

Enter and View Report

Northern House

HEALTHWATCH CROYDON CIC

November 2014

Report compiled by: Pat Knight, Michael Neal, Nicky Selwyn and Sylvia Wachuku-King

Healthwatch Croydon CIC
Carers Support Centre
24 George Street, Croydon, CR0 1PB
Tel: 0208 663 5648

Enter and View Report

Introduction

Healthwatch Croydon CIC is the independent consumer champion for children, young people and adults who use health and social care services in the borough.

- We work to ensure consumers' views about services are represented both locally and nationally;
- We focus on local voices being able to influence the delivery and design of local services;
- We have statutory powers that enable local people to influence Health and Social Care services under the Health and Social Care Act 2012

Healthwatch Croydon CIC finds out what people want from their health and social care services such as hospitals, GPs, care homes and pharmacies. This is referenced against information gathered from health and social care providers, commissioners as well as national and local research sources. Healthwatch Croydon CIC also produces reports about services visited and makes recommendations for action where there are areas for improvement.

As part of this role Healthwatch Croydon CIC has statutory powers to undertake Enter and View visits of publicly funded Health or Social Care premises. Enter and Views are undertaken when Healthwatch Croydon CIC wishes to address an issue of specific concern. These visits give our trained Authorised Enter and View Representatives (ARs) the opportunity to find out about the quality of services and to obtain the views of the people using those services. To view the Department of Health's "Code of Conduct" relating to Enter and Views, visit:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285

Acknowledgements

Healthwatch Croydon CIC would like to thank all service users, visitors and staff who took the time to speak to us on the day and for their contribution to our Enter and View programme.

Disclaimer

Please note that this report relates solely to findings observed on the specific Enter and View visit date. This report is not a representative portrayal of the experience of all service users and staff, but serves as an account of what was observed and contributed at the time of the visit.

Background to Visit

Establishment Visited:	BDC Northern House Limited Northern House 7 Dunheved Road North Croydon CR7 6AH
Date and Time of Visit:	Monday, 17 th Nov 2014, 16:00-20:00
Enter and View Representatives:	Pat Knight, Michael Neal, Nicky Selwyn and Sylvia Wachuku-King
Local Authority:	London Borough of Croydon
Type of Service:	Care Home (residential care) Privately Owned
Registered Care Categories:	Learning Disability
Rooms with en-suite WC:	8

Northern House is a care home that provides care for adults with learning disabilities and mental health problems.

The building is a secure, fully central heated building, with individual thermostat controls in each bedroom.

Each bedroom includes telephone and TV points as well as internet access. The ground floor of Northern House is wheelchair friendly; residents in wheelchairs cannot however access the upper floor as there is no lift in the property. There are parking facilities for four vehicles and the home is located within walking distance of local shops and amenities.

Methodology

Two questionnaires (included in this report) were compiled by ARs at a briefing meeting held on 3rd November 2014 where they discussed and planned their visit and allocated tasks. Some questions were targeted at residents (and/or relatives) while others were solely for staff members.

Although it was not possible to interview residents (see reasons below), all representatives took part in interviews with staff members logging all data with an interview sheet, which included a set of qualitative questions designed to capture issues relating to residents' care within the setting and their quality of life including:

- How the setting treats residents with respect and each person as an individual;
- Level of facilities and activities provided;
- How staff interacts with residents and how they support their independence.

ARs gathered information through observation of the general environmental conditions and residents' interaction and behaviour. Areas of scrutiny included levels of hygiene/cleanliness, support to residents and staffing levels. Two of the representatives observed dinner arrangements.

Overview of the home

Northern House is a large three storey house in a residential road near to Croydon University Hospital. It is run and staffed by BDC Supporting Services, which has two other homes in Croydon and one in Sutton. It has been open since 2010 and is home to eight people with learning disabilities. All residents are aged over 40 years old and have been at Northern House since it opened. They were referred by care managers when other larger homes or hospitals they had been living in were closed.

As well as a learning disability, some residents have mental health issues; one is visually impaired and one uses a wheelchair. All residents require personal care.

Northern House was originally fitted out to offer supported living in five flats. This proved to be non-cost effective and the decision was made to use the premises as a care home instead.

The house benefits from a mixture of original features and modern décor. It is attractively decorated as a family home. Everywhere was clean and smelt very fresh.

Despite its proximity to London Road, it is very quiet and peaceful.

Service users: observations

Most of the residents do not use spoken language to communicate. Those who can speak use a limited number of words. For this reason, it was not possible for the Healthwatch Croydon visiting team to verbally communicate with them and elicit their views or experiences. Observation opportunities were limited as some of the residents found our presence distressing.

Residents' interaction

When the team entered the house, one of the residents was sitting in the hallway. She said, "Hello" and continued to repeat this, offering her hand to one of our team to shake. She was smiling and appeared calm throughout our visit. Staff advised us that she liked to say hello repeatedly and it wasn't

a sign of distress. She was clean, nicely dressed and well groomed. She wore nail polish which we later learned the staff apply for her. All residents were well turned out.

None of the other residents overtly acknowledged our presence, but they were obviously aware of it.

The team witnessed some interaction between two of the residents, but most seemed fairly self-absorbed. Staff seemed to have an exceptionally good understanding of tenants' needs, wishes and moods. In all the interactions we witnessed, staff treated the residents with courtesy and respect. They appeared to be well able to anticipate residents' moods and to de-escalate any anxieties quickly, while remaining calm at all times. All staff seemed very caring and there appeared to be a genuine warmth, affection and rapport between staff and residents.

All residents have Hospital Passports, which have just been updated, and all have annual health checks. All have person-centred plans. There appeared to be some confusion over communication passports, since staff seemed to think they were only relevant to people who used pictures or symbols. Each resident has a One-Page Plan – with one copy in their file and another on the inside of their wardrobe door.

Two members of the team observed the residents having dinner. Six residents sat around the tables waiting for the food to be served; a seventh stayed in the living room watching TV until the food was actually on the table: staff advised us that she found it very difficult to wait at the table unless the food was already there. We were told that the eighth person had chosen to eat in their room.

One of the residents [A] started to vocalise and rock while waiting for his dinner to be served. Staff advised us that it might be due to our presence. They thought he might calm as soon as his food was served (which they were just about to do) but we agreed that we would leave if he continued to show distress. As soon as his food was on the table, the resident ceased to vocalise and became calm.

Two of the residents were fed by staff; the others ate independently. The team noted residents being encouraged to make choices and do what they could for themselves.

After a short time, resident [A] started to vocalise again so we left the kitchen/dining area.

Meal time:

The food looked and smelt delicious. Tenants were given generous portions and ate with relish. Two of our team accepted the offer of a meal and were really impressed: the food was hot and tasty. Vegetables were slightly soft for our taste, but it may well be that that is what the residents prefer. Both the main course and dessert were very well flavoured and tasted of real home cooking.

The meals are budgeted well from a generous local authority allowance which enables staff to buy quality products sourced locally. We were also impressed with the nutritious content of the food, suggesting that much thought had gone into menu planning. Vegetarian dishes are included in the repertoire. Staff gave an example of how much residents value their home cooked food. The promise of one resident's favourite dish that evening was often enough to calm her when distressed...and also on occasion to persuade her to stay in rather than go out. We noted also that appropriate food is cooked to celebrate religious festivals, especially Christian and Hindu.

One of the team observed a staff member removing an almost-untouched tray of food from the room of the resident who had chosen to eat in their own room. Staff told her that the resident had eaten very little because they had had difficulty swallowing. Discussion with the manager clarified that this resident was in the early stages of dementia and went through phases of having difficulty swallowing. She had been seen by speech and language therapy and is awaiting a formal diagnosis of dementia. When she has difficulty swallowing, staff remove the meal and then prepare pureed/liquidised food for her.

Premises/facilities:

The living room was really attractive and stylish. The skylight windows and patio doors which lead out to the large garden area must be of huge benefit in the summer months. Staff advised us that there had been leather sofas until recently but incontinence issues had meant that they had had to be replaced with waterproof seating. Nonetheless these seats were accessorised with cushions to make them look as homely as possible.

The kitchen/diner looked and felt like a family kitchen. An unusual feature light on a shelf was, we were told, for the benefit of one of the residents who was visually impaired.

Residents access the large rear garden and summer house when the weather allows; it is a pleasant area to sit and relax in warmer weather. They also grow their own foods (e.g. tomatoes) which are then used for their meals.

All rooms are furnished, but residents have their own things to personalise them. For example one has a fish tank in their room and several have televisions.

All statutory notices were in a large glass-fronted frame. On the walls, there were some displays of photographs from residents' holidays and various activities, but we were told most residents didn't really relate to things on paper, even pictures. Some of the residents would just throw any papers in the bin and a couple of the others would put them in their mouth.

Activities:

Most residents access the Bensham Resource Centre once or twice a week. Activities include keep fit, cooking, cycling, bowling, music, swimming, and arts & crafts. In the house itself, activities include drawing, gardening, music and board games. One of the residents likes to play Scrabble. Residents also go out in twos or threes to the local pub, as well as to local shops, cafes

and into Croydon. They sometimes eat out at a restaurant. They have their hair cut locally. An aroma therapist comes fortnightly and offers massage to all residents.

Residents go away on holiday. Last time, some went to Spain while others went to Norfolk.

All major secular and faith holidays and celebrations are marked. For example, at Halloween all the tenants got dressed up and three won prizes for their outfits. Recently, they have celebrated Diwali.

Some residents do not have any family who are in touch. Others have regular visits from family members. One mother likes to prepare a meal for her son once a week and the manager collects this from her and brings it to Northern House, whenever it's possible to do so. Family members are welcome between 10.00am and 7.00pm seven days a week. There used to be a 24/7 open door policy, but this proved disruptive to some of the residents.

Residents are supported to access local GPs, dentists, opticians etc. Croydon's LD psychologists work with the home and other therapists/specialists are brought in as required.

Staffing/ staff interviewed

There are seven core members of staff including the manager and two regular BDC Supporting Services bank staff. The manager has been working with BDC Supporting Services for thirteen years. There are three staff on in the morning, three in the afternoon and one waking night. There is always someone available on call for advice and support.

We spoke to two staff - the Responsible person and a senior support worker.

The manager and staff have a great deal of experience between them – learning disabilities, mental health, nursing, substance misuse. Five have NVQ3; three have NVQ4. Training is provided in-house by BDC Supporting

Services as well as by Croydon Council. Training is commissioned from outside bodies where required.

Both staff members we talked to spoke positively about the strong team at Northern House. The support worker felt that she was well supported by her colleagues as well as the manager and he in turn felt well supported by BDC Supporting Services. Supervision is monthly.

Both said they thought of Northern House as a family home and the support worker told us she thought of the residents almost as her relatives.

When asked about the most challenging aspect of the job, the support worker told us that the residents sometimes displayed behaviours that challenge. She said it could get very pressurised if several residents were distressed at the same time; then the phone would ring and there was paperwork to do. But she told us that she prioritised meeting the needs of the residents. She said the best parts of her job were seeing the residents happy and enjoying themselves and also when they expressed affection towards her.

The manager said that his main frustration was lack of funding. When asked what wish they would like granted, both he and the support worker said their wish was to have a minibus with a tail lift which would accommodate the resident who uses a wheelchair. BDC Supporting Services had planned to purchase one to be shared by their homes, but cost efficiencies mean the money is no longer available.

One of the manager's main sources of satisfaction was supporting the residents to have new experiences and develop their skills. He told us that all progress is very slow and achievements sometimes seem very small to other people. For example, when the residents first moved to Northern House, they all wanted to go to bed at 17:30pm because that is when they were 'put to bed' in their previous home. Four years on, residents' bed-times are more flexible and much later – though most still like to change into their night clothes as soon as they have finished dinner. The manager and staff have had to proactively offer different foods and different experiences to all

residents to enable them to have real choice. Seeing residents enjoying new tastes and experiences – and making their preferences known – is one of the ‘plusses’ of the job.

General Observations

- The large hallway serves as an office space. Statutory notices are on display, as are file drawers labelled with tenants’ names
- There is a large garden with summer house
- The whole place was clean and fresh-smelling
- Décor was clean, modern, attractive and homely
- There is a great deal of unused or under-used space as a result of the change from five supported-living flats to a residential home for eight. Of particular note is the immaculate top-floor flat, which is really only used for storage
- Residents are generally well groomed and dressed
- There seemed to be a good rapport between staff and residents as well as a sense of teamwork amongst staff

Recommendations

1. Staff to consider the possibility of moving official documentation out of the hall so that the first impression is of a home rather than a business
2. Staff to ensure any personal documentation on public view is in lockable storage to ensure confidentiality
3. The manager to explore the appropriateness of communication passports or communication profiles for his clients and commissions training for staff accordingly
4. Staff to explore the feasibility of hiring a mini-bus with tail-lift on occasion
5. Staff to continue to offer assertive person-centred support i.e. to continue to (gently) challenge residents to experience new things and do as much as they can for themselves
6. BDC Supporting Services should actively consider making use of the areas which are currently under-utilised, most especially the top-floor flat. These could be potential sources of income.

Conclusions

The team felt that residents were well supported and on the whole empowered to do things and make choices.

The team had to rely on a mixture of observation of residents and conversations with staff since they were unable to converse with residents.

Northern House was very clean, really fresh smelling and in very good decorative order.

Residents were well turned out.

All staff were warm and friendly to us and worked well together as a team. They appeared to know the residents and their needs very well and to offer friendly, respectful, caring support.

Approvals

PREPARED BY: _____

Authorised Enter and View Representatives (ARs)

Approved by: _____

Chair, Healthwatch Croydon CIC

Appendix: Residents/Relatives Questionnaires

Northern House Enter & View Questions – Residents/ Relatives

...some thoughts for Northern House

1. We'll need to check with staff if there are residents in Northern House who we'll be able to communicate with – with the aid of a communication passport if necessary. If not, we'll have to rely on observations & talking to relatives &/or staff.
2. It would be good to establish how familiar the staff are with PCPs, HAPs, Health Passports and Communication Passports.
3. Also how many staff are trained in Total Communication – or things like PECS (Picture Exchange Communication System) or signing (e.g. Makaton)
4. Also training around emotional wellbeing/behavioural support

1. How long have you lived here? Where did you live before?

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2. What's it like living here? What's your favourite thing? What don't you like?

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3. Do you feel safe?

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4. Do you feel listened to?

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5. What do you do during the day? Do you go out much?

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6. What's your room like? Can you add your own things to it?

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7. Do staff knock on your door before they come in?

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8. Do people come into the home to spend time with you? (faith leaders, activity coordinators, therapists)

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9. Do you have any relatives that visit? Do they talk to the staff?

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10. What's the food like? What's your favourite? What times are meals? Can you have drinks or snacks when you want?

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11. What time do you wake up in the morning? When do you go to bed?

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12. Do you choose what clothes to wear?

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13. (If there is music &/or TV in communal areas) Who decides what station you watch/listen to?

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14. Do you take medicines? Do you know what they're for?

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15. Are the staff friendly? Can you get someone if you need help?

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LD only:-

16. Do you know if you have a Health Action Plan? Or a Health Passport? Can you see a doctor when you need to?

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17. Do you know if you have a Person Centred Plan?
Can you understand it? Did you help to make it?

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Older people only:-

16. Can you see a doctor when you need to?

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18. Are you happy with the care you're getting?

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All:-

19. Anything else you'd like to tell us?

Observations

Scoring 1 – 5 (1- Poor, 3 – adequate, 5 - excellent)

- 1. How much laughter/smiling is there?
- 2. Do staff treat residents in an age-appropriate manner (i.e. not like children)?
- 3. Notices around the home – how accessible are they to the residents? (E.g. pictures, photos, symbols, simple, straightforward language.)
- 4. How much interaction between residents & staff?
How much of it is positive?
- 5. How much interaction is there between residents?
- 6. Kitchens, Rest Room, TV Room
- 7. Bathrooms
- 8. Individual – Room
- 9. Reception
- 10. Corridors
- 11. General State of Repair
(Specific Areas)
- 12. Cleaning – Rota

Appendix: Staff Questionnaires

Northern House Enter & View Questions – Staff

...some thoughts for Northern House

- 5. We'll need to check with staff if there are residents in Northern House who we'll be able to communicate with – with the aid of a communication passport if necessary. If not, we'll have to rely on observations & talking to relatives &/or staff.
- 6. It would be good to establish how familiar the staff are with PCPs, HAPs, Health Passports and Communication Passports.
- 7. Also how many staff are trained in Total Communication – or things like PECS (Picture Exchange Communication System) or signing (e.g. Makaton)
- 8. Also training around emotional wellbeing/behavioural support

1. How long have you worked here? Please share your experience of working here.

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2. What's staff turnover like?

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3. What's sense of achievement do you get working here?

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4. What are the challenges?

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5. What sort of training do staff receive?

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6. How many people live here? Are you at full capacity?

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7. What sort of activities are people supported to do?

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8. What sort of things do you do to ensure residents feel like individuals?

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9. Do residents have regular reviews? Are their relatives invited?

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10. What times do the residents get up in the morning and go to bed?

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11. If a resident wanted an earlier/later bed/rise time, is this accommodated?

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12. Are the residents meals cooked on the premises?

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13. Are relatives/friends allowed to bring meals in for residents?
If so how is this managed?

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14. When are meal times?

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15. Do staff assist residents with feeding?

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16. How many staff are on duty?

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17. How often do GP's visit?

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18. Do residents use the outdoor space or go on outings?

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19. Are there allocated medication slot times or is medication given to residents at different times?

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LD ONLY

1. How do you communicate with those residents who don't use spoken language?

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2. What sort of communication training do you receive?

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3. Do many of the residents have relatives who visit regularly?

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DRAFT