has since been published on 1 January 2015 and states that although the standards of Safety, Effectiveness and Caring were met, there two areas in which improvement was required: "Responsiveness" and "Well-led".

No 21 was visited on 8 May 2014. In the published report on the website it was judged to have met the following standards: Care and welfare of people who use the services; Safeguarding people who use services from abuse; Safety and suitability of premises; Assessing and monitoring the quality of service provision and Records. The residents were not seen but two relatives were spoken to.

Community teams:

A CPN from the team in the mental health Trust who visits Old Hospital Close told us that she thinks that "The staff at Old Hospital Close are caring, effective, responsive, respectful, kind and well led."

The Community Learning Disabilities Team also provides input to the care plans for several residents. In particular there is advice from the dietician and psychologist.

Enter and View report February 2015 - Visit to Old Hospital Close Homes in November/December 2014

About our visit

Two members of the Healthwatch Wandsworth Enter and View Team visited the two homes on 28th November and one member returned on 1 December 2014. These were planned visits and one member of the team had previously met with Marisa McLoughlin, the homes' manager. The visits were after 4.30pm when all of the residents had returned from activities.

The visits involved a mixture of talking to residents and observing mealtimes. After asking residents for permission, two relatives were telephoned to ask about their views after our visits.

As all of the residents at the two homes have marked difficulties with communication, it was not possible to complete any formal interviews with residents in either of the homes. However a flavour of how they felt about the home was obtained both from several brief interactions and observation of mealtimes at which all residents were present. We spoke to four residents and two relatives.

Acknowledgements: Healthwatch Wandsworth would like to thank the home manager, residents, relatives and staff for their warm welcome and 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:

We did not observe physical care but understood that most residents in one house needed help or prompting whereas most in the other house were independent. We did observe that one resident requiring help with a walking frame was helped carefully and respectfully and was not rushed.

The large number of bathrooms for the number of bedrooms facilitates privacy with personal care and the fact that both women are in rooms with ensuite facilities helps to ensure this too. Previously one of the women shared a bathroom with men.

The residents are registered with a local GP practice and have regular health checks either at the surgery or from visits by the GP. Staff spoken to were knowledgeable about residents' medicines and the reasons why they were being given.

-ve:

The files are in the process of being updated and are very cumbersome and open to confusion. For example, the weight of one resident was documented in more than one place. Although their keyworker was aware of this, she did not have an overview of e.g. how much weight had been gained in the past year.

Food and drink:

+ve:

The mealtimes observed were relaxed with staff in one house eating alongside residents creating a homely atmosphere. In the other house the residents required more help with eating and they were prompted or given their food in a sensitive way. Residents were given different food according to special plans e.g. food was cut up for one resident and three others had their food pureed. Residents were offered second helpings and a resident who was not feeling well was offered several alternatives to the meal served, none of which was accepted.

Residents were encouraged to wash their hands before helping in the kitchen.

Information about healthy eating was on the noticeboard.

Food safety and hygiene information was clearly displayed.

Appropriate cutlery and plates were provided for several individuals based on need.

Two residents were tactfully encouraged to use both a knife and fork and this was explained to them as being better for eating out in restaurants.

-ve:

Only squash was offered as a drink at mealtimes in both houses. In one house this was in a large jug leading to large quantities being drunk by one resident. We were informed that this was mostly sugar-free squash apart for one resident who is apparently meant to have squash with sugar as "part of maintaining weight as recommended by the Doctor".

Although one meal observed was a fish pie made from scratch which was very appetising (when not pureed), two meals used oven chips alongside either frozen breaded fish or fish fingers.

For those who required a soft diet, all of the parts of the meal were pureed together (e.g. fish fingers, chips and baked beans) giving a homogenous (in that case, orange) puree with no resemblance to the component parts of the meal.

Perhaps because of the presence of a visitor, one mealtime was rather silent and dull.

Activities:

+ve:

Residents all have individual programmes of activities and all go out of the house either to day centres or with their 1:1 workers. One person goes out with their family on a weekly basis.

Residents are involved in everyday tasks of running the home: vacuuming, laying the table, clearing away their plates after the meal and some laundry tasks. This is incorporated into their personal plans on an individualised basis. For example one resident likes to iron but now needs supervision because of failing eyesight.

Three residents from one house went to Butlin's with staff and one resident showed us the photograph taken there and expressed enthusiasm for the holiday.

-ve

In one house there had been a plan to take some residents to a disco in the evening after supper. Although this was a monthly event, transport and staffing had not been arranged in advance and in the end only one resident was able to go out and the outing was changed to the local pub.

When residents in one house were waiting for their meal the staff were busy preparing the meal and not in the sitting room. One resident was constantly changing the TV channels with the remote control. Another resident began pacing and was eventually asked to lay the table. Residents no doubt need some relaxation time after being out all day but it is not clear whether this time could have been better managed.

Although staff knew residents very well and how best to communicate with them, communication aids and information for people who were visiting – such as smiley faces and pictures – were not readily available. When some were produced from a folder they were very small and not obviously very relevant or easy to use.

Staff attitudes:

+ve:

Staff were very warm and positive towards residents. They evidently knew them very well and many had worked there for several years.

-ve:

There was some explanation to the visitor in front of the residents about what different residents needed help with, which could be seen as less than dignified but this was respectful in tone.

The folders for each individual were locked away either in a cupboard on the ground floor or in the office making it difficult to access them quickly and easily. This is Metropolitan policy, apparently for reasons of data protection, but we have seen folders readily available in homes run by other providers. In addition, the folders were very large and hard to understand as they stored a great deal of historic information as well as current material. Some excellent information about how best to understand and communicate with one resident was scattered and buried inside the folder.

Views of relatives

Two relatives from number 21 were spoken to by phone. Both expressed satisfaction with the care that their relatives were receiving. "I'm quite happy with them. They're doing fine." One said that there was nothing that she would like to see changed and, perhaps because she said that there has never been anything that she hasn't liked, she did not think that she needed to know how to raise a problem.

The other relative was satisfied with staff attitudes and behaviour towards her. She said that she would be able to say if she was not happy with something and gave the example of when her relative had been out with her not dressed as she would have wished. She spoke to staff about this and said that this has not happened again.

Both relatives said that staff "did / tried their best".

-ve: Nothing

Our conclusions

We found that the care in the two homes was being provided in a very individualised way and that staff were very sensitive to and responsive to individuals and knew them very well. Residents were involved as far as possible in household tasks in a purposeful way with tasks being allocated to reflect their ability to participate. All seemed to have

appropriate activities which took them outside the home although at times these did not happen as planned.

The atmosphere was generally relaxed and positive. We did not observe any examples of challenging behaviour. Having a group of staff working across the two homes gives greater flexibility to meet needs for example when taking residents out at weekends.

Meals were individualised to an extent with appropriate help provided but we were concerned at the way that food was pureed – see recommendations – although we were informed later that one resident prefers the meal to be presented in this form. Folders were very cumbersome and they did not appear to be well organised either for aiding the provision of care or recording information on a regular basis. Although there is a new system of “tick charts” this does not take account of all of the information, for example about communication, and leads to considerable fragmentation of information with the potential for conflicting information in different places.

Our recommendations

We recommend that:

1. Transport and staffing are planned well in advance for regular outings so that there is no risk of disappointing residents.
2. Food items are pureed separately (in line with best practice) so that the different parts of the meal can be recognised and staff talk to residents about what they are eating.
3. Water is served with meals to promote better dental health.
4. Further thought be given to the organisation of individual folders so that relevant information about each resident’s current needs, care plan and progress can be quickly understood and historical information is summarised and then stored separately.
5. Consideration should be given to the period before supper and whether more purposeful activities could be offered.
6. Thought be given to how communication aids could be readily available and fit for purpose – e.g. larger, clearer and more colourful pictures or symbols.

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.