

Enter and View Report February 2016

Visit to Ensham House Extra Care Housing Scheme for Older People

Introduction

The Enter and View team of Healthwatch Wandsworth has been undertaking a programme of visits to extra care housing schemes for older people. These are comparatively recent schemes, and we wanted to give tenants the same opportunity as the users of other health and social care services to express their views.

About the scheme

On 3 November 2015 we met the care manager (employed by London Care) and the scheme manager (employed by Viridian Housing) to learn more about Ensham House before our full visit. We also spoke to the extra care project co-ordinator for Wandsworth Social Services, who acts as the link between the three local extra care schemes and the Social Services Department.

Ensham House is a new purpose-built, four storey block located behind a primary school in Franciscan Road, close to Tooting town centre. The social landlord is Viridian Housing, and personal care services are provided by London Care. The scheme opened in August 2015. There are 45 flats of which 30 were occupied at the time of our visit. All are wheelchair accessible. Most are single bedroom but five have a smaller second bedroom and these flats are "adapted" for disabled use and are for couples or for two family members wanting to share.

There is a lift at either end of the building. The upper floors consist of flats either side of a corridor with a hand-rail on either side. Flats have telephone and internet connections and TV aerial connections. Upper floor flats have balconies (one side looking over a primary school playground) while the ground floor flats have direct access to the garden.

The main communal area is on the ground floor, consisting of a large open-plan lounge with sofas and chairs and a kitchen/dining area at the other with tables and chairs. The lounge overlooks a large garden with a lawn and a paved area. There are a few flats on the ground floor as well as a spacious hairdressing/beauty salon, a "buggy room" with outside access for mobility scooters and separate offices for the housing and care managers. There is a guest room for visitors with twin beds, which is well-used.

The tenants: Admission to extra care schemes is limited to Wandsworth residents

aged 55 or over who need more than 10 hours of care a week, with access controlled by a Wandsworth Social Services panel. These admission criteria can sometimes be waived in individual cases. There was an agreement that 25% of the tenants would be at a lower level of need, but it was not clear how this was defined.

The project coordinator can decide which flat someone should be offered once the panel has approved them. The care manager has the right (and has exercised it) to refuse to take in someone referred by Social Services if their needs were too great to manage.

The housing manager can refuse a tenant on grounds of their previous housing history (e.g. rent arrears). New tenants are given a Viridian information folder on Ensham House and a London Care services guide.

Both managers expressed surprise at the preponderance of high needs tenants that had been referred to date. They thought it was likely that tenants referred for the remaining vacancies would have to be carefully assessed. This was partly linked to the block allocation of hours, which is 750 hours a week. The care manager considered that they were already close to, or exceeding, this limit.

At the top end of need there are some tenants who have a lot of sessions with GPs and other health professionals. Some spend a lot of time in bed and need help to move, although none were wholly bed-bound. The highest number of daily care visits is five, which equated to about 15 or 16 hours a week. The most independent tenants manage their own personal care, shopping and meals but need help with medication, housework and paperwork. People with some memory loss needed help organising things.

A few tenants had come from Palladino House (an Extra Care scheme which had closed down); some others had previously been in a local sheltered housing scheme, which had also closed.

Services and activities provided

Care plans: The scheme operates on the basis of care plans provided by Social Services and a needs/risk assessment by the care manager. Individual needs are constantly monitored and reassessed in the normal course of care. The care manager is able to annotate or alter care plans, but any significant change has to be approved by a Social Worker. One copy of the care plan is held in the care office, while another remains in the flat. Staff record every visit in a home record book kept in the flat.

Healthcare: The care manager reported some difficulty in organising GP care. She had originally hoped to register all the tenants with a single practice and to hold surgeries at the scheme but no practice seemed willing to take them all on. She told us that GPs had asked whether they were providing extra care or residential care (but we are not

clear about the significance of this enquiry.) She also complained that surgeries were slow in passing patients' records on with the result that people could be deregistered from their old surgery but not yet able to be registered at the new one. In practice new arrivals needed to bring 28 days' medication. At the time of our visit, she was still looking for a local dental practice at which to register tenants.

Shopping and meals: Tenants buy their own food or have it bought for them. There is a wide range of shopping arrangements reflecting tenants' (or their families') personal preference as well as their ability. Some tenants could safely prepare meals but most needed staff to prepare meals or to supervise them doing so. Most people got a hot meal prepared for them each day. There was a heavy reliance on precooked microwaveable food. There was no regular preparation of communal meals (except occasionally after coffee mornings - see below).

At the time of our visit, the tenants were not yet using the scheme offered by Age-UK for online shopping. No contact had been made with Wandsworth Community Transport's Shop Mobility scheme, which is designed to enable people with limited mobility to travel to the shops and make their own purchases.

Social activities and community life: A local volunteer had conducted a survey of tenants on what activities they would like, and was helping organise these. Some tenants visit each other in their flats but most of the socialising takes place in the downstairs area. Two tenants were funded by Social Services to go to day care facilities, and the care manager's expectation was that this number would increase.

In-house coffee mornings are held in the downstairs space on Tuesdays, Wednesdays and Thursdays. About 12 or 14 tenants usually attended. Sometimes staff cook lunch downstairs for a number of them afterwards.

Art and craft sessions are provided on Wednesdays, out of a £3,000 fund provided by the Clinical Commissioning Group. (Tenants were reported to be very enthusiastic about these sessions.) Communal fish and chip lunches on Friday are also popular.

The team at Ensham House were encouraging tenants to put together their own activities.

Staffing

Care staff are recruited and employed by London Care (Raynes Park). If the manager is not happy with the performance of a Care Worker, the issues are addressed and dealt with on an individual basis. There are two team leaders who function as her deputies, with a permanent staff of 15 plus some staff on temporary contracts.

A system of shift leaders is in place; they receive no additional payment, but the care

manager thinks it helps to encourage them. The usual shift pattern is for six care staff in the morning, five in the afternoon and two at night. The care manager uses a system called People Planner to allocate staff to care duties. This contains a template which allows for tenants' preferences.

All new staff receive a five-day induction training in a classroom environment 'with a skilled trainer'. Following this, they complete shadow shifts with senior team members. The training includes Moving and Handling training, including the use of hoists. An occupational therapist helps to familiarise staff with new equipment. All mandatory training is refreshed annually.

We were told that there was no "keyworker" system in place, but the manager might establish one "in future".

Collecting feedback from tenants and relatives

There had been one tenants' meeting which had been quite well attended and it was intended to hold these monthly. Currently, an annual feedback form is completed in the post. The managers complete quarterly Quality Assurance visits with each service user.

Relatives are welcome to visit as often as they wish, and the manager told us she was actively encouraging the formation of a relatives' and friends' group.

Quality of care – information collected by the home

CQC registration and inspections

We were told that Ensham House is registered with the CQC via the Raynes Park office. The care manager told us that she had experience of being registered with the CQC, and was planning to arrange this. We would welcome such an arrangement which would ensure that the scheme received regular inspection.

Internal audits

Audits of record-keeping are completed by internal inspectors four times a year. Additionally, files are reviewed as part of the Quality Assurance visits, and when completing spot checks.

December 8 2015 visit to Ensham House

Planning the full visit: In line with our standard procedure, we supplied managers with posters and letters to be distributed to tenants, explaining in advance the purpose of our full visit on December 8th. Details and photographs of the visiting team members were sent, and we wore identity badges during the visit. Five members of the Enter &

View team were available during the day.

On the day of the visit, the care manager provided us with a list of tenants, with advice on which individuals might find it difficult to respond to our questions, or might be disturbed by them. Tenants were assured that their identity would not be revealed in our report, and that we would ask their permission to report any problems they raised with the managers. We spent the day talking to tenants and participating in the coffee morning. At the end of the visit, we met with managers to give some general feedback on our visit, and to clarify any outstanding issues.

The people we spoke to: In all, the team conducted 13 interviews: with eight women and five men. Two of them, although they were tenants, were there as partners of people who needed a care package. Their ages were mainly in the 70s-90s, with one person who described themselves as being younger than the average.

All tenants were recent arrivals following the opening of Ensham House in the summer of 2015. We heard different reasons for their present arrangements: two had been in a local sheltered housing scheme that had closed down; one had been in a nursing home, following a hospital stay; two had been in residential homes that had closed down; another had been in a council flat, one had lived at home with relatives until they fell out, and another had experienced home care until they became too disabled.

It was not clear that those tenants whose previous arrangements had been closed down had been given much choice about where they had been settled. However, their reported satisfaction levels with Ensham House were predominantly good.

Their carers' responsibilities included giving personal care (washing, dressing, putting to bed), cleaning, helping with laundry, preparing and helping with meals, supervising medication and shopping for tenants. The personal care packages of the people we interviewed ranged from the very intensive (four daily visits plus night-time visits) to the minimal (help with preparing meals). The active involvement of informal carers who were able to visit frequently – sometimes daily – reduced some tenants' need for help from care staff.

Findings from interviews with tenants

The overall aim of our visit was to hear the tenants' views of the care and attention they felt they were receiving in Ensham House. We cannot claim that we interviewed a representative sample of the tenants, as we had to rely on people who were available on that day *and/or* were willing and able to talk to us. We therefore missed any of the more mobile tenants who may have gone out to pursue other activities.

Personal care

Positive comments

Many of the comments in this category were complimentary. People found the carers friendly and supportive, and felt that they were treated with dignity and respect.

There was an acknowledgement that the carers could be very busy, but did not rush their personal care. Comments included: *"They take care of you here and make sure you are all right. They are good carers, not rushed,"* and *"The carers are really nice and cannot do enough. They work hard."* One person rated the quality of care at *"90%, with occasional failures"*.

We came across an example of personal preferences being respected, where one tenant who required an intensive package of personal care had successfully requested to be cared for by female staff only.

Several people told us that they valued the role of care staff in supervising their (often complex) medication regimes.

Negative comments

One problem for some tenants was that carers did not always turn up at the agreed time, which could be frustrating. This was attributed to the time pressures on staff, giving rise to comments such as: *"Not enough carers to go round"; "They come when they feel like it"; "They've got so many people [tenants] here that there's nowhere near enough staff. You need more carers. They are rushing them through training"*.

The partner of a tenant who had recently died in hospital had *"mixed views"* of the care staff, describing some as *"too hard"*. (Although she acknowledged that overall, Ensham House *"had done everything they could"* for their late partner.)

As well as perceived staff shortages, *"the management"* was quoted by two people as another factor causing poor time keeping by carers. Another tenant thought that staff shortages had been an issue earlier on, but that the situation should improve with the imminent appointment of a supervisor for the care staff.

The issue of staff training was raised by one disabled tenant. Following an assessment by an occupational therapist, a hoist had been fitted in the flat, but it was not being used as none of the staff was currently qualified to operate it.

There were some suggestions that care might not always be as individualized as people would like in comparatively small matters: one person was frustrated by being asked every day if they wanted sugar in their tea, while another would have liked the care staff to remember to buy lottery tickets.

Food shopping and meals

Positive comments

The tenants we met were predominantly satisfied with their arrangements for shopping. Some relied on care staff to do a weekly shop for them, but many relied on their informal carers to order or buy food for them, or to bring in the sort of cooked meals they preferred.

Negative comments

We found two examples of tenants who were highly dissatisfied with their arrangements for eating. One had resorted to making their own breakfast, as the carers "seemed to have no idea how to prepare porridge". The other example was of someone whose care package did not allow sufficient time for carers to prepare adequate meals, and who was unable for health reasons to tolerate the atmosphere of a kitchen. As a result, they had been forced to eat all meals outside the residence.

Additional support

Positive comments

In general, many of the tenants told us they had family and friends living nearby, who helped with shopping and meal preparation. More mobile tenants might be taken out for shopping trips and other visits. We were also made aware that some people preferred to remain as independent as possible.

Negative comments

We spoke to some people who would have liked more help in comparatively small ways. One person would have liked care staff to purchase lottery tickets for him twice weekly, but his request had been overlooked or forgotten. Another liked to write letters, but told us that there was no way of getting them posted. The issue of postal services was raised again by a tenant who told us they had experienced difficulty in getting parcels delivered.

We came across instances where tenants appeared to have had little practical help with unpacking and storing their belongings. (In one flat in particular, we considered that the obstacles caused by piles of boxes were a health and safety hazard, and we were not sure why care staff - who paid frequent visits to the flat - had not taken any initiative to improve the situation.)

Social activities and communal living

Positive comments

The communal coffee mornings were popular with most of our respondents. The other major communal event that they enjoyed was the weekly fish and chip supper, which is served in the dining end of the lounge.

We heard that there were board games available in the lounge (cards, dominoes and so on). People appreciated that it would take time for managers to develop a more comprehensive programme of activities, but some thought they had been asked to contribute suggestions.

We spoke to some tenants who described themselves as being “too anti-social” to join in communal activities, even if the choice was increased. These people reported being happy with their own company, or that of family and friends. When alone, they might watch TV, do puzzles, or read.

Some of the more outgoing tenants told us that they had made good friends with other people in Ensham House.

Negative comments

The limited scope of social activities was a disappointment for at least one tenant, who did not think that their views and preferences had been sought. They would have liked more chair-based exercise sessions (there was currently one a week).

We heard no concerns about disruptive or antisocial behaviour from our interviewees.

One person who, although able to go out independently, told us that they sometimes felt as if they were ‘in prison’. Another tenant would have liked more organised activities and felt lonely during the day - they compensated for this by talking to the carers about their children.

One tenant told us they would have liked to attend communal activities but was temporarily experiencing mobility problems (but added that they were not feeling isolated by this, as they enjoyed reading and watching TV).

Another tenant observed that, ‘a major concern with the communal activities is that there are not enough carers to help tenants to access downstairs, with the result of interruptions and shorter sessions’.

Access to healthcare

Positive comments

Many of the tenants we met had lived in the same neighbourhood before coming to

Ensham House and had remained with the same general practice. One tenant was expecting a home visit from a GP on the day we spoke to them. We also heard of visits by a chiropodist (particularly important for a diabetic).

Negative comments

We spoke to one tenant, who had moved from outside the immediate area and was anxious about getting their prescriptions renewed while waiting for their re-registration to go through. Another had experienced some disruption to their hospital appointments because their change of address had not been reported.

The most serious example was the disruption to care being experienced by someone who had moved from a nursing home, where social services had been "attentive and helpful". After moving to Ensham House, the social worker had closed their case and passed them to the Wandsworth Access Team, who had not made contact at the time of our visit. (It is not clear to us that the Access Team would be expected to make contact before a regular assessment was due, but it's possible that the tenant had not been given clear enough information about this.)

A tenant's physiotherapy care had been disrupted due to the move, and they were experiencing a long wait for an appointment to assess them for a new wheelchair.

Physical environment and health and safety

Positive comments

Many tenants told us how pleased they were with their rooms, and (where applicable) how they enjoyed having access to the balcony. The attractive public spaces also generated praise. One tenant was particularly enthusiastic: "*This is marvellous – like a luxury hotel.*"

One wheelchair-bound tenant valued the vinyl flooring in the flat, which made it easier to move around than on a carpeted surface. There was satisfaction with the alarm system. Vulnerable tenants wore a personal pendant, and each room was equipped with a red emergency cord. The response time of staff to emergencies, such as falls, was also judged satisfactory.

Negative comments

We were told of some individual problems with the accommodation. They included annoyance with the noise of playtime from the neighbouring primary school (which another tenant positively enjoyed!) and a wish to relocate to a ground floor flat. One tenant of limited mobility could not negotiate the slightly raised exit on to the balcony. Another wheelchair-bound tenant, who was otherwise pleased with the accommodation,

told us the shelving was inconveniently high

On the alarm system, one tenant suggested that this could be improved by allowing a distinction to be made between emergencies and calls for help. It is not clear that this measure would solve the tenant's other complaint, that *"when you call down using the emergency cord there isn't always someone in the office. This is particularly at weekends and evenings. So there is no-one there to help you...Also, when your friends or family come to visit, they cannot get in as there is no-one to open the door."*

The cleaning service was not mentioned at all by many tenants, but we visited one flat where the tenant was dissatisfied with the cleaning, and pointed out bags of rubbish that had been left lying around despite requests for it to be moved.

Although the fittings in the flats are new, on arrival one tenant had experienced problems with a faulty washing machine. (This had now been fixed by the supplier, following representations from the scheme manager.) Another person told us that, initially there had been a caretaker - engaged on a three-month contract to assist with the move into the new building - who had been able to help with small maintenance jobs like changing light bulbs and helping to lift heavy items. These services had been helpful.

We came across a more serious maintenance situation, where a flat's vinyl flooring had been badly damaged by flooding and the surface was left with deep ridges. This had been going on for some months - very soon after the tenants had moved in - but still had not been dealt with.

Independent living

Positive comments

With very few exceptions, we found that tenants who had previous experience of residential care or sheltered housing were appreciative of the sort of experience offered at Ensham House. Those who had struggled to cope in their own homes were relieved not to have that burden. The modern kitchen and bathroom facilities were an improvement on what many had experienced before, and the walk in showers were particularly appreciated.

One wheelchair-bound person, who had relocated from a council flat with no lift, was still getting used to the electric heating and cooking, but considered her flat to be *"a great improvement...with wider doors and no carpet that helps me get around."*

The less sociably-minded tenants felt free to exercise their choice not to attend communal activities.

We met more some active tenants who were able to organise their own outings, but this was restricted to some extent by their personal finances. Cab fares were a significant expense for one person who made weekly trips to a club near their old home, where they had friends and “*loved socialising*”. Other tenants were able to organise transport – or were taken by family members – to do their own shopping.

Negative comments

We spoke to people who no longer had the opportunity to follow up their former activities, such as attending nearby Bingo sessions in Tooting. (It was not recorded whether this person had raised the matter with staff, to see if arrangements could be made to accompany them outside.)

A few people who were otherwise housebound would have liked the opportunity to be taken out on the occasional outing.

Our observations and conclusions

Ensham House enjoys considerable advantages. It has new buildings, well-furnished and attractive public spaces, and a pleasant garden area. The staff we spoke to were enthusiastic and full of ideas of how to develop their services *e.g.* by providing more communal activities, opening up the building to the outside community by persuading a local hairdresser to run a salon in their purpose-built facility, and by maximising the benefits of the large garden area. While most of the team were favourably impressed by the building’s open and airy public spaces, one of our team thought that it felt more like a ‘trendy hotel, which looks fantastic but does not feel particularly homely’. The glass office could be perceived as a barrier by visitors, who might value more immediate contact with staff, and might also discourage staff from adopting a ‘meet and greet’ approach to visitors. Another member of the team commented that the building was not specifically designed to be dementia-friendly, and had been told that people did sometimes feel lost.

The flats we visited were well-designed and most had pleasant outlooks. However, even new buildings can have ‘teething troubles’, and we have noted some of these in our report (for example, the flat where the vinyl flooring had been badly damaged by a water leak and was in a poor state. This damage had been reported to the housing manager as long ago as August 2015, but nothing had been done to improve the situation). This suggests a problem with the scheme’s maintenance services.

So far in this section we have focused on the team’s reactions. However, the main focus of our visits to Ensham House was to obtain tenants’ views of the quality of care

they were receiving. In our two previous reports on housing with extra care schemes, we have identified the challenges involved in assessing the quality of care in these environments, and of reaching a definitive view on the advantages and disadvantages of these schemes over existing schemes (such as sheltered housing, or residential care).

We recognise that an individual's satisfaction with a service is strongly influenced by intangible factors such as personality; the ability to cope with health and/or mobility problems; expectations of the services on offer – inevitably influenced by previous experiences of care, which might have already eroded the wish to be more independent - and access to the practical and emotional support of informal carers.

It was noticeable that many of the tenants we spoke to told us how busy the care staff were. This was often linked with praise for the care they gave, although a few people found it frustrating when carers were delayed. One outcome of the perception that staff are already too busy is likely to be that tenants are reluctant to ask for help with what might be seen as trivial matters, but which are important to a person's feelings of well-being and independence. (We have referred to this under the '*Additional Support*' section.)

At our initial meeting with the managers, we were told of some concern about the number of tenants who needed high levels of care. We are concerned that too much flexibility over admission criteria (i.e. too great an increase in the number of tenants with high dependency needs) may put too great a strain on available resources. This could undermine the quality of services provided, and detract from the aims of housing with extra care schemes such as Ensham House.

We are grateful to the staff and tenants of Ensham House for welcoming us. We understand that at the time of our visit many services were at an early stage of development. Much of what we saw and heard about the scheme was positive. Based on our visits, we would like to make the following recommendations.

Our recommendations

Quality of care

1. London Care should proceed with the process of obtaining a separate registration with the CQC for Ensham House, so that the quality of its services can be duly assessed.
2. London Care should provide tenants with the opportunity to provide anonymised feedback on their experiences, preferably using an independent agent to do this.
3. London Care should discuss with the service commissioners the appropriate

resources needed to keep pace with the actual dependency levels of tenants.

4. Managers should regularly audit the system of having two care plans (in the office and in a tenant's flat) to avoid the danger of discrepancies between the two.

Personal care

5. London Care should consider the development of a 'key worker' system, in the first instance for people with high dependency needs, to improve continuity of care and the monitoring of support needs and enable a rapid response if a care package is no longer sufficient for a person's needs.

6. Staff training in the use of special equipment, such as hoists, should be provided and kept up to date.

Food shopping and meals

7. Tenants with limited mobility who would prefer more control over their shopping should be given access to schemes such as that offered by Age UK for online shopping, or by Wandsworth Community Transport's Shop Mobility scheme.

8. Mealtimes can be an important event in the day. Wherever possible, sufficient time should be allocated for carers to prepare and serve meals in a tenant's flat.

Additional support

9. As well as meeting their contractual targets for care, staff should be given the time and training to talk to people and encourage them to identify any additional help that would enable them to organize aspects of their lives beyond the basics of physical care and needs, and so improve their feelings of well-being and independence. A keyworker scheme (see Rec 5) would encourage this approach.

Social activities and communal living

10. All tenants should feel included in plans to develop social activities (although we realise it may not be feasible to meet all individual preferences). Plans for both individual and group outings would benefit those people who cannot rely on informal carers to take them out.

Access to healthcare

11. London Care should try to clarify with Wandsworth Clinical Commissioning Group whether or not local GPs are entitled to refuse block registration of their tenants.

Physical environment, health and safety

12. Viridian Housing should ensure that arrangements for repairs and maintenance guarantee a quick response to any problems, particularly when these pose a potential risk to the mobility and safety of tenants.

13. Viridian Housing should consider whether and how they could follow good practice by making the environment friendly for any tenants affected by dementia.

14. Managers should ensure that calls for assistance, whether urgent or non-urgent, are responded to promptly and that a regular system of auditing this is established.

15. Managers should consider whether and how the arrangements for receiving visitors might be made more welcoming, as well as ensuring that there is always someone available in the reception area to help or advise both tenants and visitors.

Independent living

16. To complement the programme of social activities, we suggest that help should be given to anyone who would like to pursue hobbies and interests they enjoyed before settling in Ensham House.

17. See Rec. 7 for our recommendation on widening tenants' options for shopping.

Disclaimer: Please note that this report relates to the findings of Healthwatch Wandsworth's Enter and View team on the day of our interviews. It may not be a representative portrayal of the experiences of all tenants and their relatives.