Older Peoples Project

Project Overview

Healthwatch Tower Hamlets has made it a work priority to undertake more focussed work with older people, the main reasons for this are:

- we had not undertaken any specific 'focussed' work with older people
- we wanted to explore older people's views on the health and social care services they receive
- we wanted to explore if there are common issue/concerns (themes) across older peoples services
- we would like older peoples providers/commissioner to come up with solutions on how support and provisions can be improved for older people across the borough

How information was collated

- The majority of information was collected via '**Enter and View'** visits, we visited eight older people's services; they included day centres, care homes, hospital wards.

To view the Enter and View reports please click on the link below:

http://www.healthwatchtowerhamlets.co.uk/our-work/enter-and-view-programme/enter-and-view-schedule-201516/

Supplementary information was gathered from our:

- Projects (i.e. integrated care, housebound project)
- Community outreach and signposting

Themes (Please refer to summary report for more information)

1. Positive experience of services (people value the services)
2. Staff : positive feedback of staff, other issues around staff- not sufficient staffing level; not enough one to one interaction opportunities is important for people and there is not enough of it, Continuity of staff is important (for understanding individual needs and relationship building
3. Activities is important (not enough activities that people want to take part in)
4. Person centred care- focus on the individual and catering to their needs
5. Care provider are not aware of local services and there is not enough partnership work with local community organisations

Summary of Recommendations (Please refer to summary report on **page 3** for more detailed information on recommendations)

1. Commissioners should share good practice from different providers
2. Ensuring that care providers have sufficient staffing levels and that they tackle the issue of staff retention (continuity of care is important to older people)
3. To look into and tackle the issue of isolation in care homes (this was a big issue for most residents that live at care homes)
4. Monitoring of activities provided by care providers and ensuring that care providers actually provide activities that people enjoy.
5. Providing services/activities that met the need of the individuals first- ensuring that their care is 'person centred'.
6. Ensuring that care provider have better information on local services, signposting information and better networked with local community organisations.
7. Better co-ordination of activities taking place across the borough and this being linked in with all providers of older people services.
8. To create a platform/forum for all stakeholders to discuss older peoples issues in the borough.

NB: We would like Adult Social Care Commissioning Team to respond to the specific recommendations on pages 6-8 and answers the questions on page 8-9.

Summary Report

Emerging Themes from our visits

1. Valuing services

The majority of people that gave feedback during the visits seemed to value the services and are grateful for the care they receive. Most of the people during the visits mentioned that the services gives them the opportunity to be looked aftered well, feel safe, be able to recover physically or mentally, be active (mentally and physically) and enables them to feel less isolated. The appreciation of how the service helps to overcome issues such as isolation was perfectly summed up by following users of day centres:

'I like the exercise, I like socialising, and I actually love it here…I come here four days a week and I like the fact they pick us up and drop us off home and the drivers are good, I also like the lunch they provide. If we did not come here we would be looking at four walls at home and be feeling lonely.' (Riverside Day Centre Enter and View Report, Page 6)

'I like coming here because I get to socialise and this keeps my mind fresh, being at home all the time can make you feel mentally unwell, as looking at four walls can make you think too much…' (Sonali Gardens Enter and View Report, Page 18)

A patient commented on how being at the hospital ward (older peoples mental health ward at Mile End Hospital) has helped him to recover:

'I was suicidal before being admitted here…being here has helped…you feel safe here and you don't have to worry about what is going on in the outside world…you feel protected…' (Leadenhall Ward Enter and View Report, Page 50)

Other positive comments about services included the following:

'I know when I am not here she is well cared for…she feels safe, the staff try to make you feel comfortable, overall I don't think you can get a better place then here, I would come here myself.' (Carer of a resident, Hawthorn Green Enter and View Report, Page 37)

'They are very kind here; they have gone out of their way to make me feel comfortable and I feel well catered for…' (Pat Shaw House Enter and View, Page 25)

'I attend 4 days a week and enjoy coming here; I enjoy the activities; the staff are good and food is good, I do not want to change anything'. (Riverside Day Centre Enter and View Report, Page 8)

2. Staff

Positive feedback on staff

On the whole there was positive feedback on staff (carer workers, carers and nurses) from the majority of people from the services visited. The substantial majority of people across all services mentioned that staff look after them well, are caring, friendly and on the whole listen to their needs:

'the staff are friendly and they are always willing to help, people always talk to you nicely…I feel safe here; they came in often and see how I am doing'. (Peter Shore Court Enter and View Report, Page 33)

'Staff here are very good, they are attentive and come when you need them' and another said *'the nurses always come and talk to me'. (Hawthorn Green Enter and View Report, Page 40)*

Lack of staff and potential safety issues

Some people highlighted that staff do not always attend to them when required (e.g. taking a long time to respond to bed or room buzzers) and in some cases this can lead to potential safety issues (as highlighted below). However most people did not seem to blame individual staff for this shortcoming, but they feel that insufficient staffing levels and staff being overstretched and too busy attending to other people were the main reasons for this (more of a organisational and management issue).

'I was on the armchair and wanted to move to my bed, I tried to go by myself and I fell on the floor. It wasn't the staff's fault that I fell they were busy and they do not come only when they are busy'. (Gerry Bennett Ward Enter and View Report- Page 41)

'it usually take 15-20 minutes for someone to respond to the buzzer, I would like staff to respond quicker when I pull it…I sit in the room and get bored, no one takes me out, it seems like they don't have enough staff or they are too busy.' (Peter Shore Court Enter and View Report, Page 32)

One to one interaction opportunities

Being able to have one to one interaction on a regular basis (be it with internal staff or external people such as befrienders/ AgeUK) is important to people as this helps to overcome isolation and possibly mental health issues such as depression. People commented that staff are too busy to provide one to one interaction time and that providers are not actively facilitating for this to happen.

'I would like someone to take me out, I feel stuck here. I would like more people to come and see me, I was told someone from Age UK would come and visit me, but I have not heard anything from them.' (Peter Shore Court Enter and View Report, Page 31)

'I would like some people to come and speak to me occasionally, keep me company'. (Peter Shore Court Enter and View Report, Page 32)

'Since I have been here I have noticed some of the residents would like to talk to someone, I think they should offer a chaplaincy service here, at least this will give residents an opportunity to interact and say how they feel'. (Pat Shaw House Enter and View Report, Page 26)

Continuity of staff

Continuity of staff personnel is important to people (especially people with dementia), as established relationships with the same staff members helps with understanding their personal needs and wants (familiarisation with same staff members is important specifically for dementia sufferers). During the visits most people commented on high staff turnover and lack of continuity in staffing within the services and they feel that this should be improved.

'It's nice to get to know the same people, since Genesis have been here we have had consistency of staff, with the old provider there was always different people working here.' (Manchester Road Enter and View Report, Page 52)

'One thing I don't like is…there are always different staff coming and going and I would like the same staff to look after me'. (Pat Shaw House Enter and View Report, Page 25)

3. Activities (Social and Recreational)

People commented that a structured and varied activities programme for them to take part in is important to them (this was lacking in substantial majority of services visited) and also having the option to do what they like more often should also be encouraged (e.g. some people wanted more of the same activity, such as musical bingo, exercise). People highlighted that they don't just want to sit down and do nothing, they want to be active and they want providers to ensure activities are planned and implemented according to their requests and wishes.

'I enjoy coming here but they treat you "as old people" and there is nothing much to do…there should be more than having a meal and sitting around'. (Riverside Day Centre Enter and View Report, Page 9)

'…I would like health professionals to come and see us and talk to us about health issues i.e. diabetes, and I would also like more activities that stimulate the mind, currently it feels like we are just sitting around and not doing much.' (Sonali Gardens Day Centre Enter and View Report, Page 15)

'I would suggest that there is more exercise sessions, maybe daily exercise sessions, one day a week for exercise is not enough, all of us come on different days and if you happen not to come on the day of the exercise then you miss it all together'. (Sonali Gardens Day Centre Enter and View Report, Page 15)

4. Person centred care

Person centred approach to providing care/service (especially is regards to proving activities) was lacking in majority of the services we visited, there is too much emphasis on the whole group rather than individuals within these groups. Within all of the settings we visited older people had varying needs and could not be categorised in a group, for example some older people suffered from dementia, some were mobile and in good health, others were not mobile and not in good health, all of these factors contributed to how well they can interact and how they should be supported on a individual level as well as on a group level.

'Staff should understand individual needs and attend to them – i.e. personalised activities based on individual needs as everyone is different in regards to personal situation (e.g. physical and mental needs)' (Riverside Day Centre Enter and View Report, Page)

'I would like the centre to provide more physical exercise based activities, for the more physically/mentally able users, it would be great if they can organise 'walking sessions' in the community, it's important for the day centre to provide more activities according to users' individual needs and not categorise every one as the same…everyone here is different.' (Sonali Gardens Day Centre Enter and View Report-Page 15-16)

5. Local services/ activities and signposting

From observations and by speaking to managers/staff on the day of the visits it was evident that there is not enough interaction and partnership building work from the side of service providers with local community groups and organisations in their area (Pat Shaw House was an exception as they link up with local schools for intergenerational art projects, etc). Also it seemed that service providers lack local signposting information such as being unaware of places their clients can be referred to locally for additional support, social activities, support groups, exercise and health related activities, etc.

'It would also be good to know what is happening locally, it would be useful if they can provide us details of local activities, it would also be nice to go on day trips or to go on theatre trips once in a while'. (Manchester Road Enter and View Report, Page 52)

Recommendations

- It is important that **commissioners share good practice across service providers in the borough**, this can include type of activities they offer, how they engage with users and carers, how they network with others in the community and how they ensure retention of staff. Whilst undertaking the visits a number of services stood out, in particular Pat Shaw House. They were able to maintain continuity of staff and management (even through a change of provider) and they have very good links with the local community (e.g. schools, local organisations). Retaining the same staff has allowed users/residents to maintain established relationships with staff (continuity of care is important for older people) and having good community links has enabled the care provider to provide a broad activities programme.

  - *Opportunities to share good practice exist through the Pan Provider Forum to which all care home managers are invited. Previous attempts to offer a forum for the care homes and ECSH schemes through My Home Life and The Care Accommodation Pathway Board failed due to lack of engagement by the Care Homes*

- **Lack of and continuity of staff** was a common theme throughout the majority of our visits (this can contribute to safety and dignity concerns), therefore it is recommended that:

  1. **Commissioners undertake a review of current provider staffing numbers**

     - *Care homes are monitored quarterly to confirm:*
     - *Total number of staff*
     - *Total number of volunteers*
     - *Total Number of Carers*
     - *Total Number of Nursing Staff*
     - *Total number of temporary/agency*
     - *Total number of internal bank staff*
     - *Total number of permanent staff*
     - *Staff vacancies*
     - *Staff vacancies currently advertised/being recruited*
     - *Number of staff who left*
     - *All Staff/Volunteers have up-to-date CRB/DBS checks done*
     - *Total number of DBS referrals*
     - *Number of staff meetings*

- *Number of staff working more than 48 hours p/week*

Additionally, Extra Care Sheltered Housing Schemes, which is akin to on-site home care provision, monitored for the number of hours and number of posts

2. **Undertake random visits to check that staffing numbers are at levels to what care providers stipulate in their monitoring reports;**
All care homes are monitored quarterly, but should any issues arise such as safeguarding, complaints, or if an urgent issue arises then unannounced visits will be undertaken by our Contract Monitoring Officers. Additionally, our Service User Liaison Team may be asked to undertake user satisfaction interviews with residents and our social workers will review needs outside of the annual review system. Care Homes are a statutory service inspected by CQC.

3. **Continually monitor the required staffing levels and reasons for high staff turnover (if applicable) as part of performance reports and monitoring visits.**
As noted above, this is already part of the monitoring data set. However, it should be noted that, in London, a number of boroughs are experiencing a high turnover of staff particularly in the homecare field.

4. **Regularly collect feedback from users about the staffing levels and turnover of staffing (good indication of whether they feel safe or not safe).**
Contract Monitoring do collect general feedback from residents as do the relatively new Service User Liaison Team

- It is generally anticipated that people that live in care homes would experience less isolation and depression, however isolation came across as a widespread issue for most people living within a care home setting, more specifically for the following types of individual: *dementia suffers, bedbound individuals, individuals that can't speak English and people with no family members*. We would strongly recommend that providers take the issue of isolation more seriously and implement the following suggestions as a way of tackling isolation within their care homes:

  - Allocate more dedicated 'one to one staff time' for their users/clients each week for residents to use as they think fit e.g. talk, go out, do some cooking
  - Liaise with relevant community mental health professionals (if required)
  - Set up a volunteer 'befriending' training programme for local residents that would like to volunteer to provide one to one interaction time with users. During our visits we met two people that were isolated due to language barrier issues (one Bangladeshi and the other Chinese), to overcome isolation issues for these two individuals the providers should make a concerted effort to engage with local organisations and individuals that cater for these two communities and to find out if anyone is willing to offer some volunteering time to engage with those two users.
  - Liaise with local and national befriending schemes that can support their clients.

- **We would recommend that LBTH monitoring officers monitor providers on how they are tackling isolation within their care homes and implement the above suggestions into their monitoring criteria's.**
  This issue is being addressed in ECSH by a quality premium being paid for delivering a defined number of delivery hours per week.
  In the Care Homes, we fund a number of organisations to provide activities in the homes through the Prevention Health and Wellbeing Mainstream Grant, including exercise and befriending services. Public Health are about to award a contract for a service to reduce social isolation through the use of volunteer.

- There is a general feeling that providers are not actively providing the activities that they say they are (e.g. documented / displayed activities programme) or that they are not listening to the needs of their users or meeting their expectations. People have mentioned that boredom is an issue and sometimes they have nothing to do but just to sit around, others have mentioned that they would like activities and exercise but they are not sufficiently provided. In order to tackle these issues we would recommend that LBTH Commissioners and Monitoring Officers:

  1. **Are more proactive in monitoring activities programme as stipulated by providers, possibly randomly visiting services to check activities**

     All services are monitored quarterly against a number of targets. As noted previously, unannounced visits do take place.

  2. **Hold providers to account by requesting providers to document how they engage with their users to feed into the activities programme and what they have done to implement the suggested activities.**

     Our questionnaire for residents does contain questions on whether users are satisfied with current activity provision. During monitoring visits managers may also be asked to explain how they created their activity schedule and what input there was from residents. As part of a re-allocation of monitoring officers to projects, there will be more time available which will enable officers to increase their focus on social activities.

- From the provider's perspective we would recommend that they facilitate more of the **'popular activities'** that people have highlighted as things they want to take part in e.g. musical bingo, dancing or exercise. They should focus less on providing a variety of group sessions and focus more on proving activities that people want to take part in. We would encourage providers to proactively consult the users to decide on activities (every quarter) as this would encourage greater participation in activities and also provide users greater satisfaction that their views and suggestions are being taken into consideration.

- We would encourage a 'person centred' approach to providing for the needs of individual users. It is important that providers do not categorise individuals as 'just' group members (more specifically when taking part in activities) but they should view users as individuals that have unique needs, for example a person with mild to moderate dementia, physical mobility or mental health issue should not be just

expected to participate in activities that all other users take part in, they should be considered as a individual and activities to stimulate them mentally, physically and emotionally should also be on offer.

- We would strongly recommend that care providers are

  1. Better aware/informed of local services (for signposting purposes) and
  2. To build better partnership relationships with local community organisations and groups.

Access to local information and partnership building is important as it can enable providers to access additional support and resources (i.e. activities, exercise, and health and welfare information). It can also help provide the signposting knowledge to refer users to extra support or social engagement opportunities.

We would recommend that **commissioners provide a 'signposting directory' of local services and amenities for older people to providers (or ask providers to create one) and also request providers to contact the relevant organisations in their area to discuss additional opportunities for their users.** Providers should be encouraged to promote local opportunities to their users/residents by asking key workers/support staff (during one to one sessions) to pass relevant information onto users/residents and also to display on their notice boards. Commissioners should monitor that providers are actively acquiring signposting knowledge of local services and also meeting local providers for partnership meetings **(Recommendation).** Commissioners could also work alongside voluntary sector organisations (and Tower Hamlets CVS) and other bodies such as schools and faith groups to make contact with local providers of older people's services to review how they can support users of services; this will encourage users to be linked into the outside world.

- We would also recommend that commissioners and local organisations such as Age UK look into the possibility of facilitating co-ordinated older peoples activities across the borough (i.e. trips to the theatre, days out to the seaside, exercise programme, etc) and this information should be shared with all care service providers regularly- this will provide another outlet for older people to know about what's going on around the borough and get involved.

- We would recommend the creation of an '**Older Peoples Board / Committee'** to discuss all issues relating to older peoples services (working across all providers and commissioners); this will ensure that older peoples issues are discussed regularly and placed high on the agenda.

Questions

1. Stakeholders have mentioned that the **'Older Peoples Pathway Board'** (no longer in existence) was a good way for collaborative work between different older peoples stakeholders and also a good platform to discuss older peoples issues in the borough- this allowed older peoples issues to be on the agenda- **are there plans to reinstate this group or a similar group? Healthwatch feels that this would a beneficial way to ensure that older people's views are heard across commissioners and services (**this is a recommendation**)**
This is an area to be agreed once the new Service Head for Adults Social Care comes into post during September.

2. Please provide information on how many older people are referred outside the borough for care (i.e. nursing, residential)? and what are the main reasons for this?

18 older people have been placed out of borough since 1st April 2015. The vast majority placed out of borough are placed because it's their choice, usually because the desired care home is near family and it means that family members are more likely to visit. If people want to be placed in borough, then that is usually accommodated.

Whose responsibility is it to gather signposting information on local and borough wide services for older people?

The Council has invested in a Community Catalogue/e-market place where services that are either commissioned by the Council or have been through the East London Ensuring Quality process are available on-line. Additionally, we have commissioned Advice and Information services, not just for our older people, but for all residents who might need advice and information about social care, including our Carers.

3. There are recommendations for monitoring some important elements of services (e.g. how providers are involved with local groups, how they tackle isolation, planning of activities, monitoring of staff), how will LBTH monitoring officers ensure that these recommendations are monitored on a continual basis?

See comments previously.

Additional question:

How many people have died in care homes in the last 12 months and the general reasons for this?

In the first quarter of this year, 8 people died in care homes and 5 were transferred to hospital where they died. None of the deaths had a coroner involved nor was an inquest involved.