



Healthwatch Lambeth
Enter and View
Charleston House Visit Report

About Healthwatch Lambeth



**Healthwatch
Lambeth is the
independent health
and social care
champion for local
people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

About Enter and View Visits

Our Enter and View programme involves visiting publicly funded adult health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained volunteers.



Visit overview

Service **Charleston House**
68 Clapham Common South Side
London SW4 9DT

Extra care home for 28 residents in single units for people with conditions such as dementia, Parkinson's Disease and Diabetes, people who have had a stroke, and amputees.

Registered provider Allied Care

Date of visit Thursday 17 April 2014
1.00pm - 4.00pm

Enter and View Team David Town, lead, and
Catherine Pearson, visitor

Service liaison link Bunmi Johnson, Manager



Purpose of visit

Healthwatch Lambeth is undertaking a review of dementia services in the Clapham Park area of SW4 between April and September 2014.

As an element of this review, a visit to this extra care housing facility was carried out in order to seek the views of residents (particularly those with dementia) about the services provided within Charleston House and also how they accessed health and care services from the community.

Further details of the dementia review are available at

www.healthwatchlambeth.org.uk/enterandview

During the visit, the Enter and View team used an adapted range of quality indicators identified by the Alzheimer's Society as useful for families when choosing a care home for someone with dementia¹ and also the dementia friendly assessment tool included in the patient-led assessments of the care environment (PLACE) visits for hospitals². Questionnaires were also distributed to staff and relatives.

Participants

Thirteen residents gave feedback in a group discussion. One resident invited us to see her flat but we did not have time to do this immediately as the group discussion was about to start and by the end of the session she felt tired and did not repeat her invitation. In addition, one member of staff returned a questionnaire and an in depth interview was held with the manager. No questionnaires were received from family contacts.

¹ Your handy guide to selecting a care home (PDF)
http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=1003

² PLACE visits
<http://www.england.nhs.uk/ourwork/qual-clin-lead/place/>

Location

Charleston House is located on the south side of Clapham Common and has good views of the common from the dining room and front facing flats. It has easy access for visitors with several buses stopping outside and Clapham Common and Clapham South tube stations within ten minutes' walk away. Nearby there are local shops, places of worship, cafes and restaurants.

External environment

Access to the communal areas and the office can be reached by walking through the car park at the front of the building. In this area we found some medical debris - an empty dosette box for pills with patient's name attached and also discarded latex gloves (which are generally used when undertaking personal intimate care tasks and can fall into the category of clinical waste requiring appropriate disposal).

Recommendation 1

The cleaning programme for the front of the building and car park should include regular checks of this area.

Allied's response

The caretaker and carers have been reminded of their responsibilities in keeping the front of the building and car park clean. We have addressed the problems with individual carers and will also discuss this in the next staff meeting. We will ask Metropolitan Housing Trust for covers for the paladin bins so that they can be covered, this will help in preventing local foxes from taking out rubbish. The manager and support worker will carry out daily checks of the front and car park.

Recommendation 2

A check should be made with the relevant authorities that the correct procedures for disposing of latex gloves is being undertaken and that those staff who have to use disposable gloves have been provided with the relevant guidance.

Allied's response:

We have checked with Lambeth Council and we are following their protocols in dealing with clinical waste disposal. Again, we have addressed this with individual carers and will follow this up in their regular supervisions and staff meetings.

Internal environment

The entrance to the building was welcoming, with an office situated next to the front door which faces out on to the entrance hall. Residents could sit here and watch their fellow residents moving between the dining room and the main lounge, the lift to the other floors, and the garden area.

The door to the garden was open during our visit, however it was not being used while we were there. There was a smoking area with an ash tray provided. The garden provided a safe space, with paving and raised beds, making it easy for wheelchair users to access it. However, it did seem quite a cramped space. The front door and reception area were secure, however some residents reported that they found this to be a restriction in that it prevented them from coming and going as they liked.

The communal areas were clean, pleasantly decorated and furnished. There were no unpleasant smells and the area was well enough ventilated for there to be no left over smells from lunch. The public spaces included information on Healthwatch Lambeth and local Age UK events, optician and hair dressing sessions, and other local information. Access and mobility

Through ways, corridors and toilets were wide enough for walking frames and wheelchairs. However some residents reported problems

with the height of shelving and other surfaces for wheelchair users. One resident explained that he had applied for a transfer because of this but it was taking a long time. Suitably adapted toilets were available and within easy reach. There was a lift, but we did not see inside it - some residents reported that their carers helped them move between their flat and the public ground floor facilities.

Recommendation 3

There should be a review of the private and communal areas, including the garden. The review should involve the current residents who are wheelchair users so that individual adaptations can be identified to improve the quality of their personal and communal living environment.

Allied's response:

We have passed this recommendation on to the landlord but we will also hold a residents meeting to discuss the private, communal areas and garden. For individual flats, if required, we can contact one of Lambeth's occupational therapists and have them review their flat to ensure that it is meeting their needs. We will also follow this up in the joint working meetings we have with Metropolitan Housing Trust.

Dementia friendly environment

This assessment was only undertaken in the communal areas using the dementia friendly sections from patient-led assessments of the care environment (PLACE) documents.

Floors

Throughout the ground floor the floor colour contrasted with the walls and furniture. However, flooring was patterned/speckled and not matt as recommended in the PLACE assessment tool.

Décor

With the small kitchenette area next to the communal lounge, the doors were disguised to look like the walls, which is not recommended. However in the main areas they were coloured to contrast. Light switches did not contrast with wall colour; toilet seats, flush handles and rails did not clearly contrast with toilet and bathroom walls and floor. The toilet doors were in a single distinctive colour. A clock (ordinary size rather than large-faced) was visible in the dining room.

Signage

Most of the signs were approximately 4ft from floor level as recommended. Door signs did not use both pictures and words but were at eye level. It was not possible to see signs for the toilets from all areas but this did not seem to be a problem for residents. Doors were signed clearly, eg garden door.

Lounge and dining room

Chairs were arranged to allow residents to talk in groups or to sit quietly. There were enough chairs for the people using the ground floor. The TV was on in the lounge when we first arrived and one resident was watching the lunchtime news. Other residents were moving to the lounge after their lunch. Books were available for the residents in the lounge, however we didn't see any free newspapers or magazines or an internet access point.

It is recognised that there are cost implications for residents in respect of access to internet services either communally or individually in their own rooms. However, for those who are less mobile and unable to go out this may provide an opportunity to maintain a different method of communication with the outside community.

Recommendation 4

Current and future residents should be consulted as to whether they would be willing to pay for internet services.

Allied's response:

We now have the internet in place which has been provided by Lambeth Council. We have two computers and a tablet with internet facilities and we will run activity groups to assist the residents at Charleston House in how to use the internet and also provide support if needed.

Meeting with residents

Two residents did not wish to take part in our review discussion, one because he was watching television. We met with a group of 15 residents who had agreed to speak with us after lunch. One resident remained for the duration of our meeting but participated only when directly encouraged. One resident asked to leave as he found it too hard to hear and understand what was being said. In total 13 people participated throughout the review. The residents were happy to talk with us both as part of the group discussion and individually.

Dignity

Residents were all properly dressed and well groomed. They confirmed they were able to make regular appointments with the visiting hair dresser.

Visits and activities

When we asked the group if today was a typical day living at Charleston House they agreed it was. However, they said they didn't get many visitors who asked them about their experiences or could help them, especially with private matters. They said they would like more advice about how to deal with a problems.

One resident acknowledged that she had a better experience of life in Charleston House because her son lives in London and visits twice a week. This gives her access to things outside the House.

Residents said that at the weekends the facility is empty with no one around apart from the paid carers, so if they do come down to the communal area, there is nobody to talk to. The residents who had lived in Charleston House for a while said that they used to have exercise sessions and an activities organiser. They did not know why these had stopped. A member of staff commented in a questionnaire that the service could be better and that residents aren't asked about activities they would like to participate in, although bingo was introduced a few weeks ago, which residents talked about.

Allied's response:

In December last year, we carried out a survey about activities with the support of the activity co-ordinator from Lambeth.

Some residents said they didn't go to the cinema club because there wasn't a cup of tea available to drink while watching the film. They said they could have afternoon tea together at 4pm each day, but not many people come down from their flats.

Involvement and independence

The group as a whole thought they would like to have more information about changes to the services at Charleston House. This point was raised with the manager after the meeting who explained that there were regular minuted meetings with residents, but the notes were not distributed to everyone. He felt it was likely that that some information or decisions may not have been remembered by residents. He also confirmed that the activities co-ordinator was temporarily absent but activities would continue as soon as possible.

We asked the group if they had friends at Charleston House. One said immediately, "yes definitely". Others were more reticent, saying they liked to keep themselves to themselves. Throughout the meeting we noted that residents talked to each other about their experiences and made supporting statements which confirmed that these were common or shared experiences. There was notable warmth and friendliness in the way that the residents spoke with each other and it was clear that residents looked out for each other and helped each other.

We asked the residents if they felt they were at the centre of Charleston House. There were many comments, but a clear theme was that they all felt they had lost their independence and that meant that they did not feel good about their situation. Residents said that they would like to be able to change things, and would also like to be able to help each other more and to be more of a group. A staff member also commented in a questionnaire that "Everyone is different and residents should be treated as individuals. Residents are being institutionalised - for some residents it is the wrong setting."

One resident interviewed prior to the meeting echoed this sense of loss of independence. This individual's personal experience of years of independent living in one area of Lambeth was followed by a period of time in hospital which ultimately led to a move to Charleston House. The resident longed to get back home, but knew that this was not going to be possible. The person described how this made them feel by saying "The sooner I get out the better. I want to go back to my home. I want to be allowed to be a person again. This is not my life, it is what other people have given me and it is worse than being in prison. I'm not allowed out alone and have to be accompanied by a carer to go and buy food or to visit a GP for pain relief prescriptions." The person knew they should have seen a dentist but hadn't organised a check-up visit. The resident confirmed that they still maintained contact

with outside community via church and a social club attendance.

Allied's response:

We do recognise that at times, customers with dementia get distressed and feel that their independence has been taken away. To combat this, social support needs are identified in care plans, including support from existing networks such as churches. Carers also escort residents to the local shops to maximise opportunities for personal choice while ensuring their safety.

Recommendation 5

Residents should receive individual copies of minutes and decisions made about the running of the service in order that those unable to attend the meetings are kept informed. Also a record of all meetings should be available to the residents for reference purposes in the communal areas.

Allied's response:

We will set up a file for the residents meetings and keep this in the lounge at Charleston House. We will also put up the minutes of meetings in large print on the notice board. A copy of the minutes will be given to all residents.

Recommendation 6

Action should be taken to ensure that at all times residents are informed and consulted of intended changes in the service.

Allied's response:

We do communicate changes at Charleston House but in the future we will;

- a. Give out a letter or minute of consultation to each resident and their appointed next of kin*
- b. Place a copy in the Communal notice board.*

Personal care

One resident, who had had a stroke that had left her left side weak, said that she liked her carer but would prefer to be helped to get up and start her day earlier. Often her carer didn't arrive until 11.00am.

Many of the residents commented on the emergency call system. They reported variable experiences, one said the response time was reasonable, another said that on occasions even though the cord had been pulled they had to wait for some time for someone to come and help them use a commode. This was illustrated for us when we activated the call system to assist a resident to leave the meeting. There was no response and assistance had to be physically requested.

Allied's response:

Pull cords are answered as soon as possible, however, sometimes we have to triage the calls and deal with emergencies in priority. Carers might on occasions be in the middle of showering somebody and the carer will deal with pull cord activations as soon as possible.

Meals

We did not observe the lunch time meal. We estimate that at least 17 residents took their lunch in the dining room as opposed to their own flat. Residents raised concerns about the lunches provided. They commented that there had been a recent change of caterer and this had coincided with an increase in the fees charged for 20 meals from £80 to £100.

The residents felt that the charge for lunch represented poor value for money. They noted that the portion sizes were all the same even though residents had very different appetites. They explained that they would prefer more choice. There was no consultation about their likes or dislikes or for special dietary needs.

One resident said he was borderline diabetic and wanted to eat an appropriate diet to help him to manage this. He felt that a previous chef had understood better how to cook for people with specific dietary needs. The other residents agreed that it was important to support people to self-manage their medical conditions through healthy eating.

One resident said that the vegetarian options were not good enough. There was a feeling that food was more palatable to people used to eating a staple British diet and there was no choice when it came to African or Caribbean foods.

We asked residents what they did on Saturday and Monday when the communal meal was not available. Residents said they either cooked their own food or their carer did. One resident said her son buys her food and helps her cook it. Many of the residents missed the opportunity and choice that shopping in the community provided. For those with restricted mobility there were also limitations on the number of times they could use specialist subsidised taxis. There may be ways to overcome some of these issues through the use of online shopping and home delivery arrangements. This was also mentioned in a staff questionnaire response where the staff member thought the residents should have more choices and be asked by carers what they would like when shopping, instead of choosing to give the resident what they think they should eat.

The residents all agreed that the catering and other staff were very nice and very helpful. We observed this during our meeting when a member of the catering team helped residents to cold drinks; residents clearly liked her and said goodbye to her when she left. We also noted that when a care worker was called to help the person who wished to leave our discussion, she made sure that his face was clean before taking him back to his flat. Residents were also very complimentary about a person who worked in the office who had been at Charleston House for six years and was viewed as a very nice individual who knew most of the residents very well.

Recommendation 7

As residents are contributing financially to the lunchtime meals, their views should be regularly sought in respect of future menus. Particular attention should be taken to recognise the needs of ethnic and cultural minorities and to ensure that the meals maintain and improve the health and wellbeing of the residents.

Allied's response:

The cafe and meals served in the dining room is an outsourced service and not part of our direct service provision. This happened in January 2014 and there was a lot of consultation about this. In the future we will invite the cafe manager to the residents meetings so that residents' comments and concerns can be discussed. There have been significant improvements in the meals but we will feed back to them about different portion sizes for different appetites and record this. We will have our carers monitor this and deal with concerns as they arise.

Recommendation 8

A discussion should be undertaken with the residents and any of their relatives about providing opportunities to shop for themselves, in order to improve their choice about the food they eat. Consideration should be given to inviting a representative from a local supermarket to a meeting with residents to discuss how online shopping and home delivery services might work for them.

Allied's response:

We currently provide a shopping service for the residents. We keep records of what residents have put on their shopping list. Now that we have internet access, we can start assisting residents with internet shopping. We will also contact the managers of the local supermarkets and invite them to a coffee morning to see what services they can provide.

Residents' views about using local health and other services

General Practitioners (GPs)

The residents said that GPs do not visit them at Charleston House and that they rely on their carers to arrange an appointment for them and also accompany them if they have restricted mobility and need to go by taxi.

Chemists

The residents said that their medication was delivered to Charleston House and they did not go out to see the pharmacist.

Physiotherapists / Occupational Therapists

One resident said that this service was organised by her hospital not Charleston House. Another resident said she had been taught how to exercise following her stroke by the hospital, but that no one had been to help her since.

Dentists

One resident said she thought the dentist who checked her teeth was very good. She said the dentist was in Worthington Dental Care Centre and she had been going to them prior to and since moving to Charleston House. Many of the other residents said that they had not seen a dentist for a while. One said "I don't go to the dentist because I have to pay for dental treatment".

Residents' top concerns

We asked the residents to identify one area they would like to change, to improve the service at Charleston House and they identified the following:

- I want to get up earlier. I don't want to rot in bed until 11.00am because my carer is working elsewhere.
- I want more social activities.
- I want us to all talk more, for there to be more social interaction.
- I want better vegetarian food.
- Nothing - I am quite happy.
- I want it to be better adapted for wheelchair users.
- I want more independence so I can cook my own food.
- I want more exercise.
- More staff.

Conclusion

The Enter and View team would like to thank the staff and residents of Charleston House for their patience, courtesy and openness during our visit. We enjoyed the time we spent with residents and the opportunity to learn from their wisdom and experience of living in an extra care service.

Dementia Services Review Workshop

The findings and recommendations from the report will be considered as part of Healthwatch Lambeth's wider review of dementia services in Clapham Park at a free public workshop on Monday 22 September 2014, 2pm-5pm, at the Assembly Hall, Brixton. Full details of this event are available at www.healthwatchlambeth.org.uk/enterandview or from the Healthwatch Lambeth office (contact details on back page).

Recommendations

For ease of reference the recommendations appearing in the body of the report are repeated below:

Recommendation 1

The cleaning programme for the front of the building and car park should include regular checks of this area.

Recommendation 2

A check should be made with the relevant authorities that the correct procedures for disposing of latex gloves is being undertaken and that those staff who have to use disposable gloves have been provided with the relevant guidance.

Recommendation 3

There should be a review of the private and communal areas, including the garden. The review should involve the current residents who are wheelchair users so that individual adaptations can be identified to improve the quality of their personal and communal living environment.

Recommendation 4

Current and future residents should be consulted as to whether they would be willing to pay for internet services.

Recommendation 5

Residents should receive individual copies of minutes and decisions made about the running of the service in order that those unable to attend the meetings are kept informed. Also a record of all meetings should be available to the residents for reference purposes in the communal areas.

Recommendation 6

Action should be taken to ensure that at all times residents are informed and consulted of intended changes in the service.

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