

**Healthwatch Barnet
Enter and View – Visit Report
February 2014**

Name of Establishment:	Richmond Fellowship Meridan House & Foxlands House, Colindale, London, NW9 5RG
Staff Met During Visit:	Ms. Juliana Manjoro, and 4 support staff.
Date of Visit:	Saturday 16 November 2013
Purpose of Visit:	A planned Enter & View Visit (E&V)
Healthwatch Authorised Representatives Involved:	Stewart Block – Team Leader. Linda Jackson, Nahida Syed, Sarah Banbury, Jill Smith, Terry Specter
Introduction and Methodology:	Our visit was part of a planned strategy in response to concerns received by Healthwatch Barnet, about the treatment of Mental Health patients in various locations in the borough. As a result, E&V decided to visit as many facilities as possible to understand the issues involved and this included visiting locations where no complaints had been made. Each local Healthwatch has the statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. The principal role of Healthwatch is to consider the standard and provision of services, how they may be improved and how good practice can be disseminated. Subsequent to any

visit a report is prepared, agreed for accuracy by the manager of the facility visited, and then made public via the website and made available to interested parties, such as the Safeguarding Overview and Scrutiny Committee.

As part of our preparation for the visit we reviewed the Care Quality Commission (CQC) Report for Foxlands House published on 15 December 2012

(<http://www.cqc.org.uk/directory/1-121175728>) and that for Meridan House published on 26 January 2013

(<http://www.cqc.org.uk/directory/1-121175743>)

This report relates only to the service viewed on the dates of the visits, and is representative of the views of the staff, visitors and service users who met members of the Enter and View team on those dates.

Meridan and Foxland Houses are CQC registered Care Homes without nursing for people with complex mental health conditions aged 18-65. Each service user is allocated their own furnished bedroom with en-suite bathroom and have access to a kitchen, dining area, communal lounges, garden and laundry.

Close by is a Supported Housing Service with 12 self contained flats. Our remit on this visit did not include these units.

Foxlands has 6 ensuite single

rooms, all occupied, with a garden and service users' kitchen. Meridan has 9 ensuite single rooms, 7 occupied and two shortly to be so.

Both Houses are owned by Home Group and leased to Richmond Fellowship (RF) a registered charity who are a specialist provider of mental health services. They support 9,000 people in about 600 units in the UK.

The two houses are linked by adjacent, small, pleasant gardens with one Manager responsible for both houses.

They generally care for service users leaving hospital and being supported to live in the community. Foxlands caters for medium need users (eg capable of independent cooking and self-medication) while Meridan caters for high need users (eg, supervised group cooking and medication). In some cases, it has proved possible for service users to progress from Meridan House to Supported Housing

Prospective service users are interviewed and invited for a test settling-in period before being accepted. A structured goal-oriented programme is used to

	<p>support service users showing what they might be expected to achieve at 6-monthly intervals over two years. Milestones for marking progress at 6, 12, 18 and 24 months were listed and were discussed with service users and their families. Service users are very much encouraged to learn from experience, with the RF staff inputting where necessary.</p> <p>The objective is to help service users develop their life skills for independent living and return to the community within two years, although this may not always be possible.</p> <p>It was gratifying to learn that the Manager had sent the E&V visit announcement to service users' family members as well as displaying our flyer. As a result we were able to meet several family members during our visit.</p>
<p>General Impressions:</p>	<p>A caring, pleasant environment where service users are encouraged to achieve their goals with help and support from family and friends as appropriate.</p> <p>During our visit we interviewed a number of service users. We were not able to visit individual user's rooms, so met with them in the</p>

	<p>communal lounge and garden.</p> <p>The building we visited (Foxlands) had a communal lounge, kitchen and an office, all other rooms were service users own rooms. All areas were clean and comfortable, though sparsely furnished with few pictures on the walls. There was an activities and users information board.</p> <p>We spoke with four service users</p> <p>Overall we considered that all the service users we met felt comfortable at the Home and that it provided for their needs. There was a nice casual atmosphere and they all appeared to like the staff there. One service user said "This place makes me happy". All said they had friends or family outside the Home who they visited and saw them on a regular basis.</p>
<p>Policies & Procedures:</p>	<p>Care co-ordinators undertake the initial risk assessment of the potential service user. When the RF receives a referral, they visit the potential service user in their current environment e.g. hospital; ask and assess the needs of a potential service user in conjunction with any clinical staff and the potential service user can visit Foxlands/Meridan to view the rooms, meet staff and see how they feel about the environment. A trial period of 4 weeks is followed by a review of how things are progressing for the service user and whether it is thought that a longer</p>

	<p>term stay with Richmond Fellowship will benefit the service user. Moving into Foxlands/Meridan is in stages, depending on the needs of the service user.</p> <p>Care Plans are reviewed with the service user and the relevant professional personnel, key worker, Care Coordinator. Clinical staff are involved where further specialist input is needed. These Care Plans are reviewed every six months or earlier if there have been any changes and during Care Programme Approach (CPA) meetings.</p> <p>Access to Care Plans is granted to family and others subject to the service users prior approval.</p> <p>Health and Safety policies are in place, there are fire drills every six months.</p> <p>There are regular GP reviews, service users are registered with a local surgery and a dental practice or stay with their own practice. They are encouraged, with the support of their key worker, to take increasing responsibility for their own physical health. According to ability, service users plan and cook their own meals (under supervision as required). There is nutrition monitoring and advice from a dietician.</p> <p>RF have an incident form complaints/accident reporting and a system for managing these. Forms are given to the Manager, who then forwards them to her manager</p>
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	<p>(different complaint levels are dealt with by different people). There is a tracking procedure (printed file and electronic) of the issue until it is closed. The manager has two files, one for issues logged and one for tracking the outcome.</p> <p>There is also a Compliments file.</p> <p>Richmond Fellowship Head Office have a 'Policy and Quality' (P&Q) dept. for best practice guidelines.</p> <p>The Manager also kept an 'Activities File' as a record of the social/leisure activities that service users had taken part in, some of which were new to service users e.g. horse riding. In this were photos of activities, comments on how activities were received/when they took place etc that the service users can refer back to.</p> <p>For health activities that service users took part in e.g. using the accommodation gym, their progression with any training is also noted e.g. to document their length of time on the exercise bike. This was useful if GP's needed to see a record of this.</p> <p>Each service user is given a copy of RF handbooks; "Complaints Handbook", "Tenant's Handbook", "Support Handbook" covering the rights and responsibilities of each party. We were given a copy of each of these to take away.</p>
<p>Staff:</p>	<p>RF has recently been re-structured. There are 21 staff for all three units with 6 support staff for Foxlands and 7 in Meridan. Agency staff are</p>

not used, there are bank staff. The average staff support : service user ratio is 1:1. One member of staff is on duty at night for each facility with a manager on-call. RF's recent management changes have resulted in the Manager having more of a strategic rather than operational role, though she still tries to maintain some day-to day contact with staff and service users. It's not clear how the resultant loss of contact time will improve service to the service users. This change has resulted in the loss of valued staff; two have left and two are leaving at the end of November.

Part of the manager's remit is to keep up to date with the Barnet Mental Health Agenda. She regularly blogs on the Richmond Fellowship intranet, sharing good practice with her RF colleagues and telling them about meetings that she is attending etc.

The majority of staff have NVQ level 3/QCF (Qualifications and Credit Framework) level 3 or relevant degree in Psychology. Some staff are undertaking QCF level 3 and three new staff will be starting after completing their probationary period

Each member of staff has an ongoing training programme covering, inter alia, dealing with challenging behavior, self harm and there are regular meetings with staff to discuss various case issues including case load.

	<p>All staff have initial medication training from RF and ongoing training from RF and the local supplying pharmacy. This latter includes information on drugs being prescribed and their possible side effects. There is an established procedure for dealing with new medication and with service users who do not take their medication.</p>
<p>Staff Views:</p>	<p>Staff we spoke to enjoyed their job, most of all being with the service users and seeing them improve and enjoy life more, a positive and caring attitude. However they felt that the biggest problem was that there needed to be more staff to help. An example we witnessed was the fact that a service user needed one-to-one attention and that meant that there was little support for any of the other service users (as there was only one member of staff in the building). It was felt that if there was the possibility of a worker available to for example, visit the shops with service users or just do general support work, it would really improve the level of service and enable the current staff to work more effectively.</p> <p>One worker who had handed in their notice felt that a lot of the decisions were being made at a national level and that the centre was not seen as an individual (as in with 3 separate buildings) with its own needs and community. New job descriptions in the restructure of</p>

	<p>the organisation were generic and did not seem to fit the Home's requirements.</p>
<p>How the home gets service users views</p>	<p>We were told that RF has a policy for obtaining Service User feedback, but we didn't see the document. At the visited homes there are regular surveys and questionnaires, a peer support group and Service users' meetings</p> <p>Service users participate in developing their own individual support plans through keyworking sessions, CPA meetings, and peer support groups.</p> <p>The Manager said that they have weekly Service users meetings during which they welcome positive and negative feedback.</p> <p>There is also a feedback box at reception into which written comments can be posted. Once a month the box gets opened, with one service user and one staff member present.</p> <p>Richmond Fellowship staff play an active role in the next choice of housing for their service users, assisting them with their bids.</p> <p>Richmond Fellowship staff discuss with the service their thoughts on the 'Recovery Star' – this is a visual aid with text on different stages of 'recovery' that can open dialogue with the service users. They discuss how they feel they are doing and areas for improvement.</p>
<p>How the Home Gets Relatives' / Carers' Views:</p>	<p>There are various feedback meetings and open days and CPA</p>

	<p>(Care Programme Approach) meeting.</p> <p>We met one parent of a service user who said they were pleased that their relative now viewed the Fellowship building they live, in as 'their home', however, they are keen for the relative to be stretched and stimulated so that they continue to make progress.</p>
<p>Privacy and Dignity:</p>	<p>Privacy and dignity of service users is respected. All staff receive safeguarding training as part of their RF induction and annually thereafter. Information on abuse is displayed on notice boards and is part of the service users' induction programme.</p> <p>Service users' choices are respected but advice given, where appropriate, on health and safety. There are allocated smoking shelters and for those who smoke in their rooms risk assessments are put in place to minimize risk. This will also form part of their support plan.</p> <p>Each service user has a key to their own room door and the bedrooms that we knocked on during our visit (at least the ones I was there for) were locked, which meant that the service user was either not in, or did not want to answer. That privacy was respected. Generally service users had their own fridge with their name on it or designated shelves on a fridge.</p> <p>Where necessary, service users</p>

	<p>were encouraged in personal hygiene and the benefits of this to their sense of wellbeing. Individual hobbies were encouraged e.g. playing the keyboard for one service user.</p> <p>Service users are given their own front door keys and room keys, where appropriate.</p> <p>All visitors and service users have to sign in/out in a book at reception</p>
Environment:	<p>A pleasant environment in the communal areas.</p>
Furniture:	<p>The furniture was reasonable and gave a homely feel.</p>
Food:	<p>Service users in Foxlands either do independent cooking or sometimes as a group e.g. for a Sunday roast dinner. In Meridan, there is supervised group cooking.</p> <p>All staff undertake a Level 2 Award in Food Safety and Catering</p>
Activities:	<p>Service users are encouraged to participate in various activities. RF understands that some service users lack confidence and</p>

	<p>motivation and have low self-esteem; there are various activities such as holidays, horse riding, in-house film nights, art, bingo, drama therapy, baking night, healthy eating group, dance group, and a reasonably well-equipped gym.</p>
<p>Feedback from Service users and Relatives/Visitors:</p>	<p>The Complaints procedure is displayed on notice boards. Complaints and compliments are recorder, tracked and monitored.</p>
<p>Recommendations:</p>	<p>1. Name Badges: The manager feels that name badges are not necessary because of the low numbers of staff and service users who know each other and name badges may not encourage the required relationship between staff and service users. However, first time visitors (like ourselves) may not be sure who the staff are and a service users just joining may also be confused as to who is, or is not staff.</p> <p>There may also be security issues. (see Rec 2 below)</p> <p>RF needs to consider the use of name badges.</p> <p>2. Front Door Security: Visitors gain entry via an entry phone and through an electrically operated door and have to pass by an office which is, we were told, always occupied by staff. We found this not always the case. Also, the door remained open for some time before closing. This presents a security risk – an unauthorized</p>

	<p>person could easily gain access to the premises.</p> <p>Front door security needs to be improved. An entry video phone and improved personal monitoring of visitors.</p> <p>Other Recommendations outside the remit of the Manager:</p> <p>3. The RF approach to developing a structured goal-oriented programme for each service user supported by a team approach has much to recommend it. In particular, service users can see how they are progressing and this can bolster their self-esteem and encourage further progress. This approach should be alerted to the ICICH team. by Healthwatch Barnet.</p> <p>4. It's not clear to us how the recent organizational changes support these units in with their objective of helping service users re-enter society. There would appear a staff motivation and morale problem. RF need to ensure that this is addressed and staff are supported appropriately.</p> <p>5. The service users' relatives that we met during the visit are keen for them to be involved in activities that stretch and stimulate them and for these to be more frequent rather than something once a week or occasional, especially if this is an activity that requires one to one supervision. Richmond Fellowship should ensure that any changes to staffing that have been</p>
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	<p>implemented in their organization should not impact on the individual progress of service users.</p>
<p>Conclusion:</p>	<p>A supportive environment helping service users progress through to independent living through a well-structured and communicated pathway. Service users are able to assess and measure their own progress.</p> <p>As noted elsewhere, we are concerned that the re-organization might adversely the RF ethos and implementation.</p> <p>The Manager, Juliana Manjoro and her staff were very enthusiastic for the Enter and View visit. Juliana was especially keen for mental health issues to be profiled more in Barnet.</p>
<p>Signed: Stewart Block, Linda Jackson, Jill Smith, Sarah Banbury, Terry Specter, Nahida Syed</p>	
<p>Date: 9 December 2013</p>	

Meridan and Foxlands House

Management response. The following comments have been received from the manager following our Enter and View Visit and Report.

Section on Staff view in report:

An example we witnessed was the fact that a resident needed one-to-one attention and that meant that there was little support for any of the other residents (as there was only one member of staff in the building). It was felt that if there was the possibility of a worker available to for example, visit the shops with residents or just do general support work, it would really improve the level of service and enable the current staff to work more effectively towards their ultimate aim of improving the lives of the users in their care.

Response:

There were two staff members on shift on the day. One staff member was left in the building (Foxlands House) as the other staff was supporting service user and their relatives to the other building (Meridan house) where there were meeting some of the Healthwatch team).

- I. Foxland House is a step-down service, therefore, service users in the house would not require that level of support, such as being accompanied to the shops but rather support with attendance to colleges, work programmes, appointments. In these situations enough time is allocated to meet each individual's needs.
- II. Also where the needs of service users changes, this is constantly reviewed so that 1:1 support is offered when required/needed as planned in their support plans.
- III. The service also have a Community Link worker available to support service users to access community amenities. This role enables the current staff to work more effectively towards their ultimate aim of improving the lives of the users in their care.

Recommendation 1

Name Badges:

Response:

- Name badges are not part of the Richmond Fellowship culture – all staff do have Identification badges for those occasions when this is

- necessary – any visitor entering the service will be accompanied or have an appointment so confusion should not apply.
- There are staff photo boards with pictures of staff members displayed on the walls in each service for staff identification as well as building service users trust and confidence.

Recommendation 2

Front Door Security:

Response:

- When the front door rings it can be heard throughout the premises, even in instances when no staff member is in the office the bell easily alerts staff that there is someone on the door.
- We are also in a process of installing security cameras outside front doors.
- Most visitors to the house are expected by staff
- We have a system in place where visitors sign in and out of the service

Recommendation 3

Structured goal-oriented programme:

Response:

The manager and Team Leader will be attending the “Action Learning Set groups” (Networking groups) which are due to be run by Integrated Quality in Care Homes team- LB Barnet as part in the proposed learning experience. We will be happy to share RF approach to developing a structured goal-oriented programme for each service user.

Recommendation 4

Organizational changes:

Response:

The restructuring process has resulted in an increase of front line staff allowing support workers to focus on direct service provision.

Three team leaders have been recruited for each service department to be responsible for the day to day running of the service. The changes allow now allows the Locality Manager (previously Service Manager) to actually focus on managing the service and all of the compliance, safety, regulatory issues and that the ambition of the structure was to allow to support workers to focus on direct service provision.

Recommendation 5

Activities:

Response:

- There are regular weekly activities taking place for the whole Colindale service, such as, Mondays - Arts group, Tuesdays-Movie group, Wednesdays- Healthy eating group, Thursday-Baking club, Friday – Drama therapy and Bingo in the afternoon.
- In addition to that each service user works closely with their key worker and the community links worker to engage in activities in the community, such as horse riding, volunteering, day centres, gym, swimming, sewing classes, yoga and many more.
- In Meridan house where service users have higher needs, key working sessions are offered twice a week and one to one support is offered constantly in order for services users to develop basic skills, such as cleaning, cooking, budgeting and personal hygiene.
- In Foxlands House which is a step down service one to one support is offered during key working session and accompaniment to appointments or important meetings, when required. Residents in Foxlands House are generally more independent and staff promote this by stepping back and allowing service users the freedom and space to become more independent.