

## Healthwatch Newham Enter and View Reports to Supported Living Services

### **Introduction**

To date, we have carried out visits to 8 services, with 3 further visits planned during November and December 2018. This is a key priority for Healthwatch as the residents are often vulnerable or isolated and do not always have the opportunity to give their views. As we do not make the individual reports public, this report provides an overview of our key findings and themes and the responses from providers.

HWN staff met the joint Newham CCG/Newham Council commissioners who are currently commissioning the new SLS. Our reports and recommendations have identified where improvements could be made, potentially through the new quality standards framework. We are also scheduled to meet with the Newham Council Learning Disability Commissioner to discuss our findings and recommendations.

### **Background**

We select the locations liaising with local residents, Newham Council Adult Social Care staff and the Care Quality Commission. Visits are undertaken by staff and volunteer teams, all of whom have mandatory Enter and View training (using Healthwatch England's training module) and Safeguarding Training provided by Newham Council.

Using a semi-structured set of questions the team speak to the Managers, staff, residents and their relatives and carers (if the latter are there to speak to). Residents are not required to talk to us, if they don't want to. Reports are then produced using a standard template, highlighting good practice and also gaps or areas for improvement.

All Healthwatch reports are sent to the provider of the service, for them to check factual accuracy and also to respond to any Healthwatch recommendations for changes to their services. Usually, all Healthwatch reports are made public; this is in order so share our findings with local residents and statutory services and also so we can be accountable to local people – enabling them to understand and respond to our work and projects.

However, in discussion with Newham Council Adult Social Care Contracts staff, we decided to share these SLS reports only with the Contracts staff, the CQC and the CCG Quality and Performance staff. Some residents are vulnerable or have extended support needs, so we did not want to disclose their location or use of services.

**Summary of Enter and View visits to supported living services in Newham**

<b>Homes Visited</b>	<b>What worked well at the home</b>	<b>What did not work so well / Healthwatch Recommendations</b>	<b>Manager/Newham Council response</b>
Home 1	Pleasant environment. Activities include employment preparation and training, sports, and planning meal-times.	Improve garden. Consider enhanced health and safety training.	Manager agreed to implement recommendations.
Home 2	Good rapport with staff. Good sized bedrooms.	Concern about staff money management for clients. Dirty bathroom. No emergency contact details. Limited activities/cooking. Staff boundaries blurred.	Newham Council to review this with Manager.
Home 3	Pleasant environment. Staff training Staff approach. Good support of staff by management. High staff/resident ratio.	DoLS delays (liaise with LBN?)	None.
Home 4	Good activities. Focused support to residents.	Residents not registered with GP. No clear staff rota. Unsecure records. Promote feedback and complaints processes with residents.	Manager implemented recommendations.
Home 5	Manager said information is secure.	Unsecure records. No curtains, plaster. Gate/fence/wall broken. Ceiling collapsed. Radiator rusty. Discarded furniture in garden.	Premises were closed down.
Home 6	Clean. Some spacious areas. Some group activity. Good staff interaction.	1 staff unsure about safeguarding and content of care plans. Requires redecorating. Cramped communal spaces. Improve food. Include client's goals in Care plans. Develop activities for residents.	No response. HWN to follow up with provider and Newham Council.
Home 7	None.	Insufficient staffing. Insufficient staff knowledge, approach, boundaries with residents. Few activities. Residents not involved/aware of care plans. Unsecure records.	Safeguarding Concern Escalated to Newham Council Contracts staff.
Home 8	Good staff rapport with residents. Staff are supported by managers. Good range of activities.	Poor state of premises (hand-held shower; bath no shower curtain; stained, chipped, dirty enamel; collapsed garden fence; unclean windows to the extent of little daylight).	Manager agreed to implement recommendations.

## Findings

One SLS we visited helped identify 'what good looks like', including well trained, motivated and compassionate staff, where the home's ethos promoted and facilitated residents' independent living skills and in which they embraced engagement with residents.

Issues arising with other SLS have included unsupported staff or staff who lacked training, properties in a poor state of repair, cramped lounges/ kitchens, no low-sensory areas except bedrooms, low quality care plans, not enough activities, little or no tailored support to develop independent living skills or to access community leisure or education services.

In some cases, staff were spending time with residents, but it did not seem to be structured and focused on activities. All the SLS we've visited had gardens with untapped potential, where they could be used for example for gardening, exercise, therapy pet visits, making low sensory areas, leisure and social activities.

HWN is currently seeking the views of carers of adults, for their views on what's working well and the quality of services (including supported living services) for people with learning disabilities. So far carers have told us the following, which echo the findings from our SLS visits:

- There's a lack of activities both through in general and through supported living. We understand that statutory service staff have also highlighted this issue.
- There are concerns about managing the client/residents' money. Carers don't always know how their relative's personal money is spent or, if they do, whether certain expenditure is reasonable and appropriate.
- There is a big variation in the quality of support workers; some are kind, caring, competent and have good communication skills, but others aren't. For example, family carers saw a paid carer letting themselves into their relative's flat to give medication without talking to and communicating with the client or parent. There seems to be an assumption that clients with impairments cannot comprehend information or should not be informed of the care that is taking place.
- Just as we found with SLS, there are delays with repairs, and concerns about how quickly agencies and providers respond to the need for repairs, such as lightbulb replacements and rooms being left dark, and potentially hazardous.
- General concern that residents/clients that do not have family members or other advocates may not be getting the services to which they are entitled and/or secure/safe living spaces.
- More clarity is needed on what health checks should be available to people with learning disabilities and the 'thoroughness' of the check. Saying a health check has been carried out, does not give enough information/ reassurance to the patient/carer, particularly where the patient may have co-terminous conditions.
- There is ongoing anxiety from family carers or clients about raising concerns or complaints, for fear of repercussions from the provider of the service.
- Concerns were raised about the awareness/training for paid carers on communication standards for people with learning disabilities or autism. The Royal College of Speech and Language Therapists has produced an excellent, brief guide listing 5 communication standards residential settings and specialist hospitals.
- We would like to explore further if there is sufficient public information about services or support for people with learning disabilities and their family carers.

## Recommendations

- The standard of premises to be a factor in the procurement and monitoring of SLS services.
- Improved activities for clients and residents to be a factor in the procurement and monitoring of SLS services.
- Clear guidelines and protocols to staff, residents, clients and carers on how money and personal finance is managed.
- Guidance about what should be available through health checks.
- Guidance and reassurance to service users and their carers about how to give feedback or make a complaint.
- HWN to explore whether sufficient public information is available on services.
- HWN to continue to liaise with clients/patients and providers and commissioners on the quality of services.