

Enter and View Report January 2016

Visit to Prince of Wales Drive Extra Care Housing Scheme for Older People

A current strategic priority for the use of our Enter and View powers is to visit extra care housing schemes. We feel that tenants in these schemes get less chance to express their views compared with users of other health and social care services.

About the scheme

Address: 35 Prince of Wales Drive, Battersea, London SW11 4SN

The premises: The scheme is part of a complex opened in 1991 on the former Battersea Hospital site, opposite one of the gates of Battersea Park. The ground floor and basement were formerly a day centre and a nursing home, both now closed.

The flats are located on three upper floors on two wings – Mary Court and Joan Bartlett House. They are joined on each floor by a bridge. Both entrances have doors controlled by buzzers to the offices or flats. The building is surveyed by 16 CCTV cameras which are monitored in the offices of the Care Manager and Housing Manager.

There are 66 one bedroom flats with kitchen and bathroom facilities. Half the flats have external balconies, the rest have views of the roof garden and all are let unfurnished with carpet, cooker and fridge. All flats are connected to a central alarm system.

There is a large communal lounge with kitchen facilities on the first floor of one wing and smaller communal spaces on each floor of the other wing. There is a large roof garden between the two wings which is used on social occasions. The planted areas are maintained by volunteers from outside the scheme.

Management: The building is owned and run by Viridian Housing with an onsite Housing Manager. Men and women over the age of 55 are nominated by Wandsworth Council to receive a tenancy with rent and a service charge payable to Viridian.

Mears Group provides an on-site Care Manager and is registered with the Care Quality Commission for the provision of personal care services. The registered office and manager are at Mears Group's London Bridge regional office but we were told that registration of the Prince of Wales site as a separate location for the delivery of personal care is being progressed.

Tenants: The scheme has capacity for 66 tenants. At the time of our visit, 50 were

extra care tenants, 8 were the remaining sheltered housing tenants and 8 flats were vacant. All the Extra Care tenants have eligible care needs which are met under a Wandsworth Council contract by Mears Group. The care of each tenant is provided according to an individual care plan based on the Council's assessment of needs. A minimum care need of 10 hours a week is the normal threshold for access to the scheme.

Staffing: The Care Manager has two assistants with defined areas of responsibility. The care staff team of around 30, some of whom have been working at the scheme for many years, work shifts. There are 11 staff on duty in the morning, 7 in the afternoon and 2 at night. Each shift has a nominated leader but this responsibility does not carry a financial reward. We were told that a keyworker is allocated to each tenant and they are expected to spend time and talk to them about once a week.

The Care Manager told us that staff did not work consistently with individual tenants – staff are allocated to “lines of work” on a sheet. The Manager tried to vary which staff were working with people who are more challenging to care for. Some tenants require two staff to provide personal care. Some tenants made special requests not to have particular carers and this was complied with where possible but left others without choice.

Meal arrangements: Communal meals are not generally prepared. A wide variety of arrangements are in place for tenants to have food delivered, to have shopping done or to be assisted with their preparation in their own kitchens. The usual allowance of care time for meal preparation is half an hour. To a great extent, reliance is put on convenience foods or ready to eat meals.

Activities: A few tenants are funded to go out to day centres- these appeared to be those who were already attending when they came into the scheme. Organised activities at the scheme have been limited and only about a dozen tenants regularly take part – for example a weekly Bingo session, weekly quiz, weekly film night, weekly art activity, a monthly church service and fish and chip supper, and weekly singing. We were told however that additional funding from Wandsworth CCG has been provided for activities and an outside organiser has been commissioned to consult tenants and organise a wider range of activities. Funding for activities is also raised via charging car owners to park their cars in the underground car park.

Quality of care – information collected by the home

Not available.

CQC's of the quality of care at the home

Care Quality Commission (CQC):

During 2015, Mears Group took over from Care UK their homecare services managed from the London Bridge office. In March 2015, CQC inspected the service when it was run by Care UK, visiting the London Bridge office but not Prince of Wales itself. The overall rating – for personal care services provided to over 1200 people in several Boroughs and in a number of Extra Care schemes, including Prince of Wales – was that services required improvement. Ratings for different aspects of quality were:

Caring: Good – based on feedback from service users who thought that staff treated them with respect and were kind and friendly.

Safe: Requires improvement – on the basis that risk management plans were not consistently completed and that staff did not have all the relevant information about people's needs.

Responsive: Requires improvement – as people's support plans did not always have relevant information about health needs, people were not always informed about a change in carer and that it was sometimes difficult to contact the office.

Effective: Requires improvement – as there was a risk that people were receiving care from staff who did not have the right skills or were not receiving regular supervision.

Well led: Requires improvement: the registered manager had a broad range of responsibilities due to the large size of the service across several Boroughs.

(Depending on the exact registration position of different Extra Care housing schemes, there is currently an inconsistent pattern of CQC inspection of the category "Housing with Care". CQC has now produced new regulatory guidance for this kind of provision. This should in future ensure that schemes like Prince of Wales are given a specific focus and are not lost within a wider range of personal care provision – as happened with the CQC inspection of Care UK services above.)

Enter and View report January 2016 - Visit to Prince of Wales Extra Care Scheme

About our visit

Five members of the Healthwatch Wandsworth Enter and View Team visited the scheme on 10 November 2015. This was a planned visit and members of the Team had previously met with the scheme's on-site care and housing managers and one team member had attended a tenants' meeting. Posters advertising our visit were put up and each tenant received a letter with our photographs explaining who we were and the purpose of the visit.

The visit involved a mixture of talking to tenants and observing interaction between tenants and staff. Four relatives were spoken to for their views subsequent to our visits.

Interviews were informal in style and tailored to tenants' capacity to respond. We spoke to twelve tenants and were in most cases able to have in-depth conversations about their experience of living in the scheme. We were aware that we were not able to rely on observation to supplement interviews with tenants with cognitive impairments – as we have when visiting care homes with more communal living, particularly at meal times. This biased the sample of people we interviewed in favour of those who were more able to converse with us.

Healthwatch Wandsworth would like to thank the scheme's managers, tenants, relatives and staff for their contribution to the Enter and View programme.

Findings from our visits focusing on the quality of individual care and the responsiveness of services to individual tenants' needs

Personal Care:

Positive:

Most tenants (or their relatives on their behalf) thought that the care they were receiving was good – carers respected their dignity, gave them enough time and were friendly.

A couple of tenants were very complimentary saying carers were amazing and would do

anything they wanted.

The scheme was able to continue to look after longstanding tenants who had become bedbound rather than them being forced to move into a nursing home.

Care plans did exist in the flat in all cases and were usually complete and up to date.

Mixed views:

Several tenants reported a mix of good and poor practice, for example citing occasions when they had not been given enough time or when carers had spoken sharply to them.

Negative:

Although some tenants mentioned that they did not get any choice over who cared for them, they generally accepted the situation and none had wanted to complain.

One tenant described staff as “recurring faces” rather than people with whom to form a relationship and another said that there were different staff all the time.

None of the tenants we spoke to recognised that they had a named keyworker although some acknowledged that they did have regular carers with whom they had developed good relationships.

A couple of tenants expressed frustration about the policy of carers not picking them up if they had fallen, although they had understood the reasons.

The most serious lapse of care related to a tenant who complained about the slow response when using the call alarm, particularly at night. On a recent occasion when they had been unwell in the night and needed medical attention, it had apparently taken an hour for staff to come in response to the alarm call and the tenant had to call in a friend to get the help they needed.

Food shopping and meals:

Positive:

Most tenants made their own arrangements for getting food in – usually frozen ready meals ordered on line – which they cook themselves, sometimes with the help of carers or relatives. Most were reasonably happy with these arrangements.

Some tenants used the community transport bus, with its staff escorts, to do their own shopping at a supermarket.

Mixed views:

Some tenants liked cooking themselves but had to acquire a bigger fridge freezer which had to be located in the hall as it would not fit in the kitchen.

One tenant expected regular help with shopping which was in the care plan but which they were not getting. However they also said that carers would shop for things for them if asked.

Negative:

A few tenants had expectations that carers would do their shopping or help them cook which had not been realised.

Additional support:

Positive: A couple of tenants/relatives were very complimentary about the scheme's Care Manager and her attempts to improve the lives of tenants and to work with relatives.

Some were also complimentary about the extra things that carers did such as getting top-up shopping.

The Care Manager was managing the money of a few tenants which they appreciated as they were unable to do this by themselves.

Negative:

One self-funding tenant was concerned about the cost of living at the scheme – particularly for care services of which they got so few.

Some tenants told us of tasks with which they needed extra help but which seemed to fall between the roles and responsibilities of Social Services, despite their no longer having a nominated social worker, and the scheme's Care Manager.

Pursuing interests and activities:

Positive:

Many tenants to whom we spoke had varied and active lives, with which they were very satisfied, particularly those who attended day centres and those who had retained contact with friends and family members.

Some tenants made reference to making use of their balconies – as somewhere to sit or more ambitiously for gardening.

Most tenants knew about the activities provided by the scheme and many had used them or intended to.

At home in their flats, many tenants reported liking reading, cooking or watching TV. One or two accessed the internet, including Skype to keep contact with their families.

Mixed views:

Some tenants while liking their own flat and personal activities had found organised activities had not suited them and consequently had stopped going.

Negative:

Some tenants had interests and skills from past lives that not been explored or developed.

A few tenants explicitly said they were bored and lonely.

Some tenants noted the poor attendance at some of the organised events.

One tenant's expectations to have regular exercise had not been met.

Some tenants said that they felt pressurised to integrate and be part of the community when that was not the way that they wanted to live their lives.

Access to healthcare:

Positive:

Most tenants reported that they had a GP that they could access, sometimes with the help of friends and relatives.

Several tenants said that carers helped them take their medication.

One tenant said that the carers had been very helpful following breaking a leg.

Tenants reported and appreciated quarterly visits to the scheme by a chiropodist.

Mixed views:

Although a relative thought a tenant was getting good access to healthcare, they did not think they were taking the correct medication.

Negative:

Some tenants raised issues about access to health services – for example specific mental health services or getting to a GP when they had mobility problems.

Health and Safety:

Positive:

Many tenants reported that when things needed repair which impacted on their welfare, they had been done quickly – such as the loss of hot water.

A tenant complaining about excessive heat had had the radiators turned off in their flat.

Negative:

Dangerous torn carpet was observed in two flats where tenants used walking aids.

A lift breakdown had caused substantial difficulties for tenants and visitors with walking difficulties.

Lack of individual control over heating was mentioned as a problem that affected their comfort by some tenants.

Independent living:

Positive:

Several tenants made positive comparisons between living in Extra Care rather than in a care home. Some had had negative experiences of living in a care home – which they described as not being personalised, noisy or smelly – or were vehemently opposed to moving into one.

Others quoted very positive aspects of having their own flat – more space, privacy and independence.

Some tenants had lived alone locally in their own homes which they could no longer cope with. They appreciated not having to worry unsupported about the responsibility of home ownership.

Some tenants referred to enjoying being able to furnish their home as they chose and also make use of all their accommodation including the balcony.

Negative:

One tenant would have preferred to be in a care home with communal meals and having furniture provided.

We found evidence that having to deal with rent accounts and arrears linked to late Housing Benefit can cause distress particularly if the issues are not communicated clearly.

Some tenants found the increase at the scheme of tenants with higher needs, including dementia or alcohol problems, was upsetting and was not being managed effectively by the scheme's management.

Another thought that tenants were not as friendly or outgoing as before.

Another tenant had been robbed by someone whom they had let into the flat on false pretences.

A tenant with disabilities on an upper floor found it hard to go out and had been used to living in ground floor accommodation.

Our observations and conclusions

The concept of Extra Care for older people is a relatively new one in Wandsworth but not elsewhere. In principle it aims to combine the advantages of independent living in a person's own home with the provision of co-ordinated on-site care to cover a wide range of essential care needs. It is a provision that the Council sees as a replacement for care homes that do not provide nursing care.

We found at Prince of Wales Drive a number of features (some no doubt reflecting tenants' preferences) which created the impression of a residential care home e.g. front doors propped open, laundry left out for collection, a collage of photographs of tenants engaged in communal activities. And in some respects the Care Manager seemed to be taking on functions expected of a manager of a care home but going well beyond those of someone managing a standard domiciliary care service.

At the same time we identified what seemed to be unmet areas of health and social care need – e.g. for support to exercise or to travel to see a close relative in care elsewhere, where it was unclear where responsibility lay and how these could be addressed.

Accordingly we found that judging the success or otherwise of how this scheme was meeting the needs of its tenants proved complicated. Extra Care can be assessed at different levels – for the quality of personal care provided to individuals in their own accommodation as with any other domiciliary care service in the community, for the quality of additional support provided for vulnerable people together in a sheltered environment and for the wider quality of life living independently, retaining more choice and control.

At the Prince of Wales scheme there was generally high tenant satisfaction with the personal help provided by carers to get up, wash, help prepare meals and prompt medication. Care was thought to have been provided with dignity and respect. The flexibility of having a team of on-site carers who could move easily between flat to flat was evident. Individual spells of assistance might have been short but seemed appropriate to the task with few tenants complaining that they did not get enough attention although there was, for many tenants, a lack of consistency in carers

providing personal care. The claimed arrangements for key working did not seem to exist.

Within the limitations of what is available to eat relying on ready meals, the arrangements for tenants getting shopping in and heating food up in microwaves, often with help from carers, seemed to be satisfactory and giving people more choice and control than they would get in a care home.

In sheltered housing schemes, without extra care, the housing provider employs a Sheltered Housing Officer, usually peripatetic, to provide additional support to tenants outside of their personal care needs. This post is not provided at the Prince of Wales scheme and it is in this area that we found most disparity and inconsistency between tenant expectations and the Care Manager's primary responsibilities for personal care. Providing this additional support to tenants seems to be a real gap.

All tenants had been discharged by their referring social worker after a general assessment of need – as is normal practice – and were now subject to an annual review. This meant that the tenant's care plan might not take account of what tenants need in the particular circumstances of living in an extra care scheme, not least the need to manage a tenancy and other practical matters and be self-sufficient in important areas of daily life. Equally, wider social needs such as pursuing activities outside the scheme and maintaining family contact might not be factored in.

The potential use of key working to bridge this gap was not in place, with the risk that changing social and personal care needs are not picked up to ensure prompter referrals for social work support as appropriate.

Currently the Care Manager, when she does know about a tenant's changing circumstances, has to try to access social work support or wait for the annual review to change the plan. This may account for the instances we found where care provided or not provided was at odds with the plan. Although the Care Manager was making efforts to overcome this problem, we did not think that it was satisfactory that the potential advantage of having a Care Manager on site was not being used to its fullest potential in helping tenants maximise their independence within the constraints of their disabilities.

We were given anecdotal accounts by tenants and managers of a variety of unpredictable incidents at the scheme, such as falls, physical or emotional crises and aggressive or risky behaviour. These seemed to be associated with tenants whose physical or psychological condition is recognised to be particularly volatile. Such incidents inevitably put a strain on any system of care and in Extra Care are complicated by the necessary respect given to the right of tenants to lead their own lives.

In our view the scheme's managers need to consider carefully the number of individuals in this situation who can be safely accommodated within the scheme's resources at any one time, as well as the scope for drawing on additional resources, including support and training from appropriate specialist services.

Tenants' access to healthcare was generally good and had often been facilitated by the scheme. Some individuals with specific high level health problems had been helped at an intensive level that a residential care home manager could be expected to provide. But for other tenants, the autonomy of the tenant was quoted as the reason for a far less hands-on approach, which they had not always been appreciated. And for others they or their relatives did not think that the scheme liaised closely enough with healthcare professionals on their behalf.

Whilst some tenants appreciated that the Care Manager was managing their money, this would seem an unlikely role for a domiciliary care manager to perform had the tenants been living in the wider community.

There was general praise for the response of the housing service to maintain tenants' health and safety by dealing with repairs promptly, but we did report two examples of dangerous trip hazards that had not been picked up before. There were other examples of where tenants' quality of life was being impacted – for example by the level of heating.

This confusion of roles and expectations extended to how tenants were helped to spend their time. Some attempts had been made to arrange activities and this was being increased, but some tenants had quite simple requests for keeping them occupied that they had not been asked about. Or requests for help to arrange an activity had not been responded to as they had hoped.

There were many examples of tenants saying that they appreciated their independence in their own flat. Some expressed their strong preference for this arrangement compared with living in a care home. Some of the issues that go with being autonomous tenants (rent accounting, heating controls, unwanted visitor) had caused problems for some, but being surrounded by their own furniture, choosing their meals using modern technology, using their own kitchen, having space to entertain visitors and using their balconies were all plus points for many.

We therefore came away with largely positive views from tenants at Prince of Wales with some niggling concerns about the lack of clarity around roles and responsibilities in this kind of hybrid scheme, particularly in the area of additional social support.

Our recommendations

We recommend that:

1. The registration of the scheme as a separate location for personal care services should be completed ensuring that the regulator (CQC) and local commissioners get accurate information about the quality of services provided at this scheme, particularly as the needs and vulnerability of tenants are similar to many care home residents.
2. The Care Manager should work towards achieving greater consistency of carers for tenants especially for personal care so that relationships can build up as recommended in best practice guidance - see the NICE guidelines on home care published in 2015.
3. The Care Manager should take further steps to monitor staff response to tenants' use of the personal alarm system and consequent actions, particularly at night.
4. The Care provider meets with Social Services' commissioners to explore roles and expectations for when and how tenants' additional support needs beyond personal care - that arise because the scheme has aspects of a vulnerable community not dissimilar to a care home, rather than a group of flats - should be responded to.
5. This dialogue should identify the sort of additional support needs that arise for people to live more in the way they would like - some of which have been identified by our visit - and should consider the possible roles of both key working, when implemented, and Personal Budgets to identify and respond to issues with appropriate training. The housing provider that employs Sheltered Housing Officers in other schemes may be able to assist.
6. In addition the role, capacity and expectations of the Care Manager need to be clarified - covering the exact scope of any delegated authority to adjust care plans and easier and clearer access to social work support and when it should be called upon in the best interest of tenants.
7. The Care Manager should also be supported to access specialised advice, training and support - for managers and staff - for responding to people with a range of mental health and dependency needs - matching the services that care home managers might be expected to be able to call upon.
8. The Care Manager should check, perhaps through the key working system, that all tenants have registered with a GP and are supported to attend where they

may be constrained by disability.

9. Any conclusions from this review of roles and responsibilities should be spelt out both in contract documentation and in information provided to tenants and their relatives for the avoidance of doubt.
10. Mears Group might want to benchmark their services at Prince of Wales against services at similar schemes that have been inspected by CQC and which have received a rating of "Good".
11. Any resource available to support people following their interests and arranging activities should be based on personalised assessments of what would improve the quality of life for individual tenants and should not assume that the response will always entail some kind of group activity.
12. The Care Manager should ask the housing provider to arrange regular visits to flats checking for health and safety hazards.

Disclaimer: Please note that this report relates to the findings of the Healthwatch Wandsworth Enter and View team on the day of our visit. It may not be a representative portrayal of the experiences of all tenants and their relatives.