

Enter & View Visit to Gwynneth Morgan Day Centre

11 and 12 October 2022

Acknowledgement

The Healthwatch Wandsworth Enter & View Team would like to thank the management, staff and clients of the Day Centre who made us very welcome and assisted us in carrying out our visits and in preparing this report. We would also like to thank Wandsworth Adult Social Services for their assistance in setting up the visits and for the information which they provided.

The Project Team

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Enter and View Visit to Gwynneth Morgan Day Centre 11 and 12 October 2022

Executive Summary

Introduction (Section 1 of our report)

Healthwatch Wandsworth (HWW) is the independent patient and public champion in health and social care services. We have statutory powers to enter health or social care services provided in the borough, or those which cater for the local population but are located outside the borough. We talk to patients or clients, their close relatives or carers, and senior staff responsible for managing the services, and observe how services are delivered with a focus on the service user's experience of care.

Age UK Wandsworth provide a specialist building based day service delivered from the Gwynneth Morgan Centre. This provision commenced on 1 October 2021 after a review of provision by Wandsworth Council. At the time of our visit it was the only specialist service in Wandsworth for older people, people with a physical disability and adults with dementia who have assessed eligible needs under the Care Act 2014. The eligibility criteria extends to other client groups and care and support needs, where these can be met in the Centre. It supports people who need personal care assistance at a building-based service. The site in central Wandsworth is owned by the Council and the service is provided by Age UK Wandsworth, an independent local charity. It includes an area with special provision for people living with dementia, the Daffodil Unit. As part of a reshaping of day opportunities for older people, we were told that the Council are considering increasing the number of places, particularly for people living with dementia.

Support for people living with dementia and their carers is one of the priority topics currently identified by Healthwatch Wandsworth in the light of feedback from local people. We accordingly decided to carry out an Enter and View visit to the Gwynneth Morgan Day Centre with the specific areas of focus as set out in Section 1.3.

How we went about it (Section 2)

Preparation and arrangements for the Enter and View visits

In preparation for our visit we were assisted by briefing information provided by the Council and drew upon published papers previously submitted to the Council's Health Committee. We put a number of questions to the Council and to the CEO of Age UK Wandsworth and received helpful answers. We paid a preliminary visit to the Centre on 29 September 2022 to obtain a first impression of the layout and to meet the CEO and discuss arrangements for the Enter and View visit.

The Enter and View visits

We paid two visits to the Centre on 11 and 12 October. We spoke informally to a number of clients, using prepared questions to help obtain clients' views and their experience of the Centre and observed activity throughout the Centre, including the

midday meal. We also spoke to the CEO, the Deputy manager and some other members of the Centre's staff. We give more information on the clients we spoke to and what they told us and on our conversations with staff in Section 3 of our report.

Our Findings (Section 3)

Basic information

Before coming on to what we were told and what we observed during our visits, we set out in the initial paragraphs of Section 3 of our report some basic information on the policy background and on arrangements for the provision of and access to the service (Sections 3.1, 3.4 and 3.5). We describe in Sections 3.4 and 3.5 the location, environment, facilities and staffing of the Centre.

Attendance and demographics

In Section 3.6 we set out the information we were given about current attendance at the Centre and the demographics of the client group. We spoke to nine clients on each of the two days of our visit, a total of 18, over a third of the total client group and over half of the number attending each day. We spoke to 11 women and seven men. Their ages ranged from 59 to 96, with just over half (10/18) in their 70s or 80s. Their ethnicity was ten White, eight Black African or Caribbean or Black British or Asian.

The clients we spoke to had various specific physical conditions or disabilities, including severe mobility issues (using wheelchairs, rollators or walking frames), mental health conditions and learning disabilities, while others were described as frail. Eight were living with dementia of varying severity. Five of the clients we spoke to needed help with personal care. Two thirds of the clients we spoke to live alone, in some cases in sheltered or Extra Care accommodation.

Specific aspects of the service

In Sections 2.7 to 3.10 we report on what we were told and what we observed about the service's transport arrangements, meals, activities and the specific arrangements for care for people living with dementia. We identified a number of specific instances of good practice as well as some areas that the Centre or the Council commissioners may consider as the service develops.

In Sections 3.11 to 3.13 we set out briefly what we were told by the service about arrangements for medical support, safeguarding and obtaining clients' and their carers' feedback.

In Section 3.14 we report what clients told us about other aspects of their largely positive experience of the service and in Section 3.15 we report what we were told by members of staff about their experience, again positive, of working at the Centre.

In Section 4.0 we report briefly on certain previously identified but hitherto unresolved safety issues mainly relating to the layout and utilisation of the building which currently limit the Centre's suitability for the care of people with some types of dementia-related behaviour.

Conclusions and Recommendations (Section 5)

From what we were told by clients and staff and what we observed it seems clear that the Gwynneth Morgan Day Centre is fulfilling its role amply of supporting people who have been referred to it by Wandsworth Social Services. The service regularly consults users to provide flexibility to meet the needs of the people who attend in activities and meals and the clients we spoke to were generally very happy with the Centre and commented positively on their experience of attending the Centre.

Establishing the service during a pandemic and a service for a client group with a variety of complex needs makes this level of satisfaction a significant achievement. Read more in Section 5.

Our remit for Enter and View is to offer insights and recommendations to inform delivery and development of services. The following points could be considered as the service further develops. Some of these may be considered outside the current scope of the service as commissioned and are for consideration by Wandsworth Council as commissioners.

1. As Centre and Commissioners are already aware, the safety issues which have been identified (see section 4.0) will need to be addressed and resolved if the Centre is to care for more people with dementia.
2. Most people were happy with their meals and are consulted on their preferences. Nevertheless, some commented that they would like other options when we asked them about meals (see section 3.9).
3. The Centre have made efforts to provide a hairdresser. When asked about if they would like to change anything, clients mentioned that they would like this.
4. Clients also told us that they had some suggestions for activities including: outings to a shopping centre, pub, carvery or to Wandsworth Common (this suggestion was made by two clients). The service is not commissioned to provide these activities, and they have told us of a number of efforts they have made to integrate with the community in other ways. If any further consultation with clients suggests or highlights a wish for more of these kinds of activities, the Council may consider how clients could receive this support from the Centre or through links or referrals to other services that can support this.
5. One person mentioned that they would like WI-FI to be available. If the Centre finds that more clients would like this, the Council may want to explore WI-FI as a future addition to the service.
6. One person with dementia told us that they found it difficult to distinguish staff from other clients and suggested staff should wear something more clearly identifiable.
7. As the provision at the Centre for people with dementia develops and increases, we could see a benefit in the Centre having regular links and access to expertise from local specialist services.

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GWYNNETH MORGAN DAY CENTRE

Report of Enter and View visit 11 and 12 October 2022

1.0 Introduction

1.1 About Healthwatch Wandsworth

Healthwatch Wandsworth (HWW) is the patient and public champion in health and social care services. We send our reports to Healthwatch England to have an influence at national level. HWW is funded by the Department of Health through the local authority, Wandsworth Borough Council. Our staff and volunteers are managed by an independent local voluntary organisation, Wandsworth Care Alliance (WCA). HWW is governed by an Executive Committee consisting of four Trustees of WCA and four members directly elected by the community. Our activities are developed in consultation with the public at our Assembly meetings and as we collect feedback from people about their experiences of health and social care in Wandsworth. To decide on where to focus our work we look at what people have told us when taking part in our surveys or sharing experiences with us, we speak to local health and care decision makers to hear about their plans to develop services and we use information on local health data to set our priorities.

1.2 Enter & View (E & V)

Healthwatch Wandsworth has statutory powers to enter health or social care services provided in the borough or those which cater for the local population but are located outside the borough. Our main aim in visiting services is to talk to patients or clients, their close relatives or carers, and senior staff responsible for managing the services and to observe how services are delivered from the perspective of a member of the public. Our main focus is on the service user's experience of care.

Our E&V volunteers receive full training and are DBS (Disclosure & Barring Service) checked before they can become authorised visitors. After each visit, the team produces a report containing its findings and recommendations. The reports are then sent to the service provider for comment, and to relevant bodies such as Healthwatch England, the Care Quality Commission (CQC), and those responsible for commissioning and providing the service we have visited. Finally, our report and any response from the service provider to our recommendations are posted on the Healthwatch Wandsworth website.

It is important to note that our findings in this report relate to observations and reflect what we were told by the people we were able to speak to on particular days. It should not be taken as a representative portrayal of the experiences of all service users, carers and staff associated with the service over time.

1.3 Purpose and scope of the Visit

The Age UK Wandsworth Gwynneth Morgan Day Centre is a specialist day centre for older people, adults with dementia and people with a physical disability. This contract commenced in mid 2021 after a review of provision in by Wandsworth Borough Council. At the time of our visit it was the only specialist service in Wandsworth for older people, adults with long-term conditions, adults with dementia, adults with learning disabilities, adults with mental health needs and physical disability clients with eligible needs under the Care Act who need personal care assistance at a building-based service. The site in

central Wandsworth is owned by the Council and the service is provided by Age UK Wandsworth, an independent local charity. It includes an area with special provision for people living with dementia, the Daffodil Unit. As part of a reshaping of day opportunities for older people the Council are considering increasing the number of places particularly for people living with dementia.

Support for people living with dementia and their carers is one of the priority topics currently identified by Healthwatch Wandsworth in the light of feedback from local people. We decided to carry out an Enter and View visit to the Gwynneth Morgan Day Centre, including the Daffodil Unit, to talk to people attending and to observe and to talk to the Centre management and staff. The intended focus of the visit was to cover:

- the experience of people attending;
- any examples of good and less good practice;
- and any ideas for improvement based on what we were told;
- arrangements for access to the Centre;
- its location, environment and facilities;
- how the Centre operates.

We have been made aware that the existing and proposed contracts between the Council and Age UK Wandsworth cover a number of other services for older people in addition to the building based service at the Centre. We planned to enquire about these other services only to identify to what extent they directly relate to the Centre and engage its resources: our primary focus has been on the buildings-based service at Gwynneth Morgan Day Centre itself.

2.0 How we went about it

2.1 Preparation

Before finally deciding on the purpose and scope of our intended visit we directed a number of preliminary questions to Wandsworth Adult Social Services and were kindly provided with a briefing note giving some background information on the Centre and on the contract between the Council and Age UK Wandsworth. We also drew upon information contained in papers submitted to the Council's Adult Care and Health Overview and Scrutiny Committee (now the Health Committee) on 15 June 2021 and 14 June 2022.

After deciding on the purpose and scope of the visit we put a number of more specific questions to Adult Social Services and to the CEO of Age UK Wandsworth, and received helpful answers from both.

We also carried out a preliminary visit to the Centre on 29 September to obtain a first impression of the layout and to meet the Centre's manager to explore questions about the operation of the Centre and discuss arrangements for the planned Enter and View visits. We provided the Centre with a draft letter to be given to Centre clients to inform them of our intended visits and a poster which we later saw displayed in the entrance hall. The

letter included an invitation to relatives to contact Healthwatch Wandsworth if they would like to make any comments regarding their relative's attendance at the Centre.

2.2 Enter and View visits

As arranged three members of our team visited the Centre on 11 October 2022 from 10.15 am to 2pm; and two of these with another team member visited on 12 October from 12.45 (or in one case 12.25) to 3.45 pm. We took a COVID test before visiting and had our temperature checked at the door. We observed activity throughout the Centre, including the midday meal, and spoke to a number of clients. These conversations were informal, but we used a prepared list of questions to help obtain clients' views and their experience of the Centre. We also spoke to the CEO, the Deputy manager and some other members of the Centre's staff. We give more information on the clients we spoke to in Section 3.14 below and on our conversations with staff in Section 3.15 below.

3.0 Our Findings

3.1 Policy background

We found the following useful statement of the policy background in paper 22-155 submitted to Wandsworth Council's Adult Care and Health Overview and Scrutiny Committee (now the Health Committee) on 14 June 2022¹:

"The Care Act 2014 requires local authorities to promote diversity and quality in provision of services to meet the support needs of their local population. A fundamental component of the Care Act 2014 is 'the wellbeing principle'; supporting peoples' wellbeing in a variety of ways and recognising everyone's needs are different. Day Centres support wellbeing and can delay increasing care needs by:

- Supporting older adults to continue to live independently whilst avoiding social isolation.
- Offering older people, the opportunity to socialise, engage in activities and learn new skills.
- Offering respite for carers and family members.
- Identifying potential safeguarding or health concerns and organise intervention when needed.
- Providing links with community facilities, which can provide different choices and opportunities."

3.2 Location, environment, facilities

The Gwynneth Morgan Day Centre at 52 East Hill, SW18 2HJ is a purpose-built community services centre which serves the whole borough of Wandsworth from this relatively central location. The building is on two floors with a driveway space for minibus access at the rear. The ground floor and 1/3 of the first floor are used as a building-based day service. The remaining part of the first floor is used by the Council's Lifelong Learning Service, which provides for adult education courses.

¹ <https://democracy.wandsworth.gov.uk/documents/s94669/Transformation%20of%20Day%20Opportunities.pdf>

The layout and facilities are:

Ground floor:

- Catering kitchen
- Training kitchen
- Large activity room, equipped with a dozen or so round tables, which is also used for having refreshments during the day and at lunch time. This is a light, airy space with windows along two sides
- An adjoining smaller activity room which can be partitioned off from the main room
- Accessible toilets including shower facilities
- Salon; for use for hairdressing, footcare etc,
- Enablement room, with a bath, shower and toilet available
- A further medium-sized activity room, known as the Dance Studio, which is used for physical activity e.g. chair-based exercise and for coffee mornings
- Gym (not currently used)
- Staff office
- Manager's office/ room for confidential meetings
- Entrance Hall
- Garden, paved, with planted beds, accessible from the large Activity room

First floor:

- Daffodil Room designed for people living with dementia
- Small activity/ quiet room available for multifaith purposes
- IT suite

From observations we could make, we found the Centre to be bright, airy, spacious, spotlessly clean and fresh. The interior spaces are mainly decorated and furnished in light, neutral colours with pictures and posters on the walls and fresh flowers displayed. The most heavily used space was the main activity or social room where we observed a generally calm and relaxed atmosphere prevailed despite an often fairly high level of noise from conversation, activities or mealtime and a large-screen TV that was on. Other available rooms were in occasional use for specific activities but seemed were not in use much during the days that we visited.

In general, from the observations we could make, the Centre seems equipped to meet the needs of its client population. The IT room was equipped with 6 work stations but we were told there is no availability of WI-FI throughout the building for clients. The gym also seemed well equipped but was not currently in regular use. We describe the Daffodil Room (designed for people with dementia) at Section 3.10 below.

The Centre's location is as central to the Borough as can reasonably be expected and people are transported to access the centre. We return to this in section 3.7 of our report.

At the time of our visit no plans had yet been agreed to increase the number of day places offered at the Centre, we were told that space is not likely to be a constraining factor.

3.3 Staffing

We were given the service staffing establishment by Social Services as follows:

Service coordinator 1

Deputy Service Manager 1

Team Leader 2

Support worker (also includes driver and escorting roles for provider transport) 9 (3 are part time, one role is vacant)

Chef/ cook 1

Deputy Chef 1 (vacant at the time of our visit but since recruited)

Administrator 1

Domestic Assistant 1 Many of the staff team were previously employed at the Gwynneth Morgan Centre when it opened during 2020 under a different provider, which provided some day centre support with a different remit. We were told that all staff have had additional training on working with people with dementia.

Although our main focus is on the experience of the service's clients, we report on what staff members told us about their experience of working at the Centre later in this report.

There are 4 volunteers who provide general support to clients.

3.4 Provision of the Service

At the time of our visit it was the only specialist service in Wandsworth for older people, adults with dementia and people with a physical disability with assessed eligible needs under the Care Act who need personal care assistance at a building-based service. The service includes assistance with intimate personal care. Separately the Council has contracts for a number of open access services across the borough provided by a variety of voluntary sector providers that are universally accessible to all older adults across the continuum of need, but these do not provide assistance with personal care and require attendees to be capable of managing this for themselves or to be accompanied by a carer. Although some of these services can support people with milder dementia or provide support when accompanied by a carers, they do not provide an environment suitable for people with some forms of dementia, particularly those likely to wander.

The detailed history and evolution of specialist day centres in Wandsworth is outside the scope of our study. However, many of the clients and staff have experience of previous centres that no longer exist and they talked about these services when considering their more recent experiences at Gwynneth Morgan.

The Centre is open Monday to Friday to offer 100 day centre places a week (approximately 20 per day), with a number of people using the specialist Daffodil Unit for people living with dementia. In the paper submitted to the Health Committee in June 2022 the Council declared their intention to extend the contract and seek an increase up to a maximum of 150 in the number of day places to accommodate expected growth in demand.

An Age UK Wandsworth Outreach service is provided to people in their own homes and in the local community and has been in place since October 2021. We learnt that people can be assessed to have Outreach support and/or support at the building based service, however this was outside of the scope of our study, which was to focus on the building-based service.

There is an enablement and promoting independence service to assist people to recover basic living skills and increase their independence that is intended to form part of the

service, but referrals were not currently in place at the time of our visit (a room in the building is suitably equipped for that purpose).

As an independent charity Age UK Wandsworth offers a number of other services to Wandsworth residents at the Gwynneth Morgan Centre which also serve to add value to the contracted building-based day centre. These include a weekly coffee morning for local people held on Wednesdays in the Dance Studio, which provides some day centre clients with the opportunity of wider social contact. Other similar events are held on occasion such as a Harvest Festival, a weekly Chair Dance and an event to mark the death of Queen Elizabeth II. The IT room is used to support Age UK Wandsworth's Digipals scheme to help overcome digital exclusion and increase a range of IT-based skills among Wandsworth's older people: the IT room is freely available for use by day centre clients. We were told that there is no Wi-Fi in the building for clients. There is also a foot clinic, held in the hairdressing salon (currently not being used for hairdressing in the absence of hairdressers willing to work on a voluntary basis). We discussed these activities with the CEO who told us about how they strike a balance between the potential risks of inviting in visitors and the benefits of connections to the wider community.

3.5 Access to the service

Access to the building-based service under the present contract is by referral from Social Services who carry out an assessment of eligibility under the Care Act and draw up a care plan. We were told that this is a strengths-based conversation with the client (and their unpaid carer if present) starting with a focus on the client's strengths, needs, challenges and personal goals/ outcomes, which then determines what services can meet these. It is then identified whether a building-based service and/or outreach service would meet desired outcomes and then consideration is given to the specific number of days at a building-based service or a specific number of hours of outreach. At the time of our visit no one had been referred to both the building-based and outreach services, and that the main reasons given for many clients preferring a building-based service to an outreach service are the greater social involvement and respite for unpaid carers. We were given a list of the agreed referral criteria for the building-based service at Gwynneth Morgan Day Centre, which is set out at Appendix 1.

Under the Care Act and the Council's charging policy, this is a chargeable service, so a financial assessment is also carried out to assess whether and to what extent people should make a financial contribution. Meals are charged for separately and some activities may involve a payment. We did not ask clients about their financial contributions, but a few of those we spoke to mentioned that they paid to attend and several clients said they would have liked to attend more often but could not afford to do so.

Prospective clients are invited to a trial day where they get to see the centre, meet staff and other clients. The Centre complete their own assessment to determine if they can accept the referral or if they cannot meet the client's needs. We were told that when the referral is accepted the Centre also draws up an individual care plan, including details such as which days of the week the client will attend. Currently some clients attend as often as 5 days a week, while others on only one day. Care plans also record clients' interests and are updated regularly by staff.

We were told that clients attending the Centre have an annual review of their whole support package with a social worker: this reviews the client's goals/ wishes/ needs and

how these needs can be met. This includes whether day opportunities are meeting their needs and feeds into whether the number of commissioned places should stay the same, reduce, cease, or increase to meet the client's assessed eligible needs. Centre staff can have input to these reviews.

We were told that the Centre is now up to its commissioned capacity of 100 day places per week. Figures we were given for attendance in the week before our visit indicated a total of 76 attendances. Numbers can vary week to week for a number of reasons including service user choice, sickness, holidays. The need for a waiting list has not yet arisen but we were told that if this arose, prioritisation for access would be based on need and managed jointly in discussion between Social Services and Centre management (as was done in the initial gradual setting up of the Daffodil unit for people with dementia).

3.6 Attendance and Demographics

The total number of clients at the time of our visit was 47. The gender balance was 26 female and 21 male clients. Their ethnic diversity of clients included 22 Black or Black British, two Asian or Asian British and 23 White clients. We were told that, while English is the main language, some staff are able to communicate with clients in German, Polish, Portuguese, Spanish and some African and Asian languages. We were also told that, separately to this service, Wandsworth Council does 'spot purchase' day care services elsewhere for some black, Asian and minority ethnic clients because of factors such as language/ dialect or cultural requirements. Daily attendance in the week before our visit ranged between 13 and 20.

We spoke to nine clients on each of the two days of our visit, a total of 18, over a third of the total client group and over half of the number attending each day. We spoke to 11 women and seven men. Their ages ranged from 59 to 96, with just over half (10/18) in their 70s or 80s. Their ethnicity was ten White, eight Black African or Caribbean or Black British or Asian.

The clients we spoke to had various specific physical conditions or disabilities, including severe mobility issues (using wheelchairs, rollators or walking frames), mental health conditions and learning disabilities, while others were described as frail. Eight were living with dementia of varying severity. Five of the clients we spoke to needed help with personal care. Two thirds of the clients we spoke to live alone, in some cases in sheltered or Extra Care accommodation.

It is noteworthy that two thirds (12/18) of the clients we spoke to live alone, in some cases in sheltered or Extra Care accommodation.

The number of days a week the clients we spoke to attended the Centre included 1, 5 and all the numbers between.

3.7 Transport

One of the Centre's team leaders, is in charge of transport. There are three 16-seater buses that cover 3 routes: 'Battersea', 'Tooting' and 'West'. These are leased from and maintained by London Hire Ltd. The drivers and escorts on the buses come from the Centre's staff, which means that they know the service users very well.

The Battersea bus has very few people at present. However, there are not enough bus places for people in the Tooting area and people are accommodated by the West bus, which covers Garratt Lane and has a longer route as far as Roehampton (on the morning that we visited the journey time was 75 minutes).

There were a number of people in wheelchairs accommodated in the transport.

We asked the clients we spoke to about their journey to the Centre. Although one client mentioned the length of their journey, clients' comments were generally positive. The presence of Centre staff members as drivers and escorts was welcomed.

3.8 Activities

The Centre provides a range of activities tailored to clients' needs and preferences. One client told us that the range of activities had been increasing. We were kindly given a copy of the Activity Plan for the week of our visits. This listed between 8 and 10 separate activities each day and comprised a total of 26 distinct activities of which some were repeated on different days. These include: chair-based exercise- or movement-related activities; music; arts and crafts; skills- related activities such as IT, numeracy, literacy and cooking; Magic Carpet (an activity in the Daffodil room designed for people with dementia - see 3.10 below); Bible group; discussion groups; a coffee morning; games such as Bingo and Dominoes; nail care; and a daily tuck shop. The day's activities are displayed on a large flip chart in the main Activity room. We noticed some small differences between the daily chart and the week's plan, showing a degree of flexibility in planning activities, allowing adjustments to meet clients' needs.

We asked the clients we spoke to what they liked to do at the Centre and whether there was enough to do. Their responses were unanimously positive. While some clients were more active than others, most could name a favourite activity and the range was wide. Some mentioned activities in addition to those on the week's plan. One client with physical disabilities said they had found using gym equipment useful in the past.

During our visits we saw some activities in progress. On our first (morning) visit we saw a chair-based exercise group with three staff and seven clients, including some in wheelchairs. The music was chosen by the clients and all the participants were clearly enjoying themselves. We also saw people using exercise bikes in the space outside the large main room with people chatting while pedalling. On our second (afternoon) visit the main activity was Bingo. So far as we could see this was played by five clients and five staff supporting (including the caller).

3.9 Meals

Service users were given a choice from a menu brought round while they were having coffee before activities began. On Wednesday there was one Main hot dish (chicken Kyiv, mashed potatoes and broccoli) and two other options, ham or cheese salad with mashed potatoes. Desserts included a sponge and custard, rice pudding, tinned fruit, cheese and biscuits or ice cream. (On Tuesday the hot dish was steamed salmon). Payment was taken for meals at the same time. Service users pay £1.50 for tea, coffee, soft drinks and biscuits for the whole day. Then for lunch, the main course costs £4 and the dessert £2. Ice cream instead of the dessert is £1.

Meals are cooked in the kitchen adjacent to the main social room. A member of staff told us that there is a main chef and they have just employed an assistant chef who was starting the next week and said to be “good at making cakes”. We were told that at the time that quite a few dishes are cooked from frozen (e.g., the chicken Kyiv) but that there was an intention that more of the cooking will be from raw ingredients once the assistant chef starts. However, we were told later by the Gwyneth Morgan Centre that it was not accurate to say that quite a few meals were cooked from frozen.

Meals are plated at the hatch and brought by staff to people seated at the tables. On Wednesday when 17 people were attending, seven were seated on their own, six were sitting at tables with two people and one table had three people. Some people were talking, others were not. One person was being helped to eat by a member of staff. This was done very sensitively with the staff member seated next to them at the table, which struck us as an example of good practice. Another person had three different members of staff wiping up spills, but they did not speak to them and we were told that some clients are embarrassed about spilling food. Another person was helped to pour their drink.

Most people were happy with the food and said that it was important to have a hot meal and a number said that they liked the choice. For some clients living alone it may be the one meal of their day as one was the case for one client who spoke to us.

Several people brought their own food which they could have heated in the microwave. People gave a variety of reasons for preferring to bring their own food: one said that this was because it was “leftovers”, more than one person said that it was “cheaper” to bring their own food and were concerned about the rising cost of living, another said that they preferred to bring their own food because they said most of the meals were made from frozen food, another that portions were not big enough, another person said that they preferred their own food (a curry). One said that they would like food that fitted their cultural background such as curries and plantain. We asked the CEO about this and they said that there was curry some days, but perhaps not when this person attended.

3.10 Care for people with dementia

The Age UK Wandsworth service specifically provides for a service for people with dementia. Staff received training when Age UK Wandsworth began delivering the service. This was for all staff including support staff. There are a number of people currently attending who have some degree of cognitive impairment. We were told that the centre could not yet take people with higher needs because it was not yet secure, with access still being possible to and from the Lifelong Learning Project on the first floor (see Section 4 below). As mentioned in Section 4, not all doors were secure.

Several of the people we interviewed were described as having dementia, either mild or moderate but none of them were using the Daffodil Room on Tuesday. When we visited the Daffodil room, it was not possible to interview the people attending, so the following is based on what we could observe.

One person was sitting listening to music through headphones and we were later told that this was because they find it soothing. One person with cognitive difficulties was able to join in the quiz in the main area and was pleased to achieve a reasonable score.

On the second day of our visit (Wednesday afternoon), the Daffodil Room was in use after lunch. There were five clients and two staff. The room is spacious and has as its main specialist piece of equipment a Magic Table (supplied by [Social Ability](#)). The Magic Table uses light projection onto a table or wall. A suite of programmes gives a variety of activities which are intended for people with dementia or other cognitive impairments. By interrupting the light source with one's hand, activities such as colouring a black and white picture, moving leaves or balloons or popping balloons can be set up. They are accessible to people with dementia, encourage some interaction with staff and are designed to be fun. There were also a few books, some table-top games including quoits, dominoes and puzzles. There were also some animal soft robotic toys designed to give people with dementia comfort. One person was holding one of these.

Five people were around the table of whom two engaged for over half an hour. Two more people engaged briefly, and one did not take part. One of the people whose interest was only brief was taken to a different part of the room for a game of table quoits and then a balloon game. The member of staff helped make sure the person was very engaged with this. We saw this as an example of good practice.

Staff knew service users well and tried to maintain their interest. There was background music ("Golden Oldies") on the television. We could only observe the people, who looked like they were enjoying the music, but it was not clear if this had an impact on engagement with the magic table activity.

3.11 Medical Support

The Centre does not provide or have direct access to medical support. Any medical issue arising for clients is referred to their GP or if necessary to emergency services. In the case of clients who have support from mental health services, their support worker or service can be contacted if a problem arises. The Centre can also make new referrals to Talk Wandsworth (psychological therapy for mild and moderate mental health issues) where appropriate.

3.12 Safeguarding

Age UK Wandsworth has its own safeguarding policy for which the CEO takes responsibility as Designated Safeguarding Lead of the whole organisation and there have been few at the Centre. We saw a poster on Safeguarding displayed in the entrance hall with the message to report to four named members of staff anything that people spot or are told about which doesn't feel right or in case of immediate danger to call 999.

3.13 Feedback

Client feedback is collected in informal daily conversations, a suggestion box, and feedback forms. We were told that engagement from clients' families or unpaid carers is infrequent and that little interest had been shown when the Centre offered a monthly coffee morning for carers and relatives.

3.14 Clients' experience of the service

We have described above a number of specific aspects of the building-based service at Gwynneth Morgan Day Centre, including comments made to us by clients we spoke to. Here we turn to clients' responses to more general questions about the service and the staff.

Almost all the clients we spoke to commented positively on their experience of attending the Centre. Some liked everything about it, others described it as lovely, homely or nice. The most frequently cited reasons for liking it were: being with other people or friends, getting out of their home, particular activities or the meals or just the freedom to "do their own thing". A few clients specifically mentioned feeling better, happier and even sleeping better for coming to the Centre. One client alluded to the respite it gives their partner.

We also asked clients about their experience of staff and in particular how well they listened and responded to their needs. Answers were again unanimously positive, if to varying degrees. This partly reflects the fact that many of the clients and many of the staff have known each other for a long time because they had been together at a previous day centre. Positive epithets included "fantastic", "brilliant", "love them all", "helpful", "attentive" or just "nice" - while a few clients mentioned "ups and downs" or "some better than others". The Deputy Manager and another member of the staff team, was specifically mentioned as having helped with problems outside the Centre.

As part of their experience, we asked clients about being assessed by Social Services prior to referral, although this is not within the remit of the service itself, to understand their experience of accessing the service. With a few exceptions they had no recollection of their original referral to the specialist service or had no comments to offer. One or two clients mentioned the annual review process with social services: one had a review coming up the following week. But another client maintained they did not get an annual review.

We asked clients how their experience of Gwynneth Morgan compared with any experience they had at other day centres. Three people generally welcomed attending the Gwynneth Morgan Centre over previous experiences and two people said they preferred Gwynneth Morgan. Four people mentioned advantages of previous centres, talking about their proximity to shops, availability of hairdressing, and outings. Two other clients mentioned other day centres they had attended but preferred Gwynneth Morgan.

Finally, we asked clients if there was anything they would like to change about the Centre or any improvements they could suggest. The majority (11/18) had no suggestions or did not want to change anything. Others made some suggestions related to activities or facilities: outings to a shopping centre, pub, carvery or to Wandsworth Common (this suggestion was made by two clients); hairdressing at the Centre; Wi-Fi for mobile phones and tablets; dancing; quizzes. One client (who lived alone) wanted lunch served earlier as it was their only meal. Another client with dementia said they found it difficult always to distinguish staff from other clients and suggested staff should wear something more clearly identifiable.

3.15 Staff experience of working at the Centre

While our primary focus in Enter and View is on the experience of service users, we sometimes find it useful also to talk to members of staff. During our visits to the Gwynneth

Morgan Centre, as well as discussions with the manager of the Centre, we spoke also to the Deputy manager, to one of the Team Leaders, two of the Support Workers and to the Centre's Domestic Assistant. It was clear from these brief interviews that the staff team, are a closely-knit group, some of whom describe themselves and their clients as a "family". All the staff we spoke to were happy in their work.

The support staff work flexibly across the wide range of activities at the Centre. There is, we were told, a daily rota, which is known the evening before and follows a more or less regular weekly pattern, which allocates each Support Worker to specific activities and to individual clients for the day. The CEO said that they had decided not to have a keyworker system as there was considerable diversity in needs of the service users and it was better to balance out the type of work that each person did using the rota. It seemed that all of the staff knew the service users very well. The Domestic Assistant who comes in each afternoon has had the same training at the Centre as the rest of the staff team and sees her role as involving supportive interaction with clients as well as carrying out her cleaning duties.

Both the Support Workers we spoke to felt well supported in their work. Both were positive about the possibility of increased client numbers.

4.0 Safety Issues

We were alerted to a number of identified safety issues related to the current layout and fitting-out of the premises which the CEO has drawn to the Council's attention. These include:

- the fact that there is unrestricted access between the day centre (including the Daffodil Room) and the Lifelong Learning centre. Changes in the use of rooms by the latter service and possibly new partitions are needed to overcome this. The present situation makes it impossible for the Centre to accept clients with wandering behaviour as originally intended;
- there is no lock on the garden gate leading out to the open parking area and the street. This means that clients at risk of straying must be supervised in the garden;
- there is inadequate security to the main entrance door, which allows people to walk in or out freely.

Clearly it is important that these problems should be resolved to ensure the continuing viability of the building-based service, and fuller utilisation of the Daffodil Unit.

5.0 General Conclusions and recommendations

From what we were told by clients and staff and what we observed it seems clear that the Gwynneth Morgan Day Centre is fulfilling its role amply of supporting people who have been referred to it by Wandsworth Social Services. The staff team and the client group seem close and the service regularly consults users to provide flexibility to meet the needs of the people who attend in activities and meals. The clients we spoke to were generally very happy with the Centre, its staff and its various activities and being with other people. Almost all of the clients we spoke to commented positively on their experience of attending the Centre. A few clients specifically mentioned feeling better, happier and even sleeping better for coming to the Centre. When we asked people if they felt their personal preferences or needs were respected, all agreed they were.

We observed that the Centre itself is spacious, bright, airy, spotlessly clean and fresh and the atmosphere generally calm and unpressured. The Centre appeared to be generously staffed for the current level of attendance with a friendly and close client based service. We saw nothing to suggest that an increase in the number of day places cannot be achieved to support more older people in Wandsworth, including the growing number of people with dementia, hopefully maintaining the atmosphere.

Establishing the service during a pandemic and a service for a client group with a variety of complex needs makes this level of satisfaction a significant achievement. We welcome the Centre's attempts to maintain links with the wider community, while protecting its vulnerable clients. That staff have continued to learn and develop new skills is and a tribute to the leadership of the CEO of Age UK Wandsworth.

We saw some examples of innovative and sensitive practice in working with people with dementia (see our Section 3.10 above) and in our observation of mealtime (described in Section 3.9 above).

Our remit for Enter and View is to offer insights and recommendations to inform delivery and development of services. The following points could be considered as the service further develops. Some of these may be considered outside the current scope of the service as commissioned and are for consideration by Wandsworth Council as commissioners.

1. As Centre and Commissioners are already aware, the safety issues which have been identified (see section 4.0) will need to be addressed and resolved if the Centre is to care for more people with dementia.
2. Most people were happy with their meals and are consulted on their preferences. Nevertheless, some commented that they would like other options when we asked them about meals (see section 3.9).
3. The Centre have made efforts to provide a hairdresser. When asked about if they would like to change anything, clients mentioned that they would like this.
4. Clients also told us that they had some suggestions for activities including: outings to a shopping centre, pub, carvery or to Wandsworth Common (this suggestion was made by two clients). The day service is not commissioned to provide community based activities, and they have told us of a number of efforts they have made to integrate with the community in other ways. If any further consultation with clients suggests or highlights a wish for more of these kinds of activities, the Council may consider how clients could receive this support from the Centre or through links or referrals to other services that can support this.
5. One person mentioned that they would like WI-FI to be available. If the Centre finds that more clients would like this, the Council may want to explore WI-FI as a future addition to the service.
6. One person with dementia told us that they found it difficult to distinguish staff from other clients and suggested staff should wear something more clearly identifiable.



7. As the provision at the Centre for people with dementia develops and increases, we could see a benefit in the Centre having regular links and access to expertise from local specialist services.

6.0 Disclaimer

Please note that our findings in this report relate to observations and interviews on particular days. It should not be taken as a representative portrayal of the experiences of all service users, carers and staff associated with the Gwynneth Morgan Day Centre over time.

Revised 23 March 2023

Appendix 1

Referral Criteria for Gwynneth Morgan Day Centre

The service is for older people, adults with dementia and people with a physical disability, who have assessed eligible needs under the Care Act 2014.

Referrals have to meet service eligibility criteria, which is:

All potential Service Users referred to the Service by the Council will:

- (a) Be 18 years of age or over;
- (b) Live within the geographical area of Wandsworth; and
- (c) Have been assessed by the Council as eligible for the Service under the Care Act 2014 (as may be amended from time to time).

Adults referred into the Service will include but will not be limited to:

- (a) Adults with physical and/or sensory impairments, including those with dual sensory impairments, some of whom may have communication difficulties and/ or cognitive impairment or mental ill health;
- (b) Adults living with a long-term health condition;
- (c) Adults with learning disabilities, including those with an autistic spectrum disorder;
- (d) Adults with dementia.;
- (e) Adults with a learning disability who may find the service appropriate to their needs. The Service may be suitable for some adults with a learning disability who have a significant physical disability and some older people with a learning disability. It is expected that people with a learning disability will attend alternative services whilst active adults but as they age, they will be referred to this service as appropriate;
- (f) Adults with mental health needs, as well as those whose needs may be complicated by the misuse of substances. It is not expected for this to be a primary support need;
- (g) Older people aged 60 years and over, who are frail due to physical or mental ill health;
- (h) Adults whose informal carer(s) require respite from their caring role. The service shall provide support to those relatives, friends or adult placement carers who provide day to day care for the user, giving practical support to enable them to work and/ or take a breakthrough respite from their caring responsibilities.