

# healthwatch Hackney

## Report on Housing with Care services in Hackney August 2019



*Liz McKeon House, one of Hackney's 14 Housing with care schemes*

## 1. Background

In November 2018, the Care Quality Commission (CQC) inspected Hackney's Housing with Care service that provides care to around 230-50 people across 14 units. CQC inspectors [rated the service as inadequate, placing it in special measures.](#) \*

Healthwatch Hackney attended six residents' meetings arranged by the service provider, Hackney Council, following the report's publication. In March 2019, we published [a report](#) with recommendations, based on feedback from the meetings. On 12 March we presented the report to Health in Hackney scrutiny commission.

Healthwatch Hackney was keen to find out if the council had implemented recommendations from our March 2019 report and from the CQC inspection. Health in Hackney scrutiny commission also requested Healthwatch Hackney provided an updated report on the service.

We used our powers of Enter and View to visit four Hackney housing with care schemes over June and July 2019. During these visits, our authorised representatives collected residents' views and interviewed staff. We attended two 'family and friends' forum on 16 July organised by London Borough of Hackney.

## 2. Purpose of our visits

We visited six housing with care schemes to:

- Collect feedback from residents, staff, family, and friends on five main recommendation areas established in our report in March 2019. These areas were:
  1. Communication
  2. Quality of care
  3. Level of care provided
  4. Social isolation
  5. Housing/care interface
- Visit housing with care schemes to observe the facilities overall, atmosphere, and staff-resident interaction
- Identify good practice and areas for improvement
- Make recommendations to Hackney council on how to improve the service to residents
- Share our findings with the CQC and Health in Hackney scrutiny committee

*\* The CQC re-inspected the service on 3 July 2019. [Their subsequent report of 19 September](#) found some improvements and rated the service 'requires improvement' taking the service out of 'special measures'*

### **3. Methodology**

Ahead of our visits we:

- Informed each scheme of our plan to visit a week prior to the visit (a poster, letter, Enter and View guidance)
- Created a list of prompt questions to guide interviewers
- Sought advice from Alzheimer's Society and Independent Age on developing questions for older residents

We invited the council to provide a formal response to our report. Item 15 (page 11) sets out our recommendations and the council's response.

#### **How visits were structured**

Our visit comprised at least one staff member and one authorised Enter and View representative. Numbers varied from two to four people, depending on the size and scope of the unit. The format was:

- Meeting with management
- Tour of facilities
- Talk to residents in communal areas
- Visits to residents' rooms with their consent

Many residents we spoke to had various forms of dementia. Our volunteers, all trained authorised representatives, were sensitive in their approach to all residents.

Item 16 (page 16) of this report sets out residents' feedback.

#### **Family and Friends forums, 16 July 2019**

Around 30 people attended the 2pm forum meeting including residents, family members and residents' friends. Four people attended the 6pm meeting.

Staff had taken on board feedback from the February meetings. All agendas and handouts were in an easy read, large font format. Refreshments included healthy fruit options as well as biscuits.

## 4. Schemes we visited

We selected the schemes to represent the range of different sized facilities within the Hackney Housing with Care service. Visits lasted between two to four hours.

Housing with care unit	Size	Care staffing levels
<b>Century Court</b> 72 Warwick Road E5 9FF	40 flats	6 morning 5 afternoon 2 overnight
<b>Liz McKeon House</b> 3 Bridport Place, Mintern Street, N1 5LW	8 flats	1 staff member on duty at any one time
<b>Leander Court</b> 63 Balcorne Street, E9 7AY	33 flats	4 morning 4 afternoon 2-3 overnight
<b>Rose Court</b> 57 Holly Street E8 3XL	41 flats	2 morning (on each floor) 2 evening (on each floor) 2 overnight (whole building)

## 5. Disclaimer

This report is not representative of all residents in housing with care schemes in Hackney. It only represents the views of residents and staff able to contribute within the restricted time available and our observations during each visit.

## 6. Acknowledgements

Healthwatch Hackney would like to thank the scheme managers and staff for making us welcome. We wish to thank residents for participating in our interviews. We are grateful to our volunteer authorised representatives for taking part in the visit.

## **7. General observations**

We were pleased to note all residents appeared physically well cared for and that all the schemes we visited were clean, tidy and well decorated. Residents can choose how to arrange or decorate their own flats. However, common areas were somewhat institutional in feel, lacking displays or pictures to reflect residents' personalities.

We had most concerns about the social aspects of residents' lives in the housing with care schemes. In some instances, this felt very close to 'warehousing' people with support needs. Some residents did not get out as much as they wished.

Several key themes emerged from our observations and interviews with residents and from the family and friends forums. We have grouped our comments according to these themes (rather than by the scheme) to protect residents' confidentiality.

## **8. Care plans**

The CQC report was critical of the generic nature of residents' care plans, highlighting that people's needs were not assessed in line with best practice and guidance and that the plans failed to advise staff how to support people to achieve their goals.

Speaking to staff it was clear that, following the inspection, much effort had gone into producing more personalised care plans to reflect residents' individual needs.

Previously there were often blank spaces in care plans. Staff told us they now try to make sure all areas are completed. Staff complete these after talking informally to residents about their likes and preferences.

Staff at one scheme said that any changes to care plans came from staff recommendations and that families were informed of changes by phone, email or, if the changes were significant, in a face to face meeting.

Nevertheless, when interviewing residents, most were unaware of what was in their care plan, and a summary of their care plans did not appear to be available in their flats. Not one resident we interviewed said they had a care plan in their flat.

Family and friends who attended the forums did not feel as though care plans had improved and there was ambiguity about who was in charge of updating plans and how residents and family members were involved in updates.

Families raised concerns about the lengthy nature of care plans that meant care workers did not have time to read them thoroughly and therefore missed people's important information and preferences.

Families felt managers should disseminate important information in the care plans clearly and easily to workers, especially agency care staff. Families also wanted a summary of care plans in the residents' room, posted somewhere easy to read/access.

One person suggested creating a list of 'six key things' all workers should know about the resident. Staff could type up the list in a large font and post it near the entrance to their flat.

## **9. Food**

Few residents were able to cook for themselves and relied on staff to cook food for them. Staff told us they heated frozen meals bought by families or ordered by staff and residents.

We asked the Alzheimer's Society for guidance on whether these were a good option. They told us, in principle, frozen food is more nutritious than fresh food but that general supermarket frozen meals do not meet the nutritional needs of older residents and therefore living on these might lead to nutritional deficiencies. Frozen meals do have the advantage of offering each resident an individual choice of meal.

Many residents order meals from the Wiltshire Farm foods catalogue that arenutritionally balanced and labelled. They meet older people's specific dietary requirements including pureed meals for residents who have swallowing problems. The Enter and View Representatives felt that the options in the Wiltshire Farm Foods catalogue were not exciting to be eating every day.

All schemes have communal kitchens where staff can prepare food in. Staff at one scheme mentioned that they made the effort to put the ready meals in the oven rather than in the microwave as this improved the flavour. In all schemes, residents have the choice of eating meals in their rooms or in communal dining areas.

## **10. Social isolation**

Some residents appeared socially isolated. Their interaction with staff was limited to practical issues such as what they wanted to eat. There was no time to chat.

The lift at Rose Court was broken on the day of our visit, and although there was a chair lift, people need assistance to use this, thus limiting residents' ability to move from floor to floor.

We did not see any communal areas used fully. The exception was a scheme we visited where an afternoon birthday celebration was taking place. The timing of our other visits in the morning might have been a factor.

Staff told us many residents were not interested in participating in activities. Staff at one scheme said if someone was persistently isolated, they took a *'personalised approach'* to try to lessen their isolation. One scheme told us Hackney social services provided a befriending service to take residents shopping and for a walk.

## 11. Organised activities



*Poorly managed noticeboard*

Three Welfare and Activity officers work across all 14 housing with care schemes to organise outings. This has the benefit of increasing outing options for residents.

Activities are publicised on notice boards. We noted that not all posters or display board were up-to-date. Display boards were somewhat chaotic which made them difficult to read and find items of interest.

Rose Court uses a folder system in the lounge area on each floor. These folders contain details of activities. Content was variable, with some folders providing more information than others.

Staff at one scheme told us some residents go to lunch clubs such as the Salvation Army. Other residents attend church services. These residents were probably among the most independent.

Some residents commented positively on provided activities such as bingo, listening to music and dancing. Others said they would like more activities like darts and support to go for a walk.

Staff at one scheme told us most residents needed assistance to go out. This restricted their ability to access activities outside of the unit. Staff had limited time to accompany people to places so residents rarely left the building. Staff said they would like more funds for transport and additional staff so that residents could be part of the local community. Staff recognised this was important for residents' mental health.

The council does not always lay on transport for community activities. Care staff said this was an issue. Not having proper transportation makes residents more reluctant to go because it costs more money to get a taxi, etc. Families are often in charge of getting taxi cards for residents.

## **12. Involving family and friends**

Staff spoke about reaching out to family members to arrange specific support for residents, such as GP appointments or hospital visits. They said contact took place face-to-face when families visited or over the phone or by post.

The first Family and Friends forum meetings held since the CQC report took place on 16 July 2019. At this meeting it was announced that future forums will be held quarterly.

## **13. Housing**

Family members told us that care workers needed to know part of their job was to check the physical environment to ensure it was good/healthy for the residents

Some relatives expressed concern that care staff were not liaising with housing about repairs when residents were unable to do this themselves.

Staff reported that the relationship with the housing providers in general could be improved, with better communication and faster response times to repair request



## 14. Staff

From speaking to staff and managers at each scheme, it was clear the poor CQC outcome negatively affected staff morale. However, staff showed a strong desire to make the required improvements.

We were told the service used lots of agency staff at one particular scheme due to a shortage of full-time permanent employees. Families agreed that agency staff were worse at taking the time to get to know the resident and that the quality of care provided by those workers was not adequate

Families said some permanent staff were reliable and knew their relatives and their care plan well.

Some family and residents wanted greater clarity about who care workers were and who was working with which resident regularly, reflecting a perfectly reasonable desire for their vulnerable loved ones to be receive care from familiar people. This would eliminate confusion when relatives need to contact care workers about their loved ones.

Staff have a tough job at times. Some patients can be physically and verbally abusive. One BME staff member told how she was subject to racist abuse from a resident who had dementia and mental health problems. She talked to us about how she felt had to accept the abuse because of his health problems.

We witnessed staff speaking respectfully about and to residents, for example referring to them as Miss X or MR Y. Many residents spoke warmly of the staff and their kindness and helpfulness. Residents said some staff were better than others. Some staff could be *'patronising'*.

It was clear staff were under increased pressure due to the additional work required to address the issues identified by the CQC. This work included completing more than 19 forms for each resident, including new-style care plans.

Staff spoke about the difficulty in completing work within the tight timeframe while trying to do more with the same level of resources. They felt rushed trying to meet deadlines and clearly needed more staff to help complete the paperwork.

Staff talked about wanting to be valued more. They felt management did not always support them, for example by failing to tackle staff who arrive late for shifts, making their coworkers late with their handover. Hackney Council told us performance issues are dealt individual and confidential, other staff would not unaware of actions taken.

Staff told us the insurance did not cover them past the end of their shift creating a risk. Hackney Council told us that this is incorrect: insure covers care staff at all times when they carrying out the agreed council work and cover is not time-limited.

Staff said they sometimes worked 9 to 10 hour shifts to get their work done and they reported often feeling stressed and tired. The council told us all staff were encouraged to claim overtime or take back time in lieu for extra hours worked while the improvements were made, and staff have exercised their right to this.

One manager became tearful talking about the stress she was working under She talked about working unpaid overtime and at weekends.

In one of the smaller schemes, only one worker was on duty at any time. This means that there is no cover available for them to take a break. This worker would typically start at 7am and finish at 3pm, and their colleague might come at 2pm.

Staff said residents are sometimes afraid to ask for things because of the perception, and reality, that care workers are always busy. Staff recognised it was important to empower residents to speak up so that they can get what they want to ensure a higher quality of care. Staff said had developed a more in-depth understanding of each resident and their needs since the CQC report.

## 15. Recommendations and council responses

Area	Recommendation	Service response
<p><b>Care plans</b></p>	<ul style="list-style-type: none"> <li>• All residents and their families given a copy of their care plan</li> <li>• A care plan summary put in each residents' room, in a prominent accessible place</li> <li>• Consideration to be given to the production of a '6 key things about me' poster, for each resident</li> </ul>	<p>We have now ensured all service users have a copy of their care plan. We are also informing all relatives of this.</p> <p>The idea of a '6 key things about me' summary was raised by a relative at the HwC forums. We were pleased to hear this suggestion and agree it could be a valuable activity.</p> <p>We are in the process of establishing a co-production group with service users and relatives. The group will be asked if they would like to co-produce a '6 key things about me' template, that will then be completed with all service users and displayed on the front of care plans.</p>
<p><b>Food</b></p>	<ul style="list-style-type: none"> <li>• Where possible freshly cooked rather than frozen ready meals food made available for residents.</li> <li>• This could either be through care staff cooking for a group of residents joint meal from fresh ingredients, and involving residents where practical, in tasks such as peeling vegetables</li> </ul>	<p>Part of supporting service users to be independent in their own homes includes service users exercising choice related to what they eat, how they source it, and when/where they eat.</p> <p>Each service users' needs are assessed under the Care Act, and support plans are devised to</p>

		<p>reflect this. Care plans also include details of what food the service user likes/dislikes. Whilst many service users do choose to have ready meal provision, a number of service users choose to collectively have takeaways on Fridays, and in some schemes service users choose to have freshly cooked communal meals at the weekends, that staff cook. In some schemes, this no longer happens, as this was the choice of the service users.</p> <p>Staff support service users to access their meals, in line with their choices.</p>
<p><b>Social isolation</b></p>	<ul style="list-style-type: none"> <li>• More effort to be put into recruiting volunteers as befrienders to visit residents and accompany them on walks</li> <li>• Care plans to include adequate provision for support to access the community</li> <li>• Make sure the lift at Rose Court is fixed so residents can easily visit each other, no matter what floor they live on</li> </ul>	<p>Care plans document people's socialisation, relationships and wellbeing needs.</p> <p>Service users are supported to maintain relationships with friends and family to avoid social isolation.</p> <p>Each scheme provides activities in the communal area of the building and service users have the choice to participate in these.</p> <p>Hackney Council commissions a befriending service, and this is offered to service users in Housing with Care, some of</p>

		<p>which have chosen to have befrienders.</p> <p>We will continue to raise awareness of this to service users, and if required we will work with the provider to increase the numbers of befrienders within the schemes.</p> <p>We raised the concern about the broken lift to the Landlords and will continue to monitor any maintenance issues and escalate as needed.</p>
<p><b>Activities</b></p>	<ul style="list-style-type: none"> <li>• Notice boards, and activity folders need to be kept up to date</li> <li>• More reserved residents encouraged through more one to one activities that meet their interests and needs e.g. reading together.</li> <li>• Residents consulted on the activities they want.</li> <li>• More accessible and easy to organise transport to enable less mobile residents to participate in community activities</li> <li>• Increase in funding for transport</li> </ul>	<p>Welfare and Activity Officers and Scheme Managers will be instructed to keep activity folders and notice boards up to date, and in an appropriate and easy to read format.</p> <p>When planning activities with service users, activities on a one to one basis will be considered and discussed with the service user and their relative.</p> <p>Each service user is consulted about the activities they are interested in, and this is reflected within their care plans. The activities scheduled are informed by service user's choices, and they are supported to access these.</p>

		<p>The service does not directly provide and pay for transport, as this is not part of a Housing with Care service. Instead Housing with Care staff support service users to be able to access transport to reach activities of their choice in the community, such as Dial-a-Ride, use of the taxi-card scheme when eligible, or privately purchased transportation i.e. mini-cabs.</p>
Involving family and friends	<ul style="list-style-type: none"> <li>Quarterly meetings should be organized to enable family and friends to meet staff and feedback</li> </ul>	<p>Our Housing with Care forums are now held quarterly - the first was in July 2019 and the next is in October. We will continue to run these and will invite Healthwatch Hackney to attend.</p>
Housing	<ul style="list-style-type: none"> <li>Staff to take the initiative to contact housing regarding repairs rather than relying on family</li> </ul>	<p>Staff have been instructed to raise any repair and maintenance issues with Housing colleagues on behalf of service users and do so frequently.</p> <p>A new Housing with Care leaflet is being produced that will clarify the roles of care staff and housing staff, and who to contact and how for different issues. We hope this will also make it easier for service users and relatives to contact housing when needed.</p>
Staff	<ul style="list-style-type: none"> <li>Staffing levels reviewed so that no staff feel pressured to work unpaid overtime</li> <li>Staffing organised so staff are able to take lunch and rest breaks</li> <li>Staffing increased so that they have time to chat more</li> </ul>	<p>We are confident that staffing levels are sufficient to meet the needs of service users.</p> <p>All staff were encouraged to claim overtime or take back time in lieu for extra hours worked</p>

	<p>with residents rather than being totally task- orientated</p> <ul style="list-style-type: none"> <li>• System of staff reward and recognition put in place</li> <li>• Recruitment of additional permanent staff to reduce reliance on agency staff</li> </ul>	<p>whilst the improvements were made, and staff have exercised their right to this.</p> <p>Staff rotas are organised to ensure staff can take sufficient lunch and rest breaks.</p> <p>To recognise and reward the valuable work of care staff, the annual Hackney Care Awards started in 2017, and includes a category especially for Housing with Care staff.</p> <p>A recruitment campaign took place over the summer, and 15 additional permanent staff have been recruited. Another recruitment campaign is planned to start from October 2019, looking to further increase permanent staff and reduce the use of agency staff.</p> <p>16 existing permanent staff will also be increasing the hours they are contracted to work, following expressions of interest, further reducing the use of agency staff and increasing continuity of care.</p>
--	--	---

## 16. Residents' feedback

To preserve residents' confidentiality and prevent identifying people, we have not linked residents' comments with their home address.

**Resident 1** said they liked living in this scheme and mentioned a range activities including bingo, going to the park, listening to music, enjoying coffee, and even dancing. They were clearly one of the more independent residents who goes shopping once a week. She is sociable and she will visit other flats in the building when she can. She described staff as '*very nice and helpful*', both on the care and housing side. She was very aware of her care plan and feels she could easily contribute to her own plan by talking to staff, but beyond that they knew very little about other areas of interest and how they were handled such as personal finances, costs of living, bills, etc.

**Resident 2** reports communication with staff to be fine, most of the time. '*We all have bad days.*' Overall, she feels staff listen and when a request can't be accommodated, they explain why. She is aware she has a care plan, although she has not seen it in a while. She said her care was '*fine*'. If it wasn't, she felt confident to say this and '*ask for help*'. She can talk in confidence to her carer as '*she is the best*'. She feels safe and secure at the scheme. The resident feels there is a good variety of activities and activities and likes computer, crosswords, seated exercise and watching films. It is very important to her to go for a walk but she can only do that with support because her mobility is poor (uses a stick). She says she manages to go out two or three times a week. She would like to go on more walks if possible. She reports having felt lonely occasionally but has decided not to tell staff as she knows they are unable do anything about it.

**Resident 3** feels communication with staff can sometimes be '*difficult*'. She needs to take medication at regular times including during the night and sometimes has had to wait for help come. When she pulls the call cord, carers often take a long time to show up or do not show up at all. She feels the paid carers often assume that something would be fine for her, but they do not double check directly. Sometimes she might not be open about things she is unhappy about as she fears being seen as a troublemaker. Her main care worker used to be her key worker. She did not feel respected by her when she was her key worker. In particular, she mentions episodes when some personal belongings were thrown away (e.g. current issue of a magazine she enjoys reading). Overall, she felt the key worker wasn't very nice. Her relative present asked her quantify her care out of 100. She said it's probably 60% good and 40% not so good.



**Resident 4** has lived in the scheme for about eight years. He found staff easy to talk to, kind and respectful. He likes to play and listen to piano and drums. Sometimes people come on Fridays. He does not know what is in his care plan. The manager buys groceries every week including things he likes and staff cook for him. His brother and sister come to visit often. He has a care plan but is not sure what is in it.

**Resident 5** said staff have hit him. Complained the water is contaminated. Said there were no activities. (Note: we were told this resident suffers from schizophrenia and dementia).

**Resident 6** said the place looks damp and complained there was not enough heating, and no heating in the corridor. This resident is independent, cooks and cleans for herself. She goes to church once a week on a Saturday.

**Resident 7** says care staff are easy to talk with. She has severe mobility issues, and uses her pendant alarm if she needs anything. Care workers arrive promptly when she uses it. One regular staff carer is '*perfect*' for her and very kind. She knows she has a care plan but did not know where it is. She gets regular support from visiting family. She only stays in her flat. She used to walk a lot and misses being mobile. She lost her mobility a year ago after she was bed-bound for two months in hospital. This resident now needs lifting with a hoist and uses a wheelchair. She does not like to be in the wheelchair as she fell out a couple of times and is scared it might happen again.

**Resident 8** has been living at the scheme for a few years. She says staff are '*nice and lovely*'. Family visit daily and support her. They help with personal care, shopping and cooking. It was difficult to gauge how much support she gets from staff as the family is heavily involved in her care. The resident does not join activities with other residents. Her family could take her to the communal area but she does not want to go there as she is happy in her flat.

**Resident 9** reports communication with staff is good. He is aware he has a care plan, although he is unsure where to find it and thinks it might be close to the door. He says staff are good. '*They are there for us*'. He gets support with washing, medication and shopping. He prepares the shopping list and care workers buy what he needs. He can choose his clothes and get dressed. Overall, he is happy with how it all works. This resident feels safe at the scheme. Staff come in promptly when he uses the call cord. He feels he could with more prompting to take part in activities. This resident stays indoor most of the time. He would like to go out more often, even if just for a quick walk. He misses the day trips that used to be organised. He would like to do games such as dart balls but appreciates it might not be appropriate for the setting and thinks he might enjoy dance classes/activities and board games like Ludo. No family visits him and he reports feeling lonely at times.

**Resident 10** now has a walker following a fall in his flat. During the fall, he could not reach the call cord. Family and friends visit but rarely. Staff help him shower and shop. He says his health has worsened since living here. *'Staff are alright'*. He is aware of his care plan, but said: *'Ask Jxxx about it'*. He was unsure of the details or where the plan is kept. His social worker visits once a year. He is not interested in activities. He would like to play darts. His daughters take him out in the wheelchair occasionally, but he would like to walk in the fresh air more often. He does not have conversations with staff, they just come in and do their job then leave, and ask him routine questions like *'what do you want for breakfast?'* He feels lonely and isolated sometimes. He has a friend in a flat on another floor in the scheme but has not seen them in many months due to mobility issues.

**Resident 11** reports some staff are easy to talk to but others are not as friendly. She does not have a copy of the care plan, as far as she knows. She enjoys it when young people from a nearby community group come to chat to residents. She does not participate in many centre activities. She feels safe and enjoys the staff. She has decorated her own flat to make it feel more like a home. She can choose where to eat meals but likes to eat in her flat in the afternoon and in the communal areas in the evening. The optician collects her for appointments at Morefield's Eye Hospital.

**Resident 12** had a haircut recently and a few months ago went to the barber. Someone comes to shave his beard every so often. He feels safe and likes the staff. He says they all do 'care' a little differently. Sometimes staff will listen and hear what the residents need, but not always at every hour of the day. He has been *'a bit depressed recently'*. He had not been out much and would like to go out more. He broke his hip 3-4 weeks ago and injured his knees, which limits his mobility further. His brother lives in a Jewish residential home nearby, but he has not seen him in a while because they cannot get to each other easily. He does not know what a care plan is or who would be in charge of it.

**Resident 13** initially felt she made the *'wrong decision'* moving to the unit. She has now settled and enjoys living there. *'Most staff are good and they help out a lot. They are very helpful.'* Staff help her to stand, wash, with her bathroom needs and getting in and out of bed. The catering *'isn't great'*, mainly frozen foods and lacks variety. She prefers it when her family bring her home cooked meals at weekends. A couple of staff *had 'a poor attitude'*. They spoke to residents in a poor tone of voice and were patronising at times. She knows how to complain and has in the past but did not receive follow-up or feedback. She does not like to participate in social activities. She goes to movie club and monthly residents meeting. She was involved in her care planning, however she does not agree with certain aspects and has refused to sign it. She does not have a copy. She knows about 'independent advocates' but would like more information. She finds the flats small but she is very happy living here.

**Resident 14** *'Very happy living here and they treat me very well, I feel respected by the staff and they help me out a lot. They book my appointments and they take me shopping once a week.'*

**Resident 15** does not go out alone, only with family. *'I am very content living here and I have made some friends'*. He reports some staff are *'very good'* but not all. Would like more personalised care. He does not have copy of his care plan. If he needs to complain, he feels that it better for his family to intercede on his behalf. Has had to wait a long time for repairs as there is water in the ceiling. It was reported but has taken over 5 weeks. He does not feel secure and feels scared to leave the home alone in case of losing his bearings.

**Resident 16** enjoys living in scheme and finds it quiet. Staff treat her well. She struggles to get in and out of the building at times. She feels isolated but she has made friends in the scheme. She does not take part in activities. She is aware of care plans but does not know much about them. She has complained in the past and feels they dealt with her complaint adequately.

### **Good care, in parts**

The sister of one resident said the service improved after the CQC visited but the service had never offered a family meeting since her sister moved in more than four years ago. Her sister was upset she received no notification of our visit nor the recent CQC inspections. She only found out from another resident. Her new key worker is *'more respectful'* but some communication problems persist. Her sister told us she had seen the care plan and it *'looks alright'* but she is unsure how much staff actually implement. *'The care plan doesn't get to the nitty gritty of what is needed. Often it is more a box ticking exercise and it is not reviewed or followed up.'* Staff handled her sister's recent complex medical problems *'quite well'* and appropriately dealt with a safeguarding alert when someone outside the unit was financially abusing her. Her sister *'doesn't have much food in her fridge'* and needs regular support with both shopping and cooking but only gets sporadic help. She has hairs on her chin and her new key worker agreed to attend to these but nothing happened. Her sister was upset when care staff shaved her chin rather than use hair removal cream. She is concerned care staff are not helping her sister use her prescribed compression tights because they are unhappy with the applicator provided by the lymphoedema service. Staff ignored her suggestion to call the nurse for advice and now she has to put them on her sister. She feels staff are not proactive at finding solutions and thinks they do not have enough training supporting residents with learning difficulties, even though the scheme specializes in this. *'It's great to focus on residents' independence but sometimes the need for support is missed.'*

## 17. Demographics of residents interviewed

