

Enter and View Report Supported Living Project

Details of visit
Service address:
Service Provider:
Date and Time:
Authorised
Representatives:

Supported Living Project
26 Chetwynd Rd, Southsea, PO4 0NB
Care Management Group Limited
31st July 2017 12.30-2.30 p.m.
Fergus Cameron, Juliet Dunn

Acknowledgements

Healthwatch Portsmouth would like to thank the Supported Living Manager, service provider, service users, relatives, visitors and staff for their warm welcome and contribution to the Enter and View programme.



Disclaimer

Supported Living Project

Please note that this report relates to findings observed on the specific date set out above. 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.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service, equally they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch 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 where they are protected by legislation if they raise a concern

Purpose of the visit

This visit was arranged following a meeting with the Supported Living Project manager to discuss the steps taken and were still being taken to ensure the standards of service provision meet those set out by the regulator

Healthwatch Enter and View Authorised Representatives have statutory powers to enter certain funded health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services.

The aim is to

- report the service that is observed
- to consider how services may be improved and how good practice can be shared
- to provide feedback to people with learning disabilities and members of Portsmouth Learning Disability Partnership Board Housing Sub Group on the project rated outstanding by the CQC 20th April 2017
- to help develop the planning, and commissioning, of good quality accommodation for people with learning disabilities by Portsmouth City Council.

Methodology

The Supported Living Project manager was notified prior to the visit. Posters notifying staff, residents and visitors about the visit were sent to the home to display, along with details about how to get in touch with us if they were not available on the day of the visit.

During the visit the Enter and View Authorised Representatives observed the facilities, practices, and spoke with the project manager, residents, and support workers. There were no relatives available to talk to.

26 Chetwynd Road is a Supported Living Project of 14 independent living flats and shared access to a kitchen, dining and living room area. The service provider is registered for Supported Living with the Care Quality Commission, the service provider is CMG an Approved Provider to Portsmouth City Council and Hampshire County Council, taking referrals from families, individuals in their own homes and on discharge from hospital. This report has been shared with the provider CMG and their responses are included in the body of the report.

Summary of findings

- 26 Chetwynd Rd offers the opportunity for people with learning disabilities to live their own lives as an individual. Individual tenancies and support arrangements offer a high degree of flexibility and personalisation and tenants reported they enjoyed a good quality of life. The communal areas of the project are less attractive than the personal flats and this could contribute to isolation if tenants find these areas unwelcoming. It was however clear that having your own place and not being required to be part of a shared home was very rewarding and fulfilling.

CMG response - The communal areas have since had new furniture such as three sofas with washable covers and a dining table that can accommodate up to 8 people which is important if the tenants wish to eat together.

General Impressions

Chetwynd Road is the only double-fronted house in the middle of a traditional terrace. The whole of Chetwynd Road is double fronted bays. The entrance corridor is no wider than the entrance and the first bit of wall above the dado rail is covered with post-it notes of positive comments and recognition of staff achievements. The accommodation is on three floors (ground, first & attic) but the lift only serves the first floor where three wheelchair users have their flats.

It was noted there was a mattress leaning against the wall towards the back of the house, which could make passage difficult and did not seem to be secured against falling.

CMG response: The mattress was propped up due to changing a tenant's room around due to buying new furniture from Ikea. This would not be any different if you or I were changing furniture in our homes.

We were met at the front door when still trying to work out call button system and could see no names on call button numbers.

CMG response: We would not put the names of the tenants on the outside of the building just as we have no sign to say it is a supported living house for safety reasons. Placing a sign outside of the houses labels their home. This would also not fit with the new GDPR regulations and some of the people supported at the service may not wish for people to know where they live.

The member of staff meeting was not prepared for our visit but said they thought there was something about it on the noticeboard.

CMG response: Staff and tenants were informed about the visit. Some of the tenants have a limited concentration for the information but those that can retain this were fully aware.

The noticeboard is incredibly busy and it seemed there was no easy central place to let people know what is happening communally. We were told a tenant had said she wanted to meet us but had gone out, which was a shame.

CMG response: If the tenants that wanted to speak with Healthwatch had left to go out that would be their choice. On looking harder the poster for our visit could be found on the noticeboard. As a service we promote choice, control and independence and where possible the tenants that are independent in the community are able to come and go as they please. If other tenants did not wish to stay in but to go about their day again this would be promoted by the service.

The décor was generally light and clean with magnolia walls and white gloss woodwork with art style inspiring mottos that residents had chosen. However there was a large patch of missing plaster from one of the lounge walls. The shared living area seemed scruffy and busy, with lots on walls that is not very relaxing. The TV was playing a local radio station as background but no-one seemed to be listening and it was soon turned off.

CMG response: The pictures and TV in the communal area are there due to tenant's choice. The photos on the walls are replaced to reflect different activities. The tenants attend the tenants meetings where they discuss such an agenda about furniture and décor.

There was easy access for a wheelchair user. However there would not have been room for the tenants to sit together in their shared space. In the hallway there is again a very busy noticeboard with lots of information on it. This feels a busy but not a relaxing or welcoming environment. In the hallway is a positive wall for staff and tenants to be able to write positive things about each other to boost morale. The communal area can easily seat all the tenants and staff which can be seen at the service Christmas party with added family and friends attending. Each tenant, family member and health professionals are encouraged to complete an annual survey, the data from these surveys suggests the service is welcoming, friendly with an open door policy. A copy of this data can be found at the service.

A Fire door to be kept closed was propped open and remains that way throughout the visit. This was mentioned to staff during the visit.

Going out into the garden, we were told it was being revamped, currently half completed renovation done and an ongoing project. An enthusiastic member of staff is doing recycling projects and working on it when he can and giving opportunities to tenants to come out and help. As it stands the garden and pathways, uneven ground and pathway edging (triangular shaped edging tiles) could present a trip hazard to anybody with visual or mobility impairment and would need to be supported if going into the garden.

CMG response: In the time I the manager has been at the service there has never been an accident in the garden. The garden has been decorated through the tenant's choice in tenants meetings. The garden has been used for some great days such as red nose day raising money for charity whilst having a great time with other service users, family and friends. Barbeques are held most Sundays in the garden with many tenants choosing a barbeque for their birthday. Recently the large tree has been cut down.

The Authorised Representatives separated to see more and be available to tenants and visiting family or friends.

Personal Care

Authorised Representatives met with tenants in their own flats.

Tenants we met were independent and had the aids and adaptations to maintain their independence.

Dignity & Independence

Met a tenant who has a key worker and very much likes living at Chetwynd Road, having previously experienced life in a secure hospital. The tenant has a ground floor bedsit flat with a door to the garden so that they can smoke when they like. They do all their own cleaning, laundry and shopping and cook with help. The tenants say that the staff clean the communal areas. The flat has an intercom to the external front door, the tenant knows to ask everyone for ID, and feels safe here. They had a fire drill and the police visit too. The tenant pays the rent monthly and the landlord from First Priority comes round to check everything. The tenant's other visitors are professionals such as the GP. The landlord has changed since this report has been written.

A tenant says that the staff are nice and are there all the time but they do not need them at night. The tenant says pets are not allowed.

When the manager was going off shift a tenant insisted on giving her a hug twice despite being told very pleasantly that this wasn't allowed ("you'll get me shot"). This tenant had been at Chetwynd Road 4 years and told us they were friends with the Manager as they were the first to move in.

A Representative was invited to meet a tenant in their flat with a support worker present. The room is a quite small bed-sit with a kitchenette along the end wall, a single bed, an armchair and TV with some storage and en-suite. The support worker responded to the tenant with friendly respect and it was clear that they were not inhibited by them being present

A Representative met a tenant who asks to meet on their own, it is confirmed with staff that is a reasonable thing to meet alone. The tenant is insistent they don't want staff to stay and finds it easy to be assertive. The tenant is reminded to finish drinking a plastic glass of squash, it is a hot day and the prompt is understandable and valuing.

CMG response: The wording of 'plastic' cup to drink from is very unnecessary.

The flat has a lounge area, table, good seating a well laid out kitchen, very pleasant with a large bedroom and en suite to the rear. Everything is well kept and tidy. The tenant is doing a jigsaw, and is in pyjamas at 3.45pm on a sunny day.

The tenant talks about comforters and liking having clothes that give comfort such as pyjamas. The tenant has a girlfriend who they see once a week, they would like to see her more or live together. The tenant also goes out quite a bit with staff, theatre, swimming, café and is enthusiastic about what they do together. The tenant seems to be happily living as they choose, because they have their own home. Notably the tenant doesn't really like or use the communal area, they love living here, living away from home. The tenant has a personal alarm at night to call for night staff if help is needed. The tenant says the Deputy Manager sticks up for them loudly. A member of staff knocks on the door as we are finishing, the flat is very pleasant I can see why the tenant would not need to use the communal area.

CMG response: The tenant has off days due to his health and was in pyjamas to have chill out time at their request. As mentioned before the tenants have choices and if they wish to stay in their nightclothes as they are having an off day, is a reasonable request as you or I may do in our own home.

Activities & use of time

We also met with a tenant who enjoys outings to local towns like Southampton, Winchester, Bishops Waltham, with a support-worker. They go by car and the tenant pays for the petrol, they had just come in from shopping nearby with another tenant. they also like going to the beach and Palmerston Road or bowling with staff. In the tenant's room they listen to the radio or CDs but are not keen on TV.

A tenant enjoys the communal meals like the roast on Sundays or the occasional BBQ that they each contribute towards. There are also joint fund-raising activities like the manager taking on the ice-bucket challenge, and more recently collections for the local homeless.

A tenant likes living here and going out in the sunshine to the beach. They had been to Petersfield for lunch by car, which they do regularly. They go shopping with friends, other tenants, but finds the cinema too loud. They enjoy the communal BBQs and cooking at Christmas.

The representative meets a tenant and their support worker, they were just back from 2 ½ hours out Pokémon hunting, they agree this is fun and developing road safety skills. There are a lot of planned activities during the week with not much room for a degree of spontaneity. This flat is smaller, has limited seating, no clear space for having a meal or a visitor.

CMG response: The tenant does not have a table and chairs as they declined this, one was purchased and the tenant put it outside the flat and said they did not want one. The tenant does however eat in the communal area when they choose.

The Representative is told that they eat a lot of takeaway meals as they don't cook that much, especially as they are busy socially; playing football, bowling, a job, doing woodwork, gardening, and painting. They have lived here for over 6 years and want to move to a flat of their own which in their words means living independently. The tenant is learning shopping skills. They are pleased to get more personal money from their housing and disability benefits, more left use. The tenant likes the garden and their flat leads out to it, they are making some furniture, using an old wardrobe to build a feature for the garden.

A tenant is busy and enjoying doing some tidying up in their flat having moved here from a residential care home, they are pleased with his move.

When we go back downstairs, by now 4 p.m., it is much quieter and there is cooking going on, support to have a drink. All the interactions are positive and the music volume has come down, the TV had been switched off.

CMG: The TV is put on when the tenants request. We tried not having a TV but the tenants asked for this to be placed back in the communal area.

Both Representatives are impressed by the highly individual lives people are able to live in their tenancies, supported living. There are clear outcomes demonstrating dignity and independence shown in individual living environment and in the activities people are doing and how they feel about their lives.

Views of relatives

The Representatives didn't meet any relatives during our visit. This is regrettable that information of our visit and notices had not been able to generate an interest from friends or relatives.

CMG response: A parent was going to visit but she had an emergency and said she felt she would not make the visit. Parents and family members have busy lives especially in the middle of the working day.

We are told there are separate family meetings, e.g. to explain a tenant's complex needs to staff, and there are also tenant's meetings to discuss any changes, e.g. to garden, and plan events and joint outings. Three of the tenants have their own cars. They have had joint outings to Butlin's and are currently planning a trip to Disneyland Paris.

There is a monthly tenants meeting and staff feel it is all very much about the tenants.

CMG response -The staff meetings have changed and shifted over to focus more on the staff needs. This has been implemented by a well being group and the human resources team. Seven tenants did go to euro Disney with 1:1 support. Many other holidays have taken place and will continue.

Staff behaviours & attitudes

We spoke with several members of staff during our visit, staff are identified to support specific individuals during the course of a shift. Comments from staff included;

“Everyone gets to work with everyone, every day is different. I have been supporting someone after coming in to manage their personal care and they now want to be on their own after a day at a Centre. I am supporting 2 clients, named, over my shift-they will come and get me if needed. I will work to their care plan, giving particularly shopping and independent skills a focus. I am a male worker and usually support men, but may work with a female client, such as with a colleague where I might support the use of a hoist and moving and handling. I really enjoy being here. A key worker does all care plans, manages formal appointments, personal planning. There is a monthly staff meeting. The keyworker is supportive of my playing guitar with a tenant, who is learning quickly, to encourage them to be more expressive.”

On joining staff do a lot of shadowing at first, and core competences are completed while getting to know people. Staff are trained in autism, epilepsy, safeguarding, moving and handling, offered regular training refreshers and it is picked up when these are due. Online training is used including ‘Boots training for medication’, and work with Pharmacy.

There is a separate building to the rear of the garden that is used as a management and administration base, and for private meetings. We spoke with the Deputy Manager who is usually the Shift Leader, unless they are doing an administration shift e.g. to order medicines. Medication Prescriptions are managed by the staff on a 28-day cycle and most tenants need some medication, only one tenant has control of their medication and self-administers.

The Deputy Manager is able to plan with enough staff and a low turnover so it is very stable. The Deputy Manager and 2 other leaders are taking Management NVQ L5 training which will take 12-15 months.

CMG response- Most of the staff are undertaking or have completed an NVQ 2/3. There has been two promotions within the team providing two deputies and two lead support workers.

There is a monthly team-meeting which staff attend in their own time, this seemed to the Authorised Representatives unreasonable that staff do not accrue some time off in lieu of attending these meetings especially as they are expected to attend 8/12 and have to sign the minutes of meetings that they have missed.

The Deputy Manager explained there are 7 staff during the day and 2 at night. The team meetings are scheduled on different days so that they do not always fall on the same shift.

CMG response: Team meetings are agreed by the staff and they are paid for their time. Staff meetings are extremely important to cascade information within the service and throughout the company.

There are always some changes underway and these are communicated at the start of each shift via a communication book.

Other staff comment that Chetwynd Road is a stable community and there are not many changes of people. There are team-building activities such as the treasure hunt with clues all over Portsmouth, again that staff did in their own time. During the day there is 1 staff member allocated to 2 tenants, so if one of the tenants is out e.g. at day care the focus can be on the other. There is strict financial accountability, tenant's personal money is signed out by the shift-leader and checked against receipts. Staff like it best that the support they provide is person-centred.

CMG response -Not all staff are allocated two tenants as this relies heavily on their care package and allocated 1:1 hours.

Staff behaviours and attitudes observed were positive and friendly, there was a focus on individuals achieving personal goals and living independent lives.

Meal times/food & drink

Tenants were actively involved in the kitchen as meals were being prepared, it looked a bit chaotic but was very individual rather than a communal activity.

CMG response - The tenants complete their weekly shopping with support and they will complete a menu planner for their individual dietary needs.

Overall

The staff were welcoming but busy and were not expecting us. The general impression was homely with a lot of activities and support on offer to tenants, however at the time we visited fewer than half the tenants were seen using the communal areas. Providing 14 flats in the amalgamated houses means that some rooms were compact. It was not clear how all the tenants and staff could be present in one room simultaneously. However the tenants spoken to were very happy and got the support they wanted at home, to join in communal activities, and to go out as they desired.

This felt like an interesting place to be a tenant and people valued the independence that comes with living at 26 Chetwynd Rd, this was clear once invited in to individual flats. The communal areas felt tired in their décor and much more the feel of being in a residential care home, rather than a valued shared space. It seemed that those who needed most support, or had mobility difficulties used the downstairs communal kitchen, lounge and dining area and improving décor would mean the most to them. Given the option tenants we met preferred their own flats

CMG response: The communal area is an extra space as the tenants have their tenancy for their flats. This is a shared space with photos of each other enjoying the numerous outings the tenants go on. Fewer than half the tenants using the communal area would be due to their social activities which the service has won two awards for social inclusion. I feel the two people completing this visit did not have any knowledge of learning disabilities. Some of the people supported have dual disabilities with very high complex needs. An understanding of Autism would have assisted in their report.

Recommendations:

To improve communication; staff did not appear prepared for the visit and appeared not to have promoted it with friends and relatives. There is an excess of information on notice boards and walls that was felt to be counter-productive.

CMG response - The staff were aware of the visits but did not want to be distracted from their support of their tenant.

The communal areas could be updated in décor and look less institutionalised, lots of information on the walls and noticeboards that told a visitor this was a “care home” of some sort. Attention needs to be paid to items like a mattress propped up and Fire Door wedged open.

CMG response - The mattress was due to the flat having new furniture. Can not comment on the fire door as I was unaware there was a fire door propped open.

There should be consideration, a risk assessment, that tenants might control their personal medication. There was no evidence that this was being considered and is a critical part of being independent; there are many ways of dispensing medication so that this can be achieved.

CMG response- A risk assessment is completed for all tenants and the way they administer the medication.

The Supported Living Project could consider offering staff paid time or Time Off In Lieu for staff to attending important staff meetings.

CMG response -Staff get paid 2 hours for their time in team meetings, no idea how this information was obtained that staff do not get paid.

To develop a plan for use of the communal area, such as offering film nights, so that tenants have the offer of coming out of their own flat.

CMG response: The tenants do not need to be offered to come out of their flats as all of those that wish to use the communal area do so. All tenants will come out to the communal area at some point in the day and especially at parties, charity coffee mornings, communal dinners, take away nights and movie nights. Since this report 3 new sofas have been purchased alongside a new large dining table.

To be aware of the use of background music and TV in the communal areas. To develop the garden as a safe area and address trip hazards.

CMG response: I find the wording of ‘plastic’ cup to drink from very unnecessary. As with the majority of this report. You have no background knowledge of these tenants and therefore feel the way this report has been written was very unfair and inaccurate.