healthwatch Wandsworth

Enter and View Report August 2015

Visit to Harding House and Huguenot Place, residential care homes for adults with mental health problems and deafness.

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

Address: Harding House (HH) is at 70 Wandsworth Common North Side, London SW18 2QX. Huguenot Place (HP) is at 6 Huguenot Place, London SW18 2EN.

Management: Both homes are owned by Viridian Housing but care of the residents has recently been transferred to Action on Hearing Loss, an independent charity (formerly the Royal National Institute for the Deaf). The homes are managed jointly by Cris Matias, who has joined the homes earlier this year and his Deputy, Sean Edwards, who has been in post longer. HH has a total of 8 staff, HP has 7. The shift pattern comprises early, middle, late and late/sleep-in shifts (one staff member sleeps in at both homes). There is a core of staff who have been in post for a long time but others come and go. The manager, who is himself learning to use British Sign Language, told us that it is difficult finding staff with the right balance of signing and care skills. All the regular staff we saw used BSL to communicate with residents. Some were deaf. We saw one agency staff member who was on her first shift at HH and did not know BSL.

Residents: At the time of our visit there were 8 residents at HH and 4 at HP, leaving 3 vacancies in which various commissioners were showing interest. The age range is from late 30s to late 60s. The homes maintain a balance of sexes: 3 men and 5 women at HH, with 2 men and 2 women at HP. The majority of the residents are White British or Irish with a minority of Black African or Caribbean ethnicity. Residents are funded by a range of local authorities, with only 2 Wandsworth placements at HP and none at HH. All the residents are deaf and with mental health problems or learning difficulties or both. All are taking psychotropic medication and many are supported by secondary mental health services in the form of the Adult Deaf Service at Springfield (South West London & St George's Mental Health NHS Trust), while others are only supported by

their GP. A small number of Community Psychiatric Nurses (CPNs) and psychiatrists from Springfield visit the homes, while most residents go to the Brocklebank Group Practice for GP services. Most of the residents are fully mobile but a few have some limitations to their mobility.

Description/layout: Both homes, which are a short walk apart, are 3-storey Victorian houses on a busy road leading into the Wandsworth one-way system: HH is the larger, being double-fronted, the interior is notably spacious and airy, and it has a sizeable garden behind it, while HP is less spacious and has only a small, paved side and back garden. In HH each floor has its own kitchen/lounge and bathroom; the top floor has 3 bedrooms, the first floor 4 (of which 2 have en-suite facilities), and the ground floor 3. There is a bathroom with a walk-in bath and a laundry room for residents on the ground floor. There is also an office and a staff bedroom. HP has 2 rooms on the top floor and 3 on the first. The toilet on the top floor is marked "Women Only". There is a lounge and separate kitchen/dining room on the ground floor. Both houses appear to be in good structural and decorative order and are well furnished and equipped - with fire safety equipment in evidence on the stairs and landings. Residents' rooms all had locks to which the resident kept the key, and a flashing light "doorbell". Both homes displayed a sign reminding visitors that this was a signing environment and asking visitors to "turn off their voice". At HH we saw a noticeboard with laminated sheets showing pictures and selected personal details of staff and residents. In both homes a sign is displayed saying that all visitors must leave by 9 pm.

Care arrangements: We were told that for some of the residents HH and HP would be their permanent homes (which would have to gear up to deal with problems of ageing in due course). But other residents had the ultimate aim of moving on to more independent living (about 4 had moved out last year). The homes worked with people to help them achieve their goals on an individual basis through the care plan and key-worker system. Care plans are kept in the office and residents in practice rarely ask to see them outside the context of key working sessions and reviews. Each resident is assigned a keyworker and the aim is to give each resident 2 key working sessions a month. All staff get training on mental health problems and supporting residents' mental health in a general way is seen as part of the homes' function. The possibility of bringing in trainers to run a life skills programme in the homes has been explored but the necessary additional funding could not be found.

Residents generally require little support for personal care. Some residents manage their own medication, subject to monitoring, while others rely on the home to manage

this for them. Residents have their own bank accounts and draw their money themselves but the homes hold people's spending money for them if asked.

Meals and domestic arrangements: We were told that residents are given a weekly allowance to spend on their own food and make their own meals. Some residents do their own shopping unsupervised while others go shopping with staff. Healthy meals are encouraged but some residents, we were told, are attached to "ready meals". Staff prepare a fresh salad every day and occasional fruit salads or smoothies. Residents clean their own rooms and help with house cleaning according to agreed schedules. There are rotas for use of laundry facilities.

Activities: Some residents attend college courses. The homes organise some activities mainly consisting of escorted trips out, including to the gym or swimming pool. There is a men's group and a women's group. Residents regularly attend a Deaf Club on Thursdays at John Morris House, a Viridian-owned community centre nearby: this is currently run for Viridian tenants only but under the agreement with Action on Hearing Loss the aim is to broaden access out to the wider deaf community in due course.

The garden at HH is being developed with the help of Share – a local voluntary organisation - and with the involvement of residents and for their use. The plans involve growing a variety of vegetables and providing a more attractive outdoor social space.

In the evenings, we were told, residents often want to do little more than watch TV. They are free to turn the TV on or off themselves. Staff make efforts to engage residents in other evening activities such as board games.

Weekends, we were told, are pretty much as busy as weekdays with more emphasis on shopping and trips out.

The manager told us that there are plans to recruit an activities co–ordinator.

Quality of care – information collected by the home

Other views of the quality of care at the home

Care Quality Commission (CQC):

Harding House received a routine CQC inspection in June 2014. It was judged to have met the 5 key standards inspected: Respecting and involvement; Care and support;

Clean and protective environment; Safety and suitability of premises; and quality checking systems.

Huguenot Place received a routine CQC inspection in December 2013. It was judged to have met the 5 key standards inspected: Respecting and involvement; Care and support; Safety and protection; Staffing; and Management.

Community Support worker who visits the home on a regular basis

We spoke to this worker who thought the home was good at supporting independence, managing responsibility, encouraging residents' confidence and communications.

He thought the home should have more deaf staff which would improve opportunities for residents such as more visits outside and give them confidence.

Enter and View report August 2015 - Visit to Harding House and Huguenot Place residential Care Homes

About our visit

Three members of the Healthwatch Wandsworth Enter and View Team visited the homes with the support of a BSL interpreter on 10 July 2015 between 10 am and 3.30 pm. We spoke to 7 residents. This was a planned visit and we had previously met with Cris Matias and Sean Edwards, the homes' manager and deputy manager.

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

Living an ordinary life and activities:

Positive:

- All residents had busy schedules that matched their particular interests and levels of confidence. Only a few residents said they ever got bored.
- There was a range of activities undertaken by residents with a lot of independent trips for shopping, study, exercise, visiting friends and relatives and some organised activities such as visits to the Deaf Club and some outings organised by

the home.

- The majority of residents said they enjoyed living in the home with freedoms to live life as they wanted.
- All reported that they were largely self-sufficient in looking after themselves, their room and their clothes, sometimes with support from staff.
- Some of the residents were involved in improving and maintaining the back gardens to the homes.
- Most residents said they had friends - either other residents or friends outside the home.
- Many residents reported they were involved in the running of the home and one mentioned that his suggestion for change had been adopted.

Negative:

- Some residents had aspirations for more independence, moving to another part of the country, for a job or for particular activities. From what they said to us, it was not clear that these aspirations, whether or not realistic in the immediate future, were being addressed by the home.
- Some group activities did not suit one younger resident.

Food and drink:

Positive:

- Residents went out and did their own shopping- with money given to them by staff - and cooked for themselves, mostly without any help form staff.
- Some residents were enjoying exploring different recipes and types of food.

Access to health care:

Positive:

- Residents consistently reported that they were helped and prompted to take medication if needed. Some reported frustration at having to take tablets on a regular basis but nevertheless continued to do so.
- Staff were also appreciated for facilitating residents' visits to a GP, dentist or

hospital outpatients - and going with them if necessary.

- The one care file we looked at had clear information on health screening invitations and whether the resident had consented or declined to participate.

Negative:

- Different medical information seemed to be held in two different files (black and blue) for each resident and there is potential for missing some key information if both parts are not referred to.

Staff attitudes:

Positive:

- Many residents mentioned their appreciation for the support from staff that was seen as proportionate and respected their dignity and aspirations for independence.
- Staff were seen as approachable and very helpful. Residents praised particular members of staff for being accessible, understanding their individual needs and acting as friends.
- The homes had a relaxed atmosphere and residents regularly went into the office to talk to staff.
- One staff member was very enthusiastic about the ethos of the new management organisation (Action on Hearing Loss) with their emphasis on person centred care. She hoped this would lead to boosting the confidence of and opportunities for residents.
- The care plan on each resident's file was in an accessible format and written from the perspective of the resident.

Negative:

- Residents did not seem to be aware of who their key worker was. Nor were many aware of having a care plan.
- Care plans were only available in files held in the office.

Views of relatives

Some residents did not want us to talk to their relatives and we did not meet any on our visit.

Our conclusions

We got very positive feedback from residents living in these two homes. Most residents were achieving an ordinary life with plenty of things to do. Activities were personalised with many residents living semi-independent lives. Staff support for residents was good, caring and proportionate, supporting residents when they needed it. The homes might focus more on helping residents to achieve even greater autonomy and control over their own lives. Good access to special and general healthcare was very apparent. The proposed appointment of an activity coordinator is welcomed and may help as long as the role is broad based and inclusive of helping all residents achieving their aspirations.

Our recommendations

We recommend that:

1.The homes' management continues to work closely with commissioners to focus on how more residents can be supported to be more independent both in the homes and in some cases to move on to accommodation with people visiting to provide support as needed.

2. The homes use the resources of a new activities coordinator to help ensure that the focus goes beyond the arrangement of group activities, looking at every resident's preferences for how they would like to spend their time.

3. The homes consider making the care plan for each resident available to them in their own rooms rather than in a file in the office. This might also be done to re-inforce the names of key staff that work with the resident within and outside the home.

4. The homes should have one place in the file structure for all medical information to avoid confusion and the chance of missing relevant information.

5. Managers may wish to review with the residents of Huguenot Place the use they want to make of the back garden, which was looking rather neglected, and agree how it might be kept in a suitable condition.