



## Hackney Housing with Care Feedback from residents' & relatives' meetings

6-14 February 2019

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## About Healthwatch Hackney

[Healthwatch Hackney](#) is the independent of champion of people who use local health and care services in the London Borough of Hackney. We ensure people's voices are heard and influence decision-makers to improve services.

Our statutory role includes:

- Supporting people's involvement in commissioning and scrutinising health and care services;
- Enabling people to monitor the quality of health and care services and recommend improvements;
- Obtaining people's views on health and care services, advising on gaps, highlighting good practice and making people's views known;
- Publishing reports and recommendations on how to improve services and sharing recommendations with commissioners, providers, Healthwatch England, health scrutiny bodies and the Care Quality Commission

## About this report

This report includes comments and feedback from residents and their relatives in [Hackney's Housing with Care service](#). It also includes recommendations based on feedback and our observations. We expect the council to use the feedback and recommendations to inform plans for improving the in-house care service.

The feedback and observations were collected at a series of residents' meetings between 6 and 14 February 2019 arranged by London Borough of Hackney following a Care Quality Commission (CQC) inspection in November 2018 [which rated the service as 'inadequate' overall](#). We attended in our capacity as local independent champion for people who use care services.

Our representatives attended six out of nine residents' meetings designed to hear from residents and their relatives about the quality of the care they receive. The meetings also aimed communicate findings from the CQC inspection and about the [council improvement action plan](#).

## Meeting format

Each meeting followed a similar format with a short talk given by the Principal Head of Adult Social Care on the findings from the CQC inspections, followed by information provided by the Registered Manager on the council's post-inspection improvement plan. Residents and relatives were then invited to ask questions and share views. The council expressed a strong desire to improve care and listen to residents.

## Themes and recommendations

Residents' and relatives' views of care provided by this the service varied across schemes. However, a number of common themes emerged from the meetings. These are set out below with our recommendations.

### 1. Communication

Communication with residents and relatives is patchy at best. Some relatives spoke of hearing important information 'by accident' or in passing.

Poor communication was raised at all the meetings we attended. We saw very little evidence of communications (about meetings, care plans or activities) adapted to residents' communication needs, in line with the [Accessible Information Standard](#)

### Recommendations

- Engaged relatives should be considered as part of the 'team' around the resident and communicated with regularly and routinely on a range of issues relating to their care and housing.
- Communication with residents should be adapted to their cognitive and communication needs eg. easy read, visuals, prompts and reminders.
- Homecare Information Line flyers should be provided and clearly displayed in people's flats, around the supported housing buildings and communal areas at all times and promoted regularly to residents (who may not remember).
- Most residents did not appear to have access to a simple summary of their care entitlement or support plan so they or relatives can check they are receiving the care they are legally entitled to. This should be provided as standard and be easily accessible in people's flats.
- The council and housing provider should run regular joint 'resident and relatives' family meetings where issues can be raised about building and care issues. These meetings should continue beyond the period the service is in special measures. The format and timing of these meetings must be designed with residents and their relatives. Minutes should be shared in a timely way with residents and families.
- Where residents are socially isolated and have no relatives in regular contact, the council housing provider should provide these residents with independent advocacy and befriending.

## **2. Quality of care**

Many residents and relatives felt the quality of care they received was good: their needs were understood, relatives were listened to and staff were caring. Continuity of key workers, where this existed, was appreciated and familiarity was considered important for people's wellbeing.

We also heard reports of missed visits, rudeness, rushed care and poor care provision. Some residents said their support plans had not been followed in relation to personal care. Relatives found agency staff less experienced and knowledgeable about their loved-ones' needs. Relatives also reported agency staff being less helpful, more rushed and less person-centred in their approach.

There seemed to be no systematic process for monitoring or reporting incidents of poor or missed care for the resident, housing provider or relatives so issues could be logged and remedied as quickly as possible.

There is evidence that a high reliance on agency staff is affecting the quality of care provided by this service.

### **Recommendations**

- The Council to gradually reduce dependency on agency staff
- The Council must report quarterly to the Health in Hackney Scrutiny Commission on improvements to residents' care plans and the % reduction in use of agency staff
- The council to develop its own bank system of care workers to provide back cover for sickness and holidays

## **3. Level of care provided**

Many relatives felt that care staff in supported housing units were 'stretched' and the supported housing settings were understaffed, including at night. This is particularly concerning as some of the most vulnerable residents have needs that are escalating. One relative reported that they wanted their loved one who had escalating needs placed in a different care setting (and the council had agreed) but there were no care home places available locally so they had no choice.

We also heard about a resident with advanced dementia whose care plans had remained unchanged in two years despite their escalating needs, suggesting that assessments and reviews were not resulting in the necessary increased care provision. The CQC report found that care plans were often somewhat generic and not person centred and this may be a contributory factor in needs not being adequately provided for and met

## **Recommendations**

- The Council must report quarterly to the Health in Hackney Scrutiny Commission on improvements in updating care plans for residents with escalating needs/progressive conditions
- The housing provider needs to report on staff levels as a standing item at the proposed joint meetings; this must include what the acceptable standard is and if it has been achieved.

## **4. Social isolation**

The Housing with Care model, where housing tenancy and care provision are separate, is supposed to increase people's independence. However, while this is possibly true for more mobile or cognitively able residents, it is often not the case for the most vulnerable residents and those with restricted mobility.

We heard concerns raised about residents being socially isolated, not having anyone to chat to and some being physically stranded due to missed care visits. While not all residents want social interaction, those that do may not be getting much social contact outside of their care visit, especially if they do not have regular visits from family and friends.

## **Recommendations**

- The Council should request that Connect Hackney, the over 50s Hackney CVS social isolation project, to review how best to tackle residents' social isolation

## **5. Housing/care interface**

Most residents and many relatives do not understand the distinction between the responsibilities of the housing and care providers. It is crucial that this interface is close, seamless and collaborative and always involves relatives, advocates, key workers and the cared for person. This is because unresolved housing issues can, and do, significantly impact on people's care, quality of life and independence.

## **Recommendations**

- The council needs to support the housing and care providers to produce an easy read explanation of the distinction between the responsibilities of the housing and care providers, ie: 'who does what and when' with contact information including emergency contacts and this information should be made available in people's flats.

# Comments and issues raised by residents and families

## 1. Penn Street and Liz McKeon House

Date	6 February 2019, 5pm
Healthwatch representative	Amanda Elliot

### Main issues/themes

- Communication
- Unhappy with levels/use of agency staff
- Positive experience of care from some staff

### Meeting details

The first meeting in the series was small, comprising four relatives and five residents from across both units as well as staff and professionals. Professionals the Principal Head of Adult Social Care, the Registered Manager, a council project manager, a landlord representative and an activity worker.

### Comments and issues

- Relative raised lack of direct communication with her and her sisters about the CQC inspection report and related meetings. Letter was posted to her father who has advanced dementia. Relative found out *'by accident'*.
- Need to email families regularly about a person's care activity, including any upcoming risk assessments or physio or OT visits. *'We need to be fully informed, not just when there's a crisis. I don't like it when an assessment happens or when new equipment turns up. We need to be told what's happening.'* (Relative)
- *'We know them best'* and *'We shouldn't be stumbling on information'*. [Relative]
- *'Information doesn't filter through'* (Relative)
- One relative was not notified about a fire at his brother's supported housing unit. Staff told him: *'We intended to call you'*.
- *'The scheme [at Southwold] is wonderful, especially the managers and staff. The main problem is communication from the council.'*
- *'My father's care plan has been exactly the same for the last two years even though he has deteriorated in that time.'*
- Relative said she was still waiting for minutes from the family forum she attended about a year ago

- Carer pointed out the CQC notification letter to her father was missing a website link to the CQC report
- A resident said she didn't sign any document if it was inaccurate. *'Care about accuracy saves time and money.'*
- Notice about the meetings was too short (Relative)
- *'Quality of care depends on the attitude of the carer and how they interact with them – attitude is everything.'* (Relative)
- Relative raised the issue of temporary care staff – saying it was better when there was continuity
- Another suggested the council looked at creating a bank of regular council care staff to back-fill when usual care staff were on holiday or sick, rather than rely on agency staff
- A relative spoke about not being properly notified when the toilet in her father's flat broke. She was concerned staff seemed to accept it when her father (who has advanced dementia) said it was 'OK' because he could manage to use the toilet on the next floor – which was not the case. Same relative cited issues with a broken call cord
- Liz McKeon House relative said he had no complaints: *'They always look after him very amicably'*
- Resident said the landlord at Penn Street (Islington and Shoreditch Housing Association) *'wasn't slovenly'* and some staff were even *'formidably efficient and pleased to help'*.
- Liz McKeon House resident said he wasn't asked how he wanted to be supported
- *'The [medication] paperwork that comes from the chemist is good.'* (Relative)
- *'How do we know agency staff can deliver personalised care as well as other staff?'* [Relative]
- *'My experience of agency staff is quite negative. They usually tell me: "I am only here for the day. I can't be expected to be knowledgeable about everything"'* [Relative]
- *'Liz McKeon house staff are all very helpful'*

## 2. Rose Court

Date	6 February, 5pm
Healthwatch representative	Shirley Murgraff

### Main issues/themes

- **Building maintenance issues impacting on quality of life/care**
- **Care plans not properly implemented**
- **Use of agency staff impacting on quality and consistency of care**
- **Poor communication with residents and relatives**
- **Confusion about division between care and housing responsibilities**



## Meeting details

More than 40 people attended this meeting including relatives and residents who expressed anger about a number of issues. Biscuits and sweets provided at the meeting but no fruit.

## Comments/issues

- Why has it taken two years to address safety/medication issues?
- Resident in wheelchair raised a number of concerns including broken lift which left him stranded on the third floor unable to go out for '10 days'
- Same resident was concerned his mail was opened before he received it and was unhappy being on third floor
- Relatives asked about number of full time staff and staff/resident ratios, particularly at night. Council responded that 2 staff worked at night - level depends on the floor covered
- Monthly bath is stipulated on one residents' care plan but he said hasn't yet been given help to have a bath in last six months
- Concerns raised about staffing levels
- Concerns raised about widespread use of agency staff; one relative said her mother was anxious about some care staff being on duty
- One relative said the ceiling in her loved-one's bathroom had been 'down since July' and nothing had been done about it
- People seemed confused about the division of responsibilities between the social landlord (housing) and the council (care) but clearly some housing issues affect care, dignity, mobility and independence
- A relative said her mother became particularly anxious when one care worker was on duty (possibly agency – this was unclear)
- One relative suggested it would be good for relatives to get together and talk to each other
- Healthwatch representative signposted one person to the Relatives and Residents Association
- Discussion about forms for medication: were they handled properly and are things explained sufficiently? The service user is not included in conversations
- *'We are not being heard.'*
- Resident asked about support service that comes into Rose Court. What was their role?

## Council comments

- The Principal Head of Adult Social Care said medicine support plans were in place but were previously not personalised enough.
- The Council explained it had an action plan and wanted people involved.



### 3. Century Court

Date	7 February, 5pm
Healthwatch representative	Ida Scoullos, Amanda Elliot

#### Main issues/themes

- Communication with residents (about the meeting and ongoing)
- Attitude of some care workers
- Incidents of missed or late care visits
- Residents have limited or no access to info on their care/support plans
- Residents unaware of what and how much care they should be getting
- Some building maintenance issues impact on residents' care and or independence

#### Meeting summary

This was a large meeting comprising mainly residents, many with mobility issues, some with learning disabilities and other cognitive impairments. Many were confused about the purpose of the meeting.

#### Comments about the meeting

- *Outward manager [landlord] told our representative that residents were not properly informed about the meeting so he knocked on residents' doors to invite them*
- *Manager spoke to visiting relatives during the day who said the notice was 'too short' to be able to attend*
- *Healthwatch Hackney rep asked residents at the meeting if they had known anything about the meeting today and they said 'no'*
- *Residents responded that they were asked to come to a 5pm meeting in fact the meeting started at 5.30pm*
- *The Outward manager said the care manager had dropped off letters to residents*
- *Residents said they had had no information*
- *Refreshments were provided on the table but there were no cups provide for water. One resident kept asking for water and was ignored*
- *Copies of the CQC report summary were handed out to residents at the meeting as they arrived*
- *One resident said: 'I can't read this' It is not clear and the font is too small'.*

## Comments/issues

- *No communication with residents and their relatives, friends or carers*
- *Too many staff turning up not sure why they are*
- *'I don't feel safe to have a shower. I didn't trust or feel safe with the staff. I wash with wipes and body wash'*
- *Carers are 'very rude'*
- *'The carers came through the door shouting at me'*
- *'They are not trained'*
- *'Can't speak English or understand when I ask for cream with my pudding. She gave me salad cream'*
- *Light bulb not changed for days*
- *The lift broke down*
- *'Why do I have to pay so much money for care charges? They never told me about that.'*
- *I called down, no-one came to see me. I missed an appointment. If they don't come to me, I can't get out.'*
- *'Three times and no-one [carer] showed up. Once they came late at 11 so I couldn't go out. I said there was no point in them coming back at 12 because I was going out, but they did. Obviously the message wasn't passed on.'*
- *'Visits missed three to four times over the last 10 days. I felt I'd been left off the list.'*
- *No keyworker*
- *'Sister didn't like her previous key worker but they were around a lot. She likes her new keyworker but never sees them.'* [relative]
- *'What's a keyworker?'*
- *Residents discussed access to their support plans – most didn't know what this was, how many hours they were supposed to receive or how long carers were supposed to stay for 'I may get 10 minutes'*
- *'Need to be sent on a course'*
- *No support plans*
- *Lift's broken (stuck indoors)*
- *Timing of carers was 'erratic'*
- *'At the moment I'm not happy with the care. I don't feel cared for.'*

## General observations

- *Communication is not happening between all parties: care workers, care managers, support workers, Outward, relatives and cared for person. Age UK not invited*
- *Confusion over 'blue folders'*
- *Request for Homecare Line number to be displayed in flats and in building so residents can call and report any care issues*

- All residents have an induction but they often have complex needs, memory issues or problems processing information so need a refresh/reminders (person centred)
- Need to find out how to complain about housing (registered body)

### Responses from professionals

- The Scheme Manager said care plans were locked in the medicine cabinets because of data protection problems. Healthwatch is concerned this is a misinterpretation of Data Protection laws, conflicting with a person’s right to access their own care plans in their own property.
- Principal Head of Adults Social Care confirmed the Homecare line could be used by Housing with Care residents.
- Homecare information line can take calls from residents and relatives – it needs to be promoted

### 4. Leander Court

<b>Date</b>	<b>11 February, 5pm</b>
<b>Healthwatch representative</b>	<b>Paula Shaw</b>

### Main issues/themes

- **Happy with care**
- **Communications with residents and relatives could be better**
- **Concerns about security access at scheme, especially for most vulnerable residents**

### Summary of meeting

This meeting mainly comprised residents and a small number of relatives as well as staff from Leander Court and the council. Few residents and relatives had seen the report, but copies were available at the meeting.

The Principal Head of Adult Social Care explained the inspection report and how staff were shocked and upset as the previous inspection had been ‘good’. Many residents were unable to concentrate while she was speaking. One resident had lost his hearing aid. The council is confident things can be put right. There is a deadline of 8 March for the CQC Improvement Plan.

The Registered Manager explained the improvement plan including:

- Medication will be checked better and records to show more personal details e.g. side effects.
- She used the term ‘CCG’ as she was talking. Our representative was unsure everyone knows what this is.

- Explained people's profiles will be updated showing resident preferences e.g. food/activities.
- Training will improve.
- Use of Agency staff difficult area – some residents told them they had known their carers long time even though they were agency. *'We are doing a lot of work to put things right.'*

### Comments and issues

- Daughter of deceased resident said *'thank you'* to all the staff as her mum had been very happy and well cared for.
- Same relative suggested targeting schemes with problems as Leander Court was 'good'.
- Some communications could be improved and relatives gave examples
- A resident asked about Brexit
- Lack of care home alternatives nearby when care needs escalate beyond supported housing with care
- *'The staff do a fantastic job but are under pressure.'* (Relative)
- Co-production mentioned
- *'I think we are really well looked after'* (Resident)
- *'There's not enough care'*. Relative said there's only 1 carer for 10 flats on the first and second floors and two care workers on the ground floor
- Mum does not like to be alone but often she is
- Some carers workers do not listen to her even though she knows her relative dislikes a particular food.
- Relative felt some carers were rude to her or ignored her.
- Mother still being given paracetamol 2 years after prescription for toothache
- Relative wondered if all care workers have First Aid training as some could not help a choking resident
- Relative said there were no checks on people coming in to Leander Court apart from via the entry phone.
- No checks on who goes out - her Mum was found wandering in Caledonian Road.

### Council responses

- The principal adult social care social worker has discussed with the council chief executive about development of an in-house bank of staff
- She said the same staff worked across many schemes so it was important the Improvement Plan addressed all the sites
- She welcomed residents and relatives sitting with the Registered Manager and go through the Improvement Plan.
- She said there was an annual recruitment campaign for Housing with Care to recruit more care staff.

- She agreed to implement Healthwatch’s suggestion of a simplified, jargon-free side of A4 for the improvement plan for residents and carer

## 5. Southwold

<b>Date</b>	<b>12 February, 11am</b>
<b>Healthwatch representative</b>	<b>Jon Williams</b>

### Main issues/themes

- **Concern most residents at meeting were unable to understand the purpose of the meeting**
- **Social isolation, residents stuck in their rooms**
- **Staff caring but rushed**
- **Concerns about staffing levels**

### Observations

- Environment warm but a bit dull looking
- Staff welcoming
- Building easy to find; has secure access
- Meeting room less easy to find
- Residents all elderly, only a few able to speak
- One resident exhibited highly anxious behaviour, largely on behalf of others who could not speak eg: ‘*He’s going to fall off his chair, help him*’; ‘*She can’t get a biscuit*’; providing a form advocacy for others unable to speak
- Present were two staff LBH adult social care, Registered Manager, staff, residents and two relatives accompanying one resident
- Tea and biscuits were provided

The principal adult social care social worker spoke clearly and warmly. Healthwatch is concerned that not much of the relatively complex information about the CQC inspection report was really understood by many residents and most did not have relatives present.

### Comments/issues

- *How regularly are staff plans updated?*
- One relative complained the medication was not working for her mother
- Relative asked about social activity for residents. ‘*My mum is in her room too much*’

- Staff are functional, do the job and leave the residents. *‘Why can’t they sit a chat for a while, be more social?’*
- *‘To be fair, we find the staff are caring’*
- Relative said in her first year her mum had exercises in the home, they were surprised to hear about the trip to the Picture House (see below).
- *‘There needs to be extra support. Staff are rushed. Mum needs help with cleaning, we can’t always do it, we work.’*
- *‘Where’s the complaint box? [mother at the home for a year but she hasn’t been told about the complaint box]*
- *‘More permanent staff?’*

### **Council response to issues raised:**

- **Staffing**

**Relative asked:** *‘Are there 2 staff on each level at all times?’*

**Principal Head of Adult Social Care:** *‘We need to make sure we have the right level of staff to cover people’s needs, weekly we review this and if needs increase we increase staff.’*

**Relative:** *‘So more than 2 staff?’*

**Principal Head of Adult Social Care:** *‘If someone is discharged from hospital we increase staff. Levels are driven by need, so in flux. We do use agency staff, but make sure there are one we use regularly to ensure continuity. We need more contact with relatives, please get relatives to come to our meetings, we want to hear your concerns, if you have complaints, please make them, we can learn from them, use the complaint box.’*

*‘We do a big recruitment every year but never fill all posts, so have to rely on agency staff. We expect them to do able to do everything a permanent member of staff can do, training, attending staff meetings etc.’*

*‘Staff can be rushed, we hear.’*

- **Care plans**

*‘Plans are updated regularly but it depends on the situation, updates are driven by changes in care needs. Offered to meet family members (and residents) individually but only relatives seemed interested.’*

- **Activities**

*‘An area for improvement, we need to see what is going on, how it can be improved and better accessed by all residents across the services (i.e. all Hackney sites). Francis added there were trips to the Picturehouse but*

*resident would have to pay for transport (Family member was OK with paying for transport)'*

- **Communication and social activities**

*'We need more bi-monthly, meetings with residents and family members. Part of these meeting would be about access social activities. Also opportunity to see if the service was meeting needs.'*

- **Social isolation**

*'We need to tackle social isolation in people's rooms, there should be more use of the home's communal space, and more social activities. The scheme needs to deliver a regular programme of events. Do you talk to the staff?'*

## **6. Peppie Close**

<b>Venue</b>	<b>Peppie Close</b>
<b>Date</b>	<b>14 February, 3pm</b>
<b>Healthwatch representative</b>	<b>Catherine Perez Phillips</b>

### **Main issues/themes**

- **Praise for staff**
- **Some concern about repairs**
- **Suggestions some people not getting all care hours**
- **Not enough care staff 'especially in the mornings'**

### **General observations**

- Peppie Court was not visited by the CQC during their inspection
- Meeting well attended: approximately 25 residents, plus the staff and 3-4 relatives
- Principal Head of Adult Social Care summed up the report but slightly implied issues were more about paperwork than care on the ground (eg staff were aware of individual preferences but it was not written down in the care plan)
- A new template has been developed for personal care plans and social workers will conduct reviews with all service users. Family members will also be involved in review



## Comments/ issues

- Family carer complained her relative's room was not being cleaned. He has had a stroke is unable to clean the room himself. Staff responded privately, telling me that cleaning the room was not in the care plan and they did the cleaning 'as a favour', fitting it in when they could
- Relatives said he was not getting the correct number of hours stipulated in the care plan
- *'I was really impressed by the safety offered by Peppie Court' – Relative*
- *'Staff are able to say something about my relative without checking, which has impressed me' – relative*
- *Staff were all approachable to discuss my relative' – relative*
- *'I pressed the buzzer and it was not answered so I called an ambulance' – resident*
- *'There aren't enough carers especially in the mornings. They come in late and it means and it means medication is being taken late. If you are diabetic this is a big problem'*
- *'I get along very well with his key worker'*
- *'Peabody [landlord] need to be more prompt with repairs'*

This report is available on the Healthwatch Hackney website:  
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This report has been shared with the Care Quality Commission, Healthwatch England, local health and care commissioners and the Health in Hackney Scrutiny Commission.