



Healthwatch Lambeth
Enter and View
Connelly House Visit Report

September 2016

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 Healthwatches 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 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 and police checked volunteers.



Visit overview

Service	Connelly House, 132-133 Norwood Road, SE24 9AY Connelly House is a 24-hour supported accommodation service run by Cyrenians, a registered charity and company. The House initially opened as a forensic mental health service in 2013. It has since developed with the needs of the borough and now accepts referrals of anyone with complex mental health needs. It consists of two houses. One has 5 self-contained flats, a communal area and an office space; the other with 6 self-contained flats, 3 of which are shared.
Date of visit	Thursday 08 September 2016 3pm-5.30pm
Enter and View Team	Anna Katirai-Jones, Kate Damiral, Yvette Johnson (Authorised Representatives); Janet Jones (Trainee)
Service liaison link	Andrew Copland (Acting Service Manager)





Purpose of the visit

Mental health is a priority area of work for Healthwatch Lambeth. As current NHS strategy is to strengthen community care as an effective alternative to inpatient mental health treatment, Healthwatch Lambeth decided to conduct a series of Enter and Views into community services. This followed on from our Vassall Report (2015) which indicated low levels of awareness of the different mental health services in the community.

As an accommodation service providing semi-independent housing to those with complex mental health needs, Connelly House was chosen to be a part of this project.

The aims of the Enter and View visit were to:

- Listen to how mental health service-users perceive the quality of the support, activities and accommodation they receive at Connelly House,
- Explore service users' levels of awareness and engagement with other mental health community services in the area.

About Connelly House

Connelly House offers 24-hour supported accommodation for those with complex mental health needs. The service operates using a recovery model, aiming to support individuals into step-down accommodation over two years where possible. The organisation describes its ethos as being highly person-centred and focused on service users' unique needs and pathways to recovery. Each key worker has two to three service users with whom they work closely.

To date the project has discharged three people into step-down accommodation, while others have moved into similar semi-independent accommodation services. Currently, the service team are hoping to discharge a further number of service users but are waiting for suitable spaces to open in other lower tier accommodation services.

Participants

Service users were expecting us on the day of the visit; they appeared to have a good understanding of the purpose of our visit and most were enthusiastic to talk to us. On the day, we spoke to eight service users. We asked about the quality of the support and the activities at Connelly House, their views on the staff and their level of engagement with other activities and services in the area. Although participation is voluntary, no service users who were present declined to speak to us.

The Healthwatch Lambeth Enter and View team developed an observation checklist of the service environment. They also designed questionnaires for service users and staff members. Prior to our visit we distributed paper copies of the staff questionnaire with a prepaid envelope for return. The staff questionnaire included questions about job roles and duties, job satisfaction, training and the overall quality of the service. Four staff questionnaires were returned via post and we spoke to three staff members during the visit. We also held an interview with the Acting Service Manager two weeks before the visit to gather information about the service.

Location

Connelly House consists of two semi-detached houses on Norwood Road in West Norwood. The houses are on a residential street near a large, busy crossing. They are well served by numerous bus routes and the overground

(Tulse Hill station is only a few minutes' walk away). The immediate area has numerous amenities including cafés, shops and a pharmacy.

External environment

On the day we visited, the outside of the premises was clean and tidy. There was a slate plaque on number 132 with the house name. The Enter and View team felt that the modest and yet clear sign was appropriate for a residential setting.

The houses have two small front gardens which are concreted over. There are small staircases leading up to each front door and separate stairways lead down to the basement flats. There is a discrete entry phone on the wall next to the front door through which staff allow guests and service users into the building. Overall, the houses appeared attractive and welcoming.

Internal environment

The front door of number 132 opens into a small hallway with a large, communal living room on the right. The living room is spacious and comfortable, with sufficient seating, a dining table and a kitchenette. It was clean and tidy. Service users appeared to feel comfortable and at home in the communal spaces; some set up and watched a DVD during our visit. We noted that there was signposting and information available in the living room including details about Healthwatch Lambeth and our visit.

A few service users chose to speak to us on the small veranda at the back of the house, which again was well kept and had a small garden table with chairs. The view from the veranda was of a well-maintained, gravelled and planted area below. Service users appeared comfortable to approach staff in both the staff office and in the communal space. We were invited by some service users into their personal flats. These were large, well-furnished and well-decorated.

The staircases between flats were well maintained and clean. Due to the structure of the building, hallways and staircases were quite narrow; this made some doorways difficult to navigate. The house is well lit by large windows which appeared clean and modern. Overall, the internal environment of the accommodation was felt to be of a very high standard.

When we arrived, staff were friendly and helpful. They had reminded service users about our visit and made an effort to promote engagement. On our arrival, the manager encouraged a round of introductions between all house staff, service users and the Healthwatch team.

Meeting members

Quality of services and support

Service users at Connelly House were keen to highlight the **high quality, physical interior** of the house and their location; they appeared to take great pride in their individual flats. They described the accommodation as ‘big and spacious; very modern’, ‘a perfect house’ and ‘wonderful’. Many noted the value of having their own flats with private bathrooms, telling us ‘I love it here’ and ‘there’s no better place’. When asked about the potential for improvements one service user told us that he did not like having to ring the security buzzer every time he entered number 132.

Overall, service users indicated that the **support from staff** at Connelly House was consistent and of high quality. One appreciated the high numbers of staff available and another valued that they were there to talk to day and night. Three service users mentioned that staff support with budgeting and shopping was very helpful. There were numerous examples of where staff had gone out of their way to seek either in-house or external services to meet service users’ needs, from language tuition to jewellery shopping. This appeared to be happening on a consistent and yet informal basis. It was clear both from speaking with service users and from staff feedback that the service approach was person-centred.

The supervision and distribution of medication was mentioned by three service users as an example of useful support at Connelly House. However, one service user was concerned about the inconsistent timing of when medication was administered. This led him to worry that he would miss his medication if he went out. He additionally felt that staff occasionally brought medication around too late in the evening. Another service user discussed his desire to come off his medication over time and hoped that staff at Connelly House would support him to do this. Two staff members highlighted medication as something they would like training in.

Recommendation 1

Additional training for key staff members around medication would be beneficial to ensure staff are confident in their knowledge and handling of different psychotropic medications. This is especially important as medication is a priority concern for service users at Connelly House.

Provider response

Medication handling forms part of our induction training and is regularly discussed at our staff meetings and during supervision. I offer a certificate in safer handling of medication to staff. The case mentioned in your report had been raised with me prior to the meeting by the customer in question. I explained the operational circumstances that had caused us to be slightly late. As far as supporting a customer to come off medication

is concerned we would support the customer to raise this with their clinicians.

In general, service users found it hard to identify any unmet needs or changes they would make to the service. One individual commented that he would like Connelly House to give him slightly more money from his budget every week and decided during our conversation to talk to his keyworker. Another commented: 'I wish they would tell me about my social worker- look into my benefits and tell me what I'm entitled to, I don't think I'm getting what I should be'. Staff acknowledged that care coordinators can be hard to reach and tend to only see service users once a month. It was also mentioned that staff are sometimes over stretched with helping service users with practical issues.

Recommendation 2

Increased signposting may help service users identify viable areas of support. For instance, more active signposting towards Lambeth's Citizens Advice Bureau or Every Pound Counts.

Provider response

We do signpost clients to Every Pound Counts as a matter of course if it's necessary. This varies by client and would usually come up during an initial assessment when they arrive.

Four of the service users at Connelly House discussed the importance of social interaction for their wellbeing. One gave very positive feedback about having a flat mate,

explaining that it had helped her to 'learn to look after someone else... I thought I might not like sharing but I do, I'm so different now to how I used to be'.

Flat sharing is a relatively new service at Connelly House. Our sense on the day was that there are a lot of potential gains to be had from this, providing that service users remain able to choose whether to share and flatmate pairings continue to be well thought through. One service user told us that although he had declined a shared flat, this was quickly accommodated and he was allocated his own space.

The ability to socialise in the house was seen as a big strength: 'I'm able to go in the communal area and spend time with others'. Another service user was glad that he could make friends during the house activities. Two people talked about family as an external emotional resource; for instance, referring to 'Mum's cooking' and seeing family regularly. A lack of social support was recognised as a hindrance to emotional wellbeing by one service user, who found it upsetting that his family were so far away and also noted his desire to make friends who were 'on [his] level'.

Recommendation 3

Staff could proactively encourage service users to make friends in external projects such as book clubs, art classes or workshops so that they can develop a more permanent

social support network. Staff could attend social events with service users and role model or support social interactions. Locating and strengthening sources of companionship and social support outside of the house may enable service users to later transition more confidently into step-down housing.

Provider response

Support staff at Connelly are very proactive in encouraging customers to access activities in the community and staff do attend social events with customers, both at other Cyrenians projects and in the community. Although we do provide a daily programme of activities at Connelly House the main focus for us is supporting customers to attend activities in the community independently in order to broaden and deepen their own sources of social support. It's good general advice but recommending this suggests that we don't when we do.

In-house activities

Activities organised by Connelly House include Tai Chi, Mindfulness, cooking, art classes, meals out and organised walks. For those who engaged in these activities feedback was positive. One service user told us: 'if you feel low or anxious you can go and do a Tai Chi workout- it stops things from escalating... like a net that makes you feel better. Also, we had an art session; it was phenomenal - I was really proud of myself'. Art appeared to be a very popular activity, as were cooking and walking: 'I look after the garden. I cook for the whole house; people say my food is

delicious'; 'the walk is so helpful - I'm a lot stronger now and it's challenged me to get up in the morning!'

Staff told us that when an activity is beginning they try to remind all the service users. Activities are also listed on a noticeboard in the communal area. However, one service user commented: 'staff said they had meditation but I did not realise it was on' and another that: 'they come around and tell me; if I go out I might miss it'.

Recommendation 4

Staff and service users should discuss the best way of keeping individuals informed of upcoming activities in a house meeting. There may be a more creative or engaging way of publicizing events; for instance, an individual timetable through individuals' doors each week or using a personal calendar/ diary. Attendance of activities and individuals' experiences of them could then be monitored in order to improve engagement.

Provider response

We do keep a log of attendance and take feedback from clients regularly.

Others were less interested in joining in with group activities but could name individual activities in the house which helped to maintain their emotional wellbeing. These included: 'cooking for myself. When I first came I just got take-away, now I'm cooking'; 'I clean my own room, do my laundry' and 'I practice my music a lot indoors'. One service

user told us that it was important to him that the staff did not pressure anyone into any of the activities: 'they just let you get on with it. In some places they bother you, but not here'.

Engagement with other services

External services which service users were involved with included: Mosaic Clubhouse, First Step Trust, Spires, Maudsley hospital choir, Sound Minds, book clubs, libraries, voluntary work in a charity shop, gyms and organised walks in the local parks. However, engagement appeared inconsistent; two people who had attended Mosaic previously had stopped going, the service user who had worked at First Step Trust had lost his job and another had lost touch with her local book club.

Staff showed an awareness of different community resources and clearly supported service users to access them. They mentioned: First Step Trust, Spires, Aurora, Mosaic Clubhouse, Southside Rehabilitation Association, community mental health teams, GPs, Lorraine Hewitt House, the Dragon Café, pharmacies and local parks. Staff gave examples of efforts to engage with wider community projects, such as joining in organised walks at Brockwell Park and referring into a training course at Spires. A member of staff suggested that 'more formal links to open more doors for more people' would be beneficial.

One service user was resistant to joining external projects, telling us: 'the staff have mentioned Mosaic Clubhouse to me but I'm happy here'. Other sources of emotional support included playing music with a band in Brixton, praying, reading, Mum's cooking once a month, walks in the park and visiting family.

Recommendation 5

Connelly House may benefit from strengthening more formal referral pathways and key contacts within local projects and services as staff currently seemed to be referring in a very individual manner. We also recommend that Connelly House creates a space for staff and service users to share information and feedback on the different projects and activities they have accessed.

Provider response

We use the formal referral pathways mandated by the external organisations. We have good relations with them and are on first name terms with contacts from all of the organisations mentioned in your report. We do refer in an individualised manner and we will not be changing this. We support people's individual needs and preferences and referring people for activities on any other basis than as an individual would be entirely against the ethos of personalised support planning.

Goal setting

Many service users we spoke to identified long term goals they wanted to work towards. These included: finding a job they enjoyed; moving into independent, permanent housing; coming off their medication and staying out of hospital. One service user told us: 'I'd like to stay here. I'm needed, I feel happy'. Another had 'no goals yet' as she had only been at the service for a few days.

Service users mentioned shorter term ambitions, such as going swimming or eating more healthily. However, there was a sense that service users had not formally established shorter term goals with their keyworkers. One told us that her goal to become healthier was 'not a formal thing, more of a goal I set myself. My keyworker gave me information and advice'. Another told us that in individual keyworker meetings they discussed 'goals you want to achieve; when to move on; what you would like to do for yourself' but did not mention to us any specific shorter term strategies. Thus, where short term goals were discussed by service users, the Healthwatch team had the impression that they had potentially grown from informal conversations with keyworkers.

Two service users acknowledged that they had not been able to meet the goals which they had set: 'I've made goals but not really been able to keep them'; 'I tried to enrol for a course today but was unsuccessful'. Overall, it was felt that although the staff had an awareness and a desire to set goals with

service users (as reflected by staff feedback: 'I like the recovery and coaching elements; you can see results') there is a gap in how that is translating into service-user awareness of structured and tiered goals.

Recommendation 6

We would recommend that staff support service users' ownership and active reflection of easily identifiable goals. This will allow them to work in a more structured way towards long term goals including moving on from the service.

Provider response

We set and review short term goals and objectives with clients through key work sessions. Key work sessions are conducted weekly and recorded on their client file and support plan. We use a database system called PSOCC that integrates our daily note recording with support planning in order to monitor progress and quality. Setting short term goals is fundamental to our support planning. The aim of the service is to enable people to move on through utilizing structured support planning.

Staff support

Feedback about staff was overwhelmingly positive. Comments included: 'the staff are excellent; my keyworker always finds something for me to do', 'I love the staff', 'they're friendly and polite... they listen' and 'I like the staff - how they do things, how

they know me as a client: they know me very well'.

It was clear that the staff were a key asset of the service, offering 'fantastic emotional support'. One service user explained that if she did not have that emotional support she would end up going to Accident & Emergency much more frequently. There was an overarching sense that the staff had strong relationships with the service users and all the staff we spoke to felt they knew the service users well, especially their key clients. 5 of the 6 staff we gathered feedback from had been working at Connelly House for over two years.

Staff members talked about enjoying making a 'positive difference'. One told us: 'I always feel rewarded and I have seen changes in my clients' life which are the evidence for the support provided. In regards to staff and management, I have always been supported'. Another echoed the 'level of commitment shown by the staff team and the mutual support' they received from each other and management. All staff said they would recommend family and friends to stay there, with one staff member adding: 'the staff really do care, there's strong relationships there'. Staff feedback indicated varying levels of training beyond their initial induction and mandatory training; one staff member told us that a lot of training opportunities went to 'newer staff'. Another wanted more training on the managerial aspects of running the



house while two others felt they would benefit from medication training.

Recommendation 7

We would recommend that staff are supported to grow and develop within their roles, for instance through investment in staff training and professional development. The strong relationships between the staff and service users at Connelly House are a core part of the users' positive experiences and sense of support.

Provider response

Cyrenians provides regular training beyond the initial 13 week induction and mandatory training. Most of the support workers at Connelly House have recently progressed through our graduate programme which consists of monthly day long sessions covering various aspects of supporting adults with mental health problems and other support needs. Training continues following that with regular sessions covering a variety of topics. As far as management training goes, this would commence at the point where a staff member is identified for management position and offered such a post. This is normal and is the process I have experienced myself, currently studying for my Level 5 leadership and management.

Participation and feedback

All the staff we spoke to told us that the service users' monthly meetings were an opportunity for service users to feedback to the staff what group activities they would like to see run at Connelly House. One staff member suggested there ought to be more frequent house meetings. There was a sense that although the majority of activities were suggested by staff, feedback was incorporated where possible. For instance, a recent service user request to go abroad was met with the compromise of going on a day trip to Brighton.

It was unclear how formal this process of participation was or whether service users themselves were fully aware of the process. One service user was aware that they were able to suggest activities at the monthly staff meetings but another said: 'I don't really have a say in what's going on, they come around and tell me.' Two members of staff fed back that they would like to see projects run by service users themselves.

Recommendation 8

Staff may need to make a more proactive effort to seek out service users' suggestions around activities. We would recommend a more immediate, structured way of providing feedback outside of monthly meetings. Additionally, service users should be

supported to run their own activities to foster a sense of independence and empowerment.

Provider response

I feel that monthly house meetings are adequate. We used to attempt them weekly when we opened but the customer feedback was that this was too much so we moved to monthly. We discuss our activities constantly with clients, during and following activities, during key work sessions and during the meetings. We do try and encourage our customers to run their own groups but there is a fairly low level of enthusiasm for this. Another suggestion put forward by staff was to create a social area, a place to talk (not just about work) and relax for both service users and staff.

Every service user we spoke to indicated that they would be comfortable and confident providing feedback or making complaints within the house, with two service users adding that it would be acted upon quickly. Most told us that they would either talk to their keyworker or the house manager in order to do that. One told us about feedback he had given regarding sharing a flat: 'I already voiced my concerns about sharing a flat... It was OK, there were no arguments. They were kind and offered me this flat'. However, it was not clear from speaking to service users that they were aware of a formal complaint procedure available to service users.

Although none of the service users we spoke to were worried about complaining, we would recommend that more anonymous complaints pathways were advertised to accommodate individuals who were not confident to complain in the future. For instance, a complaints book or comments box could be left visibly in one of the communal areas.

Provider response

Our complaints procedure is on the notice board along with complaints forms. This was in place on the day of the visit and has been there from the day we opened as per our complaints policy. I like the idea of a suggestion box, this came up a while ago separately but was not implemented. We shall get one.

Recommendation 9

Conclusion

Overall, feedback from service users and staff at Connelly House was overwhelmingly positive. Our impression on the day was of a well-run service which supports its service users holistically. We were very impressed with the clear care and effort put in by staff members as well as the sense of community that the service has been able to foster amongst service users and staff.

There were many examples of good practice and sincere efforts by staff to fully support their service users. Our impression was that these practices had evolved on an informal level and as a result of the close relationships between staff and service users. In order to consolidate and build on such strengths, it may be beneficial for Connelly House to translate such practice into a better defined service delivery model, formalising clearer expectations and service pathways for their service users.

In this manner, we would hope that ever increasing focus on goals, independence and empowerment will allow Connelly House to continue to offer such a well-integrated and person-centred service whilst simultaneously preparing service users for a more independent life after their stay.

The Healthwatch Lambeth Enter and View Team would like to thank the staff and service users at Connelly House for their courtesy, patience and openness during our visit.

Recommendations

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

Recommendation 1

Additional training for key staff members around medication would be beneficial to ensure staff are confident in their knowledge and handling of different psychotropic medications. This is especially important as medication is a priority concern for service users at Connelly House.

Recommendation 2

It is possible that increased signposting may help service users identify viable areas of support. For instance, more active signposting towards Lambeth's Citizens Advice Bureau or Every Pound Counts.

Recommendation 3

Staff could proactively encourage service users to make friends in external projects such as book clubs, art classes or workshops so that they can develop a more permanent social support network. Staff could attend social events with individuals and role model or support social interactions. Locating and strengthening sources of companionship and social support outside of the house may enable service users to later transition more confidently into step-down housing.

Recommendation 4

Staff and service users should discuss the best way of keeping individuals informed of upcoming activities in a house meeting. There may be a more creative or engaging way of publicizing events; for instance, an individual timetable through individuals' doors each week or using a personal calendar/ diary. Attendance of activities and individuals' experiences of them could then be monitored in order to improve engagement.

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Connelly House may benefit from strengthening more formal referral pathways and key contacts within local projects and services as staff currently seemed to be referring in a very individual manner. We also recommend that Connelly House creates a space for staff and service users to share information and feedback on the different projects and activities they have accessed.

Recommendation 6

We would recommend that staff support service users' ownership and active reflection of easily identifiable goals. This will allow service users to work in a more structured way towards long term goals including moving on from the service.

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We would recommend that staff are supported to grow and develop within their roles, for instance through investment in staff training and professional development. The strong relationships between the staff and service users at Connelly House are a core part of the service users' positive experiences and sense of support.

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Recommendation 9

Although none of the service users we spoke to were worried about complaining, we would recommend that more anonymous complaints pathways were advertised to accommodate individuals who were not confident to complain in the future. For instance, a complaints book or comments box could be left visibly in one of the communal areas.

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