

# Enter & View Report

## Optima Care – New Heston Road

Healthwatch Hounslow  
July 2023



# Contents

Introduction	3
Executive Summary	5
Reason for the Visit & Methodology	5
Visit Details	6
What we Found & Recommendations	7
Provider Response	9
Results	8
Observations	9
Interviews	11

# Introduction

## Who are Healthwatch Hounslow?

Healthwatch Hounslow is your local Health and Social Care champion. From Feltham to Chiswick and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback **to improve** care. We can also help you to find reliable and trustworthy information and advice.



## What is Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2013, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services – such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

A dark blue rectangular graphic with three overlapping speech bubbles in light green and pink. The text 'Enter & View Reports' is written in white, bold, sans-serif font.

Enter & View  
Reports

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter and View Report', shared with the service provider, local commissioners and regulators, outlines what has worked well and gives recommendations on what could have worked better. All reports are available to view on our website.

## **Safeguarding**

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If, at any time, an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

## **Disclaimer**

Please note that this report relates to findings observed on the specific date(s) set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

## **Limitations**

While the Healthwatch Hounslow Authorised Representatives receive Enter & View training, they are not qualified medical or care professionals and are only able to give a 'lay-man's' interpretation of their observations and interviews. Furthermore, where English is not a first language for some of the staff or residents, it is possible that some words or sentences were not fully communicated.

The individuals in this residency also had minimal speech and comprehension of complex questions so where we have tried to provide a voice for them, this was limited to their expressions, observations and very simple picture-based questions.

## **Acknowledgements**

Healthwatch Hounslow would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.



## Executive Summary

### Reason for the visit

Hounslow Council indicated that there were some concerns around the homeliness of the house, the bareness of the outdoor space and some management changes over the last few months.

### Methodology

This was an announced Enter and View re-visit which took place on 25<sup>th</sup> July 2023 between 2:00pm and 5:30pm and conducted by one Healthwatch Hounslow Lead Authorised Representative. Only one Healthwatch Hounslow representative visited as it was suggested that more than one unknown visitor might be overwhelming for residents. Optima Care shared an EasyRead introduction letter for residents and shared online surveys allowing some staff, managers and family members to complete the survey online and residents to contact us to express their wish to talk to us.

### The visit consisted of the following components:

- An initial introduction to the housing scheme with Managers
- A tour of the external and internal premises
- Interviews with residents, staff and managers
- A debrief with the manager to highlight any immediate concerns, if applicable

### In total we spoke to:

- 4 of 5 Residents (as much as we could given challenges in oral communication)
- 1 x Friends/family via online survey
- 1 x Area Manager and 1 x Quality Manager (plus manager questionnaire)
- 1 x Team Leader
- 4 x Support Workers

## Visit Details

Type	Details
Service Visited	Optima Care – 82 New Heston Road
Latest CQC Score	No recent report
Registered Manager	<p>Interim Manager: Carol Bailey, Quality Improvement Lead. Supported by other Optima management.</p> <p>New Registered Manager (Operations Manager) due to join 2<sup>nd</sup> October 2023</p> <p>New Home Manager anticipated start date 29<sup>th</sup> August 2023.</p>
Type of service	Supported living accommodation for individuals with complex learning disabilities
Number of residents	5 with autism and/or complex learning disabilities
Date and time of visit	25 July 2023
Status of visit	Announced
Lead Authorised Representative	Viviane Walker
Healthwatch Hounslow contact details	<p>Healthwatch Hounslow                      45 St Mary's Road                      Ealing W5 5RG                      Tel: 020 3603 2438                      Email:  <a href="mailto:info@healthwatchhounslow.co.uk">info@healthwatchhounslow.co.uk</a></p>

## What we found & recommendations

From our visit and survey results, our five key findings and recommendations are:

### 1. Increase and Widen the Range of Activities

All the residents had activity schedules for the week and some of the residents said they were happy with them. But one family member did have concerns that her son was being left for too long in his room and not receiving enough stimulating activities. There may be other activities that he would like that combine technology and stimulating activities.

While Optima have a quality team who review activity planners, there may be scope to engage more with more local community groups (in addition to their current work with local charity Speak Out who seem to be doing great work), to help breathe fresh ideas and activities for staff and residents locally.

### 2. Clarification of What Social Housing & Care Provider's Responsibilities

There had been some dispute over the responsibilities of the social housing provider and the care provider, particularly around the furnishing of the house and the garden area. The people who suffer from this lack of clarity are the residents resulting in nothing being done to improve communal/outdoor areas, with family having to intervene. Clearer guidance at the beginning of contracts may identify responsibilities and proactive management of the contract to ensure actions are taken to improve services and who is responsible for owning and delivering actions required.

### 3. Improve the Outdoor Living area

As alluded to in the above point, little action has been taken by the providers to improve the outdoor space, it lacks greenery and nature. Managers have indicated that new outdoor items such as planters and outdoor rugs are arriving in September, supplied by family members. Working with local community gardening organisations could also help improve the garden and residents' wellbeing.

## What we found & recommendations (continued)

### 4. Physical Training for New Staff to the Industry

Some of the experienced staff felt that newer staff would benefit from more in-person training, particularly around Manual Handling. Since Covid, support workers noted that most training courses have gone online and then remained online. Managers had noted that training was being reviewed to explore inhouse training opportunities to cater to individual client needs. With the above staff observations in mind, in-person ones might be appropriate.

### Commissioners to Review Care Packages of Residents on a Regular Basis

Many of the staff felt that one resident who received 1:1 24/7 care support needed more support, and they would benefit from 2:1 24/7 care support. This is because when they exhibit challenging behaviour, it takes 2 to 3 staff to deal with the situation, which takes support away from other residents. Reviewing care needs and listening to support workers may allow for changes in care packages to reflect the reality of how best residents can have a good quality of life.



## Provider Response

**Carol Bailey, Quality Improvement Lead, responded to our report and shared the following comments:**

1. All of the issues that were identified are under review by the Optima team. We are working with the staff team, commissioners and other agencies and solutions are currently being implemented.
2. Increase and Widen the Range of Activities: This is in progress. The PBS practitioner and staff team are working in partnership with other agencies and the residents to encourage them to engage in new and a wider range of activities of their choice.
3. Clarification of What Social Housing & Care Provider's Responsibilities: We have worked closely with the social housing provider and have a good understanding of the social housing and our environmental responsibilities.
4. Improve the Outdoor Living area: This is in progress. We are working with staff, residents and family members to establish what they want in the outdoor area and to plan the development of this area with the residents and staff.
5. Physical Training for New Staff to the Industry: The physical needs of our residents are assessed regularly. Face to face moving and handling training for staff is being organised for one resident that requires moving and handling techniques.
6. Commissioners to Review Care Packages of Residents on a Regular Basis: One resident's care package is us under review with the local authority.

# 1. Results – Overview of Visit

This section provides more details on observations and interviews



## Observations

The Authorised Representative was given a tour of the property at New Heston Road at the beginning of the visit. A checklist was used to help gather comprehensive insights and each area has been summarised.

Due to the Healthwatch Hounslow team being advised that more than one visitor might be unsettling for residents, only one Authorised Representative (AR) visited, which may reduce some of the observations.

### Outside and Entrance

Optima Care: New Heston Road is a small supported living home for residents with autism and/or complex learning disabilities and require extra care and support. It is situated in a mostly residential area, on the corner of a main road. There are nearby bus stops, a park in close proximity and the home is near some small shops.

The front of the home is a double-fronted detached house with a paved over front garden. The house has pleasant curb-side appeal and looks homely from the outside.

The front door has a lock and upon entering the hallway, there is a visitors book, which the AR was asked to fill in upon arrival and departure. The hallways were all white and bare, with Fire Exit signs located around the communal areas. Although this could appear as a little unhomely, it served as being quite practical. With the house often having 5 residents with sometimes challenging behaviour, as well as their support staff, having hanging pictures or ornate features might not suit this home. There might be opportunities for some painted features or decals, which might be worth of a house meeting to discuss.

**The outdoor space** at the rear consists of a concrete 'garden' which merges into quite a large carparking space, which is again all concrete. There were no grass or trees but there were some plants which some of the residents enjoyed watering.

The concrete area immediately outside has a roof to protect from rain and has chairs and tables so that residents can sit outside. This did make for a pleasant dining area and area to sit in.



The yellow area highlights the concrete outdoor space.

## Observations Continued

### The outdoor space (continued)

However, there is huge opportunity to do so much more here so that residents can spend more time outside and participate in more activities. Sandpits, water features, sensory herb beds, are just a few things to make the outdoor space more lively.

The managers noted that there are discussions with the social housing provider about this. There are also are plans to bring in more greenery, rugs and furniture in September, arranged by one of the resident's family members.

### Communal areas

#### Halls and Stairs

As mentioned, the halls and stairwells were a little plain, but they were clean and clear of any obstructions. The neutral décor might be positive for residents with strong sensory triggers.

#### Living Room

The living room had a small table and chairs, a couple of sofas and a television and residents were observed sitting down in the afternoon after their morning activities, interacting with staff with the television on in the background. The managers noted that they want to do more with the living room, including getting a bigger TV and to get the residents' input.

#### Kitchen

The kitchen was a very pleasant good-size room with homely furnishings, a table and chairs for eating at and two fridges for residents. Residents' photos and names were on various cupboards and fridge and freezer shelves with their own food. A weekly menu was on the wall with pictures, although staff noted that residents would sometimes prefer something from their cupboards which staff would cook. Management noted that pictures were used to help with food choices and where they can, residents are encouraged to participate in meal preparation and baking where they are able to.

### Private bedrooms

All the bedrooms had double beds, were a good size, had good size furniture and en-suites. All the bedrooms were clean and tidy and some of the rooms had personal items on walls. On the back of their doors residents had their weekly planner with activities for the day. All rooms had lockable medicine cupboards that only staff could access. The bedrooms all looked nice and pleasant and to the taste of the residents.

### Overall Cleanliness

The communal and private areas of the house were all clean and tidy to a very good standard. Staff were asked if this was always the case, to which they responded although a little extra effort had gone into the visit, it was always clean and tidy with messes being cleaned up straight away.

## Interviews & Survey Feedback

Through interviews and surveys, we looked at 7 different areas of living and working in supported living accommodation. As communication with the residents was quite difficult, we are including our observations to their behaviour, comments from family and interviews with staff.

### General Overview

Our general feeling from staff and residents were that residents were happy and cared for by staff. Staff did find that they were often stretched because one resident had higher needs and more challenging behaviour which affected their ability to support other residents on occasions. Only one family member responded, who felt that their relative was left alone too often in their bedroom and did not engage in enough activities.

### Care and Personalised Support

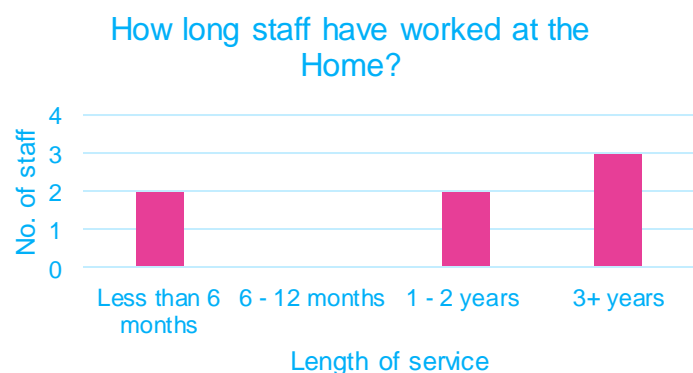
It was hard to get too much feedback from residents directly about their care and personalised support so much of this section focuses on the responses from staff.

#### Sufficient time to deliver support

All six staff felt that they had sufficient time to provide support, however, 3 of them noted that this was not the case when the resident with challenging behaviour would flare up and would require extra staff to calm them down, detracting from the support they could provide to other residents. One member of staff did note that they do everything; cleaning, cooking, personal care, activities, planning etc – which is a lot for anybody to do and they finish their shifts exhausted.

#### Consistency of support workers

In some care settings, not having the same care worker can be stressful. All staff noted that they swap every day and every afternoon who they are supporting. In a residential home of 5, this may be less of an issue as they all get to know each other very well in the house and often do activities together. All staff were permanent with use of agency staff minimised.



Of the 6 staff interviewed, 2 had been working there for less than 6 months. Staff retention is difficult across the care sector but is something that can affect the quality and consistency of care provided.



## Interviews & Survey Feedback Continued

### Adequate breaktimes

While 2 of the 6 staff strongly felt that they got adequate break time, the general feeling for the rest was expressed more as “we grab a quick bite when we can.” On the day of the visit, two members of staff were having a 3pm lunch, not because they liked late lunches, but because they were with residents who need 1:1 care and/or exhibited challenging behaviour, so they to wait for the right moment, which can take a while.

Given that some staff are working 15 hour shifts, ensuring that they are taking proper breaks is important to ensure they can give the best care.

### Supporting the needs of residents (voice, personal care and activities)

#### Support Plans

One member of staff said that the Team Leader helps create the Support Plan. Technology also assists them, all observations and activities are entered into a PCS (Person-centred Software) planner, so that if, for example, a resident is not walking as much as they should be and gaining weight, this gets noted in the PCS Planner.

On a daily basis, staff help residents to wake up, get washed and dressed, have breakfast and get ready for the day. Staff ask residents what they would like to do, and they use a pictorial weekly planner to identify activities for the day such as: walking in the park, bowling, going to the cinema, going to college, helping cook dinner.

*“First assess each person’s needs. I help them with their daily lives, cooking, cleaning and other care as well.” **Staff member***

Management noted that “Plans for all service users are regularly updated and reviewed with the input of their care teams and family / carers. These are usually completed through the manager however there we are awaiting for the new manager to come into place. This has currently been reviewed and supported by the quality team and team manager.”

#### Activities

The feedback from one family member was that she was dissatisfied with staff and that her relative did not receive enough engagement in activities or conversation with staff.



## Interviews & Survey Feedback Continued

### Activities continued

On this point, 3 members of staff noted that they could chat to, prompt and encourage residents to take part in activities but that they could not force them to.

*“We listen to their choices and take that into consideration. If they say ‘no’, we try to persuade them but not force them.” **Staff member***

*“You listen and learn from them, and gauge from their behaviour what they want.” **Staff member***

*“They leave my son alone in his room...More interaction activities [are needed], very limited needs more brain activity.” **Family member***

With one resident, we pointed to his activity planner and he said he didn't like a lot of activities on it. But the staff member said that when he's there he enjoys himself or if he sees everyone going he wants to go.

Two further residents were able to express fondness for bowling, walks, college and the cinema. However, a family member noted that this is all they ever seem to do.

One staff member noted that a resident had developed a sore on his arm where he had played on his computer using the mouse for a prolonged period. Having witnessed him run to his room to jump on his computer, and the joy it brought him, this is likely to be a difficult habit to overcome. Staff had tried to mitigate injury by purchasing ergonomic mouse-mats, however he made need further support to distract him from this activity.

Support workers face the challenge of minimising residents from disengagement in activities while also respecting their thoughts and decisions. Giving residents a choice of activities might help, as well as refined negotiation skills.

The managers and staff commented that they planned to install a larger television, as the current one was quite small. However, this might serve to encourage sedentary behaviour amongst residents and perhaps time limits on screen time should be discussed with residents, family members and staff. Perhaps a console that encourages physical play such as a Nintendo Wii might be appropriate.

**“I don't like bowling. I don't like the cinema. I don't like bike. I like television!”  
**Resident****

## Interviews & Survey Feedback Continued

### Inclusion of Friends and Family

Staff noted that residents come to the home on a regular basis and that some residents travel to see their family on a weekly/fortnightly basis on a Sunday. Quite a few family members send food over to cater to more individual tastes. One staff member noted that as family members get older, their visits are becoming less frequent.

In their feedback, a family member said that they only 'sometimes' felt involved with decision making on their relative's care, noting that they only did "bowling, walking, cinema." One of the staff members noted that she didn't really speak to the family members but that the Team Leader speaks to them.

Management commented that "there is an internal process to support family and friends to give feedback through a survey We are currently reviewing this process with the aim to have the sent to families in September. We speak to family regularly and update them in their care encouraging them to come to the service as often as possible."

### Communication with Residents

Communication with residents was challenging as they tended to be nearly non-verbal or could only answer yes/no questions, which even then, their comprehension of the question might not have been complete. However, we observed that the Team Leader was excellent at communicating with residents and understanding what they wanted to convey.

The management team noted that "Staff are supported to understanding the communication needs of each person, with training and this is highlighted in the care plans and they will use options show options, e.g. food. Staff use "do you want this" signs for options."

## Interviews & Survey Feedback Continued

### Safeguarding

All 6 staff members said that they were aware of the safeguarding process of how to raise a safeguarding alert and how to access clear safeguarding information at work. We asked them specifically what they would do if they had concerns. Most answered that they would report it straight away to their line manager. A couple of staff members added that they write it in a report and call another staff member as witness. The Team Leader noted that she would speak to her Line Manager, if she felt nothing was done she'd call the office and if still no action, then she would report it directly to the council's Safeguarding team.

Management noted that Safeguarding concerns are raised as and when they occur, via incident forms on the PCS system, and, if appropriate, (if they reach the safeguarding threshold) are then raised with the local safeguarding team.

### Privacy and Dignity

Many of the residents require quite intimate care for washing and going to the toilet. We were unable to gather the resident's voice on this topic but the family member who gave feedback and all the staff observed that residents' privacy and dignity was maintained.

*"We always knock on doors before entering bedrooms. We don't leave doors or windows open for personal care." Staff member*

*"We give residents choice, for example one resident doesn't like females to see him naked so we're respectful and knock on the door and give him the space to put on a towel before entering the bathroom." Staff member*

*"Yes, we always knock and always ask permission before we do anything." Staff member*

### Staff Induction, Training and Competency

For their initial induction, support staff noted that they have approximately 50+ online courses to complete (over a few months) as well as 1 week of shadowing other staff and a further 2 months of being observed administering medication. Their probationary period is 2 months. Staff thought the induction and training was sufficient on the whole. Although 2 members of staff who had considerable experience in care homes felt that newer and inexperienced staff might benefit from some of the courses such as Manual Handling being in person. Management noted that training activities are being reviewed internally to explore inhouse training opportunities to ensure the service is specific to the needs of residents.

*"I've worked in a care home so I understand a lot, but new people would benefit from some physical training classes." Staff member*

*"The training is enough. I had my Buccolm training last month." Staff member*

## Interviews & Survey Feedback Continued

### Handovers

Day staff work long shifts, typically around 15 hours from 7/8am to around 9/10pm when the night shift take over. Most staff were happy that there was sufficient handover time as all activities during the day are noted on the PCS system and at least one night staff member starts at 9:30pm so there is always someone to fully debrief.

### Recent changes in management

In the last few months there have been a few changes in management which can sometimes be a cause for concern. We asked support staff if they felt they'd been affected by this and they noted that they had not. With regards to management in general, support staff said they felt supported and appreciated the Area Manager and Quality Manager working at the home in the interim. New permanent managers are expected to arrive at the end of August and October.

*"Our old manager was very good. Even the short term managers have been good at helping us. They always come to help us but can be busy with paperwork."* **Staff member**

*"The Area Manager has been really helpful."* **Staff member**

We would also note, that in the absence of Senior Management, the home's Team Leader, who has been with the organisation for a few years appeared to be highly competent as well as having great empathy and compassion with residents. She knew very well how to communicate with residents and convey their meaning as well as understanding well their likes and dislikes.

### Accessing health and social care

All members of staff said that it was part and parcel of their job to call the GP with queries and arrange appointments. None noted any issues in this area.

### Staff Pay and Working Hours

A couple of support staff noted that their pay was just over the minimum wage yet the work they do is all encompassing:

*"We do everything, we are cleaning, go food shopping, organise and do activities, go shopping, cook healthy meals. We don't wait for someone, we just do it. We give good meals."* **Staff member**

Another staff member noted that they find the long shifts hard, while others preferred them and then taking a long rest after.

## Final observations from the interviews

It was unfortunate that we did not get more responses from family members as we struggled to communicate very well with residents. However, we did pick up on their expressions, the atmosphere and their interactions with staff which all looked positive.



### Contact Us

If you would like to discuss this report or our  
please get in touch:

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