



Care and Extra Care Housing

Enter and View REPORT

Amblecote Gardens

Scheme Contact Details:

2 Amblecote Drive West
Little Hulton
Salford
M38 9AA

Date of Visits:

12th and 13th of September 2018

Healthwatch Salford Authorised Representatives:

Safia Griffin
David Backhouse
Faith Mann



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1.1 Introduction

Extra Care Housing (the model of Extra Care)

Extra care housing schemes are self-contained flats within a communal housing scheme that enable older people over 55, and others who require extra support, to continue to live independently with flexible support and the security of 24/7 emergency response and care from on-site staff.

Extra Care is defined by having 24-hour care presence in the building to meet the care and housing support needs of tenants in the scheme. Extra Care housing is often classed as independent living with some supported living, like the mid-day meal being provided as part of the tenancy. Support is tailored to the needs of the individual, as part of their care package, to enable people to live in their own home as independently as possible.

Schemes incorporate community-based facilities and visits by professionals from the community i.e. communal spaces and facilities such as an activities room, hairdresser, restaurant/dining area, visiting priest for a monthly service and others.

All properties are self-contained with a fitted kitchen, bathroom with walk in shower [*level access wet-room*], one or two bedrooms, a lounge and their own front door.

Extra care housing schemes operate under a model of having a third of tenants with high care needs, a third with medium care needs and a third with low care needs. As people age sometimes their care needs increase and they are reassessed by social services to ensure it is still appropriate and safe for them to stay on at the scheme. Although 'a home for life' is encouraged sometimes this can lead to more than a third of people living at the scheme with high care needs, which requires more staff time and care.

The size and model of Extra Care varies across Salford. Some are purpose built schemes and others have been converted from other types of housing. In some schemes the housing provider is responsible for activities and in others it is the care provider. As well as variation in contract specification and models, schemes are also shaped by their size and layout and what resources they have available.

Healthwatch Salford

Healthwatch Salford is the independent consumer champion for children, young people and adults who use health and social care services in the city of Salford.

Healthwatch Salford:

- Provides people with information and support about local health and social care services
- Listens to the views and experiences of local people about the way health and social care services are commissioned and delivered
- Uses views and experiences to improve the way services are designed and delivered
- Influences how services are set up and commissioned by having a seat on the local Health and Wellbeing Board
- Passes information and recommendations to Healthwatch England and Care Quality Commission



Healthwatch Salford have statutory powers that enable local laypeople to influence Health and Social Care services under the Health and Social Care Act 2012. One of these statutory powers is to undertake Enter and View visits of publicly funded adult Health or Social Care premises. 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 are undertaken when Healthwatch Salford wants to address an issue of specific interest or concern. These visits give our trained Authorised Enter and View Representatives the opportunity to find out about the quality of services and obtain the views of the people using those services.

Healthwatch Salford also produces reports about services visited and makes recommendations for action where there are areas for improvement. Information gathered and reported on is referenced against information from health and social care providers, commissioners as well as national and local research sources.

1.2 Acknowledgements

Healthwatch Salford would like to thank the Amblecote Gardens scheme staff team and tenants for their contribution to the Enter and View visit. Healthwatch Salford would also like to thank the landlord and care management for their time and involvement in the preparation for the visits.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific dates visited. Our report is not a representative portrayal of the experiences of all tenants, relatives and staff, only an account of what was observed and contributed at the time.

Some of the tenants spoken to had some difficulties recalling the days' events, such as what they had for breakfast, what activities there are and took part in and this has been factored into how and what is reported from the survey data.



2.1 Visit Details

Care Service Provider:	Comfort Call
Housing Provider	City West Housing
Scheme Address:	2 Amblecote Drive West, Little Hulton, Salford, M38 9AA
Date and Time of Visits:	Wednesday 12 th 10am-2pm and Thursday 13 th of September 2018 12:30pm-15pm
Authorised Representatives:	Safia Griffin David Backhouse Faith Mann
Healthwatch Salford Contact Details:	The Old Town Hall, 5 Irwell Place, Eccles M30 0FN Email: feedback@healthwatchsalford.co.uk Telephone Number: 0330 355 0300 Website: www.healthwatchsalford.co.uk

2.2 The Care Provider

See Care Quality Commission* (CQC) website to see their latest report on Amblecote Gardens.

* Care Quality Commission is responsible for the registration and inspection of social care services in England.

Comfort Call work with the housing provider and local authority to offer a home for life. Together we aim to ensure we promote independence safely and we adapt our ways of working to suit the individual. We always aim for the least restrictive option and explore all avenues before the need to explore different placements are discussed.

Comfort Call provide for a range of care needs which include; Personal Care, Low, Medium and High level care needs, Meal preparation, Medication administration, Domestic tasks, Shopping Tasks, Background support, Escorting within the scheme, Emotional support

Current shift patterns are; 8am-3pm, 8am-2pm, 8am-1pm, 8am-1pm, 8am-1pm, 8am-1pm, 12pm-5pm, 1pm-5pm, 3pm-9pm, 3pm-9pm, 4pm-9pm, 4pm-10pm, 5pm-10pm, 5pm-10pm, 9pm-8am, 10pm-8am. Our shift patterns match the needs of the service, taking into account the increase in many high levels needs.

Comfort Call recruitment is currently ongoing. We have 29 staff permanently placed at the scheme. Comfort Call have a robust recruitment process in place which includes a pre-screen, a



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selection process including interview and basic numeracy and literacy tests, DBS application and 2 suitable references. Once staff are successful following the interview process they are placed on a five day Training Programme.

Comfort Calls Branch Structure currently includes a full time Care Coordinator onsite Monday to Friday. Comfort Call have a Scheme Manager who visits the scheme regularly and leads on all team meetings. Comfort Call have a Regional Manager and Regional Director.

Comfort Call have different communication methods used within the scheme and outside professionals, these include;

- Team Meetings
- Housing Meetings
- Tenants Meetings
- Monitoring Meetings with the Commissioners
- Quality Assurance Visits
- Annual Internal Surveys
- Annual Reviews with the Commissioners
- Email interaction with families

The Housing Provider is invited to the Care Providers team meeting.

Both Comfort Call and the housing provider meet regularly to work effectively, promoting partnership working. Weekly meetings are held with the coordinators, monthly meetings with the Management and Regional Managers meet quarterly. We have an effective partnership and we share good practice and ideas. We promote this partnership within the care team and this has improved over the last year.

Comfort Call work with families, ensuring regular and good communication both ways. Any issues or concerns are dealt with promptly and we work hard to ensure any changes are implemented where required.

We have effective professional relationships with outside agencies and we take responsibility to refer to these professionals such as;

- Bladder and Bowel Team
- Community Mental Health
- Community Dentist
- Chiropody
- Falls team
- Occupational Therapists
- SALT (speech and language therapy)
- Dietician

Comfort Call go above and beyond their care role. We are often faced with challenges which we work together to resolve. We are currently dealing with a high increase in tenants living with dementia which is proving difficult to manage due to the independent setting. Care staff act quickly to ensure the tenants are safe and this can sometimes impact on the allocated calls.

Comfort Call assist with ad-hoc tasks which are not necessarily part of an individual's support plan. We recognise the need for further support quite early on and ensure we input this support rather than wait for a re-assessment. This has proved successful on many occasions, as with this early intervention many individuals have been enabled to maintain their independence and remain at the scheme.



2.3 The Extra Care Scheme Housing Landlord

City West Housing Trust is committed to improving lives through their Extra Care offer. They work hard to engage and involve their tenants as much as possible to ensure that they continue to live happy, healthy lives and remain living independently in their own homes for as long as possible.

Amblecote Gardens is a purpose built scheme comprising of 66 private one and two bedroom apartments designed for Independent living. With access to care and support 24 hours a day and regular housing management support the scheme also offers a wide range of events and activities helping to maintain and improve health and wellbeing.

City West have two staff who work across Amblecote Gardens and Bourke Gardens and the Extra Care Scheme Management Officer has a regular hourly drop-in once a week that is advertised to tenants and their families, with housing staff based at the scheme during office hours. City West has recently recruited a new post of Community Wellbeing Officer to develop engagement and activities across the four schemes they manage.

The scheme has its own restaurant, with meals freshly prepared and cooked in the kitchens and these meals are served in the communal dining room. City West manage the contract for catering with ABM, a third party catering provider.

Activities at this scheme are organised and delivered by City West staff.

The four Extra Care City West schemes are:

- Monica Court, in Eccles
- Astley Court, in Irlam
- Amblecote Gardens, in Little Hulton
- Bourke Gardens, in Walkden



2.4 Purpose and Objectives

Rationale - purpose of Enter and View programme into Extra Care Housing

- The care provided is regulated by the Care Quality Commission (CQC) but the facility itself is not inspected
- Commissioners are in the process of reviewing these schemes and our engagement would provide an opportunity for the voice of tenant to be heard more fully in this process
- Healthwatch Salford wants to understand how care is experienced by tenants and dignity and choice is maintained within an extra care housing scheme
- Little is known about whether schemes of this type support the reduction of social isolation and loneliness and/or promote social interaction
- To assess whether communication is fully accessible for tenants

Objectives

- To assess the impact of the variation in care, as rated by the CQC, on tenants
- To evaluate the capacity of Extra Care housing to reduce indicators of loneliness and social isolation
- To capture and share areas of good practice and examples of where things are working and rated more highly by tenants, family and care staff
- To determine whether communication is being conducted effectively
- To recommend areas for improvement

The context

There is a shift across national and local health and social care services to renegotiate the relationship between healthcare and the service user. A change in relationship to enable more independence and allow people to take back control and responsibility for their own health and care. The model of Extra Care, if effectively run and resourced, should fit well into this new model of reablement, independence and personal responsibility. For details of this see Salford's locality plan, ['Start well. Live well. Age well.'](#)

However, like with other parts of the social care system there are challenges to operating this model both from an operational point of view and tensions from service user expectations when renegotiating responsibility of care.

Healthwatch Salford is interested in the tenant's perspective of Extra Care and if this model enables and provides wellbeing, social inclusion through activities, appropriate communication and levels of care. Through a programme of Enter and View visits into the six schemes in Salford Healthwatch Salford will engage with tenants, staff, relatives and landlords to explore and review these key areas.



3. Methodology

The project

This programme of Enter and Views is focused on the Extra Care Housing scheme context and the care providers who deliver care in these settings in Salford. The two providers operating in Salford in the Extra Care Housing schemes are Comfort Call and Care Watch.

All six Extra Care Housing Schemes will be visited:

1. Amblecote Gardens in Little Hulton – managed by City West Housing Trust
2. Astley Court in Irlam – managed by City West Housing Trust
3. Bourke Gardens in Walkden - managed by City West Housing Trust
4. Monica Court in Eccles – managed by City West Housing Trust
5. Moores House in Claremont and Weaste – managed by the Retail Trust
6. Mount Carmel in Ordsall – managed by St Vincent's Housing Association (Mosscares)

Due to the cross-over of some responsibilities in some schemes and variation in Extra Care models and because the care is being provided within a scheme that is managed by another company (the landlord), both the care provider and landlord, where relevant, will be reported on in this report.

Healthwatch Salford staff met with the three Extra Care landlords and care provider Comfort Call at the end of June to discuss this programme of Enter and Views and their involvement in this.

After this first meeting a three-way meeting at each of the schemes was arranged between Healthwatch Salford, the housing manager and the care manager and care coordinator. Where visit dates were confirmed and the Enter and View process was discussed in more detail.

All visit dates were announced and pre-arranged with both the landlord and the care provider.

The Project steps:

- Meet with commissioners and local CQC officer to brief on intention to Enter and View Extra Care Housing schemes and the care providers
- Commissioners to introduce Healthwatch Salford to the scheme and care managers to gain the full cooperation of the providers in this Enter and View process
- Project lead to meet and brief scheme and care managers
- Project lead to get information about tenant meetings and other communal meetings to coincide with Enter and View to survey residents and undertake observations
- Conduct visits and write reports within a 6-week turnaround

Timeline:

- June - Commissioner and CQC meeting
- July – meetings with scheme and care managers
- August-September - Enter and View visits
- October – Enter and View reports and report summary
- November - Presentations and commissioner meetings
- December-January - Follow-up meetings / telephone calls to review recommendations based on the visits



The visit

This was an announced Enter and View visit to Amblecote Gardens. The Enter and View visit dates were arranged around when most staff would be available and there was some crossover of staff and when tenants would be finishing lunch and sitting in the communal lounge.

Due to the nature of Extra Care Housing, both the care provider and the housing provider were involved in the Enter and View visit, with staff from both the care and the housing provider being surveyed.

At this scheme the following groups and number of people were surveyed.

- Tenants x 10
- Care staff x 9
- Housing staff x 1
- Relatives x 0
- Care Coordinator x 1

Survey questions were written to assess:

- the effectiveness and responsiveness of communication from the provider to the tenant
- provision of social activity within the schemes, with a focus on social inclusion
- the quality and type of care provided

A proportion of the visit was also observational, involving the authorised representatives walking around the public/communal areas and observing the surroundings, using their senses and a checklist prepared for this purpose.

Some staff referred to people as residents and others tenants. For consistency in terminology the word, 'tenant' will be used throughout this report.

When wording is included in square brackets [] it has been added by Healthwatch Salford for clarification.



4. Summary of key findings

In this scheme City West are responsible for the organising and running of activities, mainly in the afternoons, with coffee mornings organised most mornings.

Most tenant responses about activities were positive, a few were more critical. There was some tension between what could be organised and delivered and what tenants wanted. This was mainly down to expectations and lack of funds for certain activities and things like trips. Some tenants felt that some things should be paid for and provided and that it was not right for them to pay or be told that something could not happen unless they paid. Some of the points mentioned by tenants around activities were also reiterated by care staff, *“individual needs are not catered for. Not enough outings or in-house entertainment provided.”*

Tenants felt safe in the scheme, many we spoke to felt happy when asked and agreed that living in an Extra Care Housing scheme was of benefit to them and their health. Some had some frustrations about how things were organised and thought that things could be much better, *“happy but frustrated because it could be so much better,”* and there were also a couple of reservations about staff attitudes and being listened to.

Tenants mainly felt that their care needs were being fully met and there were also positive comments and compliments about staff, with some observations about care staff being very busy, *“yes. The staff are lovely but overworked”*. Some care staff also reported not always having enough time to care for tenants, further stating that it depended on the tenant and their care needs.

Care staff reported that they were well supported and encouraged to develop through training and that they had a good team. There were, however, a few comments about the pay being minimum wage and this not reflecting the work or level of responsibility, resulting in some not feeling valued because of this.

Communication seemed to be an issue for some tenants, with many comments about this when asked. Some tenants felt that there was a lack of feedback and seemed disengaged as a result of this i.e. not attending tenant meetings because they did not feel anything changed as a result.

When asked, most of the tenants said that staff treated them with dignity and respect, *“yes. they will do anything for you”*.



5. Results of the visits

Environment

Amblecote Gardens is a three-storey purpose-built housing scheme. It is currently the largest Extra Care Housing scheme in Salford, with 66 one- and two-bedroom flats.

The scheme has:

- Activity room / lounge with a tenant's kitchen to one side
- Small lounge / reading room
- Laundry facilities
- Dining room and restaurant
- Hairdressing salon
- Gardens
- Guest room
- Wellbeing quiet room (behind the dining area)
- Ground floor access
- Lift to all floors
- Wide corridors
- Car park
- Assisted bathing facility
- Scooter storage

The housing scheme is a large and long building with wide corridors and several communal areas. On the first and second floors, where the corridor widens out to a medium-sized room, tables, chairs and bookcases have been placed and the space is often used for tenant activities such as curling and knitting. Each corridor is colour coded, with a named avenue to help tenants navigate the scheme and find their flats.

The ground floor lounge had a tenant's kitchen, two desktop computers and the room overlooked the well-maintained gardens.

There were noticeboards on each floor and pictorial signage throughout the scheme, except for the tenant's kitchen.

We received some feedback about the noticeboards being too high for wheelchair users and the print too small. There were also several comments about sinks and toilets in the flats not being wheelchair appropriate. The lock of the toilet in the downstairs lounge had shifted so it was very difficult to lock and toilet doors on the ground floor in the communal areas did not close automatically, so wheelchair users had some difficulty with them. This had been raised with housing staff by tenants.

Overall, this scheme was well presented, warm, clean and tidy throughout, with natural light from the many windows on either side of the building.



10 Tenants - Survey Feedback

• **Activities**

Most tenants were quite positive about what activities there were for them at the scheme, listing several different ones such as:

- Bingo
- Dominos
- Knit and natter
- Coffee mornings
- Crafts
- Music

Two were unsure about what activities there were but did say that they were given a schedule each month listing the different activities and mentioned that they would join in with anything that was going on.

Three tenants thought that things could be better, mentioning that there were not a lot of activities and that sometimes scheduled activities did not happen, *"there is a lot that is supposed to be organised, but they don't usually happen. There are no staff to take the activities for us. We have knit and natter on Friday mornings but there are no facilities for a hot drink upstairs where we are,"* and *"ideal events are few and far between. There is too much apathy amongst the tenants. We need more trips out as these are very popular."*

Only one of the ten tenants did not join in with activities or find it easy to do so, the rest did, two going on to say, *"yes for those I am interested in. I enjoy gardening and we have been doing it during the summer months. We would like to plant some spring bulbs in the garden, but we've been told that the tenants will have to buy the bulbs ourselves,"* and *"yes, as much as I can."*

One of the tenants did mention that the TV in the lounge is distracting during activities, *"a lot of the activities take place in the lounge, but the TV is on, so it's distracting."*

When asked if they could still do the things they used to do before living at the scheme two tenants said yes, with the rest saying 'no' and 'not really', *"not on the premises. It's only because I'm mobile and can get about in my motorised wheelchair that I am able to follow my outside pursuits,"* and *"don't go out at all, except for church,"* and *"not really, I used to enjoy quizzes and puzzles"*

Most tenants did say they were asked by staff about what activities they would like to do. Although they felt like there were less activities than there used to be *"City West is responsible for the activities but spread too thinly. People used to come in and lead the activities but there is no money to pay for them, so they don't come any more."*

Most of the tenants we spoke to did not feel encouraged to plan and develop activities, this was mainly due to the tension between what tenants wanted and what was currently possible to deliver, with lack of funds being the biggest barrier to activities and trips being organised and delivered, *"we put suggestions forward, but they are not accepted. For example, we would love a day out but there is no money for a minibus,"* and *"no staff and community facilities."*

• **Wellbeing**

Many of the tenants were happy at the scheme, with two mentioning a couple of frustrations, *"happy but frustrated because it could be so much better,"* and *"to a point. On the whole yes. When we do activities it's good but when there isn't any then it's boring."*



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Nine out of the ten tenants did agree when asked if living in an extra care scheme was of benefit to them and their health, that it was, *“actually yeah. Because they look after me well. [I have] carers every day,”* and *“yes, to a point. We feel safe here, but we get annoyed when staff promise things that will happen, and they let us down.”* One tenant mentioned that they found it stressful, *“no, because I find it stressful and get upset.”*

[Many of the tenants and some staff we spoke to mentioned that several tenants living with more advanced dementia often wondered around a lot and outside the scheme. Sometimes members of the public brought these tenants back to the scheme and were quite aggressive and vocal about what they perceived as a lack of care from what they thought was a residential home, not an extra care housing scheme. Witnessing some of the confusion and agitation of these tenants was expressed as being distressing. Some did not think there was enough support for them at the scheme and that an independent living model was not right for these tenants living with more advanced dementia.]

- **Care needs**

Tenants did mainly think that their care needs were being fully met when asked, *“yes. The staff are lovely but overworked,”* and *“sometimes it’s not possible because there are so many people but overall, yes,”* and *“yes. I am looked after well. some mild dementia.”*

Most of the tenants did agree when asked that they were still able to do things for themselves and retain some independence, *“yes. because I can get around in my motorised wheelchair,”* and *“yes. very independent. I can go out and about.”*

Two tenants had more to say on this, *“no. I’m wheelchair bound. I can’t get to the microwave or toaster. I can’t reach. I have to wait for care staff, due to my disability,”* and *“yes. I was advised this was for independent living. Although a lot of people coming already have dementia. The dementia people have a high level of need and the staff can’t cope.”*

Most tenants did believe that staff knew them, *“yes. they know me pretty well,”* with one tenant not talking to staff because they felt like they had nothing in common with them.

About half of the tenants we spoke to were supported around mealtimes and they were happy with the number of supported meals times. Although one tenant was not happy with the lack of flexibility around the times of meals.

- **Staff**

More than half of the tenants knew who the Care Coordinator was when we asked and mentioned her by name.

Most of the tenants did think that staff treated them with dignity and respect when we asked this question, *“yes. they will do anything for you,”* and *“yes. I see the care staff a lot, which is great.”* Some had reservations, *“yes, with reservations,”* and *“no. sometimes they tell me off. I have fed back to City West, but they won’t reply to the concerns I’ve raised,”* and *“in the main. We tell them if they don’t.”*

- **Communication**

Most tenants did know how to speak to the Care Coordinator if they wanted, with three tenants stating that she can be hard to get hold of sometimes because she is so busy, *“she is approachable but not always available. She is very busy and often on the phone.”*

Some tenants were unsure about how to make a complaint about the care provider if they wanted to and two tenants knew that there was a number in the file in their flat or that they could speak to the Care Coordinator or the senior manager of Comfort Call. One tenant mentioned that they had made a complaint and did not feel that the form or process allowed them to say all they



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wanted to say. They also had some reservations about if they would be listened to if they spoke out.

Tenants were asked if they would like to change anything about their care and most said no, that they were happy or that they had minimum care needs but two did go on to say, *"I would like to change a lot and I have told the staff how I want this to change but I get no feedback and nothing is changing,"* and *"we have told them about changes we would like but nothing ever happened. For example, carers aren't allowed to leave the building to take us shopping."*

When asked about how changes to services are communicated most tenants mentioned that they were often spoken to in person, but some tenants did not think they were kept up to date enough and that mainly they were spoken to at tenant meetings. It did come up that some tenants were unhappy about not being told if another tenant dies and this was felt to be distressing.

One tenant understood that it was a big scheme and it could be difficult for staff to keep all the tenants up to date.

Tenants were asked about how they would like to receive information and feedback and were given these choices;

- Newsletter
- Noticeboard
- Flyer through the door
- In care review
- Tannoy [*no tannoy system in the scheme but each tenant has an intercom in their flat*]
- Tenant meetings
- Private letter
- In person

Each tenant we spoke to had different communication preferences, many liked to be spoken to in person and appreciated the newsletter and activities schedule being posted through their doors. A few did mention that sometimes the information on noticeboards was hard to access due to it being too high, if in a wheelchair, and the print being too small.

Most tenants were aware of the tenant meetings, although many of them did not attend stating, *"no. not interested, so I don't bother,"* and *"I'm not interested because nothing happens as a result,"*. Those that did attend said *"they are quite good because it gets people together. Feedback not very often,"* and *"yes. I always go."*

• **General questions and responses**

The tenants spoken to were asked how long they had lived at the scheme with many having lived there since the scheme had opened, some under 12 months and one only a few months.

When asked if they felt enabled to stay on at the scheme as their care needs changed four tenants said 'yes', one said 'no' and the remaining were unsure.

Responses were mixed when we asked if they considered the scheme a home for life, *"no I will go back to my own home,"* and *"yes. I wouldn't like to go anywhere else,"* and *"no. I would love a flat like a cottage and somewhere with a bath..."* with only four tenants considering it a home for life.

Is there anything else you would like to tell us [Healthwatch Salford]?

- *"its great that the vicar comes in once a month."*
- *"my family comes in to see me every week."*
- *"I should have been here short-term, but they won't let me go."*



Relative Survey Feedback

No relatives were present at the times of our two visits.

Comfort Call – 9 Care Staff Survey Feedback

• **Questions about the staff**

Many of the staff had worked at the scheme since it opened, and some had worked for Comfort Call for many years before that, a couple of staff had worked at the scheme for under 12 months.

Staff roles surveyed were Care Assistant.

Staff enjoyed different things about their job including;

- *"The 'caring' aspect and the 'teamwork'"*
- *"The positive direction from management"*
- *"The involvement with the tenants"*
- *"It's a lovely place to work. I enjoy working here. not doing it for the money!"*
- *"Done it [care] for 40 odd years. Should have retired years ago. I do enjoy it"*
- *"I like to help and the contact with people"*
- *"Enjoy working with people. Knowing I make a difference to their life. I get on with all of them."*

Some staff went onto mention other aspects that they did not like so much:

- *"Don't think the pay reflects what we do with it being classed as independent living. People can be negative about it and confuse it with a care home"*
- *"Not a lot really"*

• **Activities**

When asked who they thought was responsible for social activities staff said correctly housing but one went onto say that some tenants were confused about this and assumed it was care staff who were responsible, *"not sufficient clarity provided to tenants."*

Staff went on to mention some of the different activities organised and that carers could make suggestions, although one staff member felt like housing did not want care staff to get involved, *"[housing] don't like you getting involved. I've been told, don't do this, don't do that."*

Staff said that activities aren't linked to care plans but things like hobbies and interests are.

Several staff went on to say more about this and activities, *"many of the tenants feel isolated so social activities are important,"* and *"it [the care plan] tells you what their hobbies are, which is fed back to City West".*

Some staff did not think all needs were catering for and that too few tenants get involved in activities, *"people with dementia don't get involved. Half of them just wonder when activities are going on. There is no one there to sit with them and get them involved,"* and *"the same 15-20 people get involved, I don't think activities are working,"* and *"individual needs are not catered for. Not enough outings or in-house entertainment provided."*

Staff were asked how they support tenants with additional support needs such as those living with dementia or sensory impairment to take part in social activities and a variety of answers were given. The most common responses were 'reminding them', 'explaining what was going on' and 'escorting them to the activity'. Two staff members went onto explain other support they can give, *"we don't get involved in activities but would ask if people were ok or needed help. We would also*



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support them to try something different. Find out what their needs are,” and “we escort them. We sit with them until they are settled [if a new activity].”

Care staff are not responsible for activities, so would not be responsible for involving tenants in developing and running activities but many still responded to this question, *“tenants are encouraged but rarely take advantage of the offer,”* and *“I don’t know what they do. City West want tenants to do activities themselves, but they don’t get everyone involved. There should be a specific person to run and organise the activities,”* and *“not sufficient support given to tenants. Their suggestions are usually greeted with, ‘there isn’t enough money for that.’”*

Some tenants were involved in some of the social activities, like knitting and calling bingo and City West provide bigger boards and big letters for bingo for some tenants.

- **Health**

Staff provide support for tenants to get to health appointment if required by arranging transport and management usually organises this and gets the family involved. Care staff are not permitted to accompany tenants to outside appointments.

Staff also make arrangements for home visits, as required.

- **Religion and culture**

A vicar comes to the scheme and there is a monthly service. Some people go to the local church and if needed, different food would be served based on religious preferences.

- **Care for the tenants**

Staff get to know a tenant when they first arrive through their care plans and through talking to their family and to the tenants.

If there are any changes to care needs identified by a Care Assistant this would be reported to management and they will speak to social services, if changes to the care plan are needed. Changes are also noted in the communication book and discussed at handover.

When asked if they had enough time to care for tenants some said ‘yes,’ some ‘no,’ and some ‘it depends,’ *“yes. it depends on which tenant. Sometimes you go over with them,”* and *“no, and this causes stress to some care staff. Especially when some tenants care needs are greater than others,”* and *“generally yes,”* and *“it depends. Some people are more difficult. They need specialist equipment, especially when we are doing double ups,”* and *“probably not. You get a list and get so long with each.”*

- **Communication**

Staff said that it is mainly a management role to communicate service changes to tenants and family and that information is cascaded down. They would document any changes and leave this with the Care Coordinator. They can also talk to tenants and their family to build rapport with them.

Care staff went on to say, *“changes go through the social worker and they involve family and the Care Coordinator”,* and *“ask the tenant first. For example, I knew that one tenant was waking up early so I asked him if he would like an earlier call and he said yes.”*



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Staff stated that they mainly involve and gather feedback from tenants in person, through the intercom and tenant meetings. The Care Coordinator also holds 1-2-1s with tenant and their family.

- **Staff involvement and support**

All staff did feel that they were encouraged to give feedback, and some went on to give specific examples, *“yes. Every month at the staff meeting we are asked for feedback. They listen and things get done,”* and *“yes. we always talk to the Care Coordinator. Some people have raised that they aren’t happy with pay. It’s minimum wage, not enough for what you do.”* Some went on to say that they have good staff relationships here and no problem raising any issues.

Staff were very positive about the Care Coordinator and about feeling supported by her, giving many examples of this, *“she is very good. She will listen to you and if she can’t sort it out then and there she will call you back to update you and see how you are. She is very supportive of her staff.”*

Staff were also encouraged to continue to develop their skills and training, *“Yes. We have training books and logs of everything that you have done and refreshers,”* and *“yes. we used to be able to attend training courses but now its all by booklets,”* and *“we do mandatory training. I want to go into nursing. If it was better paid here I would stay. I don’t feel valued.”*

Responses about support from housing management were mixed, with six saying ‘yes’ and three ‘no’ when asked if they felt supported, *“now I do. Probably not in the past,”* and *“yeah, with N [Extra Care Scheme Coordinator]. she has always got time for you. Very supportive if needed. Quite fortunate to have a good team [as in housing and care team working together]”,* and *“no. I know with N [Extra Care Scheme Coordinator]. Yeah. She is very good. It’s more the management and systems higher up. We’ve had a window boarded up for 4 months and still waiting. A place like this should have its own caretaker, as people are always having to wait weeks.”*

- **General questions and responses**

Is there anything else you would like to tell us [Healthwatch Salford]?

- *“Certain tenants need to get out more. More exercise would be a great idea”*
- *“I used to do nights, where there are only two staff. Some tenants shouldn’t be here. they should be in a care home, but family can’t afford to put them in a home. There should be more care. The public come in and accuse us of not caring. It’s independent living. The public bang on the door. People [the tenants with more advanced dementia] are always wondering out, as it’s an open door policy. We’ve been told we can’t stop them from leaving. City West won’t pay someone to sit on the door at night. It makes the job for us harder. To try and stop them we have to phone the family and get them to come and talk to their relative. The front door is a big problem. We don’t mind them being here but it’s just not safe.”*
- *“I just think carers are undervalued. Pay doesn’t reflect the responsibility and what we have to do. I do enjoy my job and staff are good.”*

City West – 1 Housing Staff Survey Feedback

We surveyed one staff member at this scheme. There are some stuff that worked across schemes who were interviewed at other schemes. For their comments please read the other Enter and View reports into City West Extra Care Housing schemes:

- Monica Court



Enter and View report for: Amblecote Gardens

- Astley Court
- Bourke Gardens

Q) How long have you worked here?

Since the opening of the scheme. Previously they had worked with Comfort Call as a Care Coordinator for the scheme.

Q) What is your role?

Extra Care Scheme Coordinator.

Q) What do you enjoy about your role?

"Love that it is different every day in the scheme. I like that it is different and got quite a good relationship with the tenants."

- **Activities**

City West is contracted to provide one activity each day. They felt that there was a need for more physical activities and have been trying to build up funds, *"some tenants have joined a fundraising committee to raise funds."*

At the monthly tenant meetings tenants are asked about activities to get an idea of their interests and housing try and put on activities that are free to tenants.

To support and encourage tenants with extra support needs housing work closely with the care team to encourage and bring people down. They are also trying to do more dementia friendly activities.

Housing found it difficult to involve tenants in the development and running of activities, *"it is difficult here because you have to prompt so much. Not many tenants are able."*

- **Religion and culture**

Tenants are asked as part of their support plan about their faith or religious needs.

- **Communication**

Monthly tenant meetings and noticeboards are mainly used to communicate changes to service provision and they produce a newsletter and monthly activity schedule.

- **Staff involvement and support**

They did feel that housing staff were encouraged to give feedback and have regular 1-2-1s. Training and development was also supported.

The Care Coordinator

The Care Coordinator had worked at the scheme for many years. Previously having worked at Ninian Gardens in Worsley [which was knocked down and replaced by Bourke Gardens]. They got a lot out of the role, *"I love the role. Worked 20 odd years in care. In this role you have to have a lot more knowledge and insight, you understand more working at this level. We have really good relationships with professionals we work with. Being a carer is very stressful for low pay. Carers on the whole don't feel they are paid for the work they do. Until there is fair pay it won't be a vocation."*



- **Tenant information**

Social services provide information about a tenant before they arrive, and care staff are given a copy to read. Once the new tenant arrives they and their family are spoken to get to know them.

If a need changes the care plan gets updated, otherwise it is updated on a yearly basis. A communication book is also used.

- **Activities**

The care provider does not provide any activities at the scheme but will support if asked. The Care Coordinator also has weekly meetings with N [Extra Care Scheme Coordinator].

When asked the Care Coordinator listed several different activities organised at the scheme. They went on to say that tenants do not like paying for things, *“they think City West should pay for it. There are quite a few activities, which they don’t have to pay for.”*

Encouragement and assistance is given to tenants to take part in activities from care staff in the form of prompting and giving proactive and positive encouragement to join in.

- **Health**

The care provider can organise transport for tenants to get to health appointments. They do not do outside support, but tenants can ask for private carers, for which they would be invoiced for.

- **Religion and culture**

Any needs are identified and noted on the care plans.

- **Staff**

Training and skills development are managed through a system and any training need comes up on the system. Staff are asked in supervision if there are any areas they feel they need to develop, and the Care Coordinator can also put them forward for areas of development. The Care Coordinator felt like staff could be split into two groups i.e. an older group of staff with high levels of experience and low training needs and a newer less experienced group with higher training and development needs.

- **Communication**

Staff are able to have a say in how care is provided, *“they can always bring feedback to me. I will then have a chat with the tenant.”* The communication book is where they can also document this.

Tenants and their family can have a say through coming directly to the Care Coordinator, *“I have an open door policy. They can always come and chat if there are any problems.”* They had also reviewed the ‘viewing and assessment’ process for a new tenant, adding in a meeting between themselves and the Extra Care Scheme Coordinator to more fully explain to potential tenants what extra care is and what is offered to reduce the instance of an unhappy placement, *“when people first come to visit to see if they want to live here a lot of people think that it is residential. If unhappy here what choice do people have to move on? Social services will speak to them to try and resolve this and find out why people are unhappy. It’s got to be person-centred.”*

The care provider communicates with tenants about service changes in several ways, such as through noticeboards, flyers, tenant meetings, private letter and in person.

Feedback and complaints go on the system and a Q&A is held every three months.



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When asked how they make sure communication is fully accessible the Care Coordinator spoke of adapting their communication and using assistive technology, giving one or two examples and how they would also get professionals involved to give people options.

- **General**

“Until it [care] is recognised as being a vocation, you won’t show the value. Responsibilities are increasing, they are underpaid. Sometimes it feels like some professionals look down on us, as carers. a lot of people don’t understand, and you can feel undervalued when people say something [uninformed] to you.”

Additional Notes

None.



In summary

- **Care and independent living**

Most care needs were being met and most tenants did also agree when asked that they were still able to do things for themselves and retain independence. Although some did comment that staff were overworked and that there were a lot of people with care needs.

Most tenants did feel happy, though two expressed some frustrations, mainly that things could be much better. Nine out of the ten tenants we spoke to agreed when asked that living in an extra care scheme had been of benefit to them and their health. However, there was a common thread throughout conversations with both some care staff and tenants about the number of people living at the scheme with more advanced dementia with complex care needs and the suitability of independent living for these tenants.

Care staff also made comments about being busy and there were many different responses to the question of if they had enough time to care for tenants. Some of the responses that fell under generally yes were, *"Yes. it depends on which tenant. Sometimes you go over with them"* and *"generally yes"* and *"yes, because if it takes longer you are in a scheme where you can phone another carer to take the next call."* Some of the responses that fell under no and it depends were, *"no, and this causes stress to some care staff. Especially when some tenants care needs are greater than others,"* and *"it depends. Some people are more difficult. They need specialist equipment, especially when we are doing double ups,"* and *"probably not. You get a list and get so long with each."*

This demonstrates the importance of good team work and willing staff but even when staff pulled together if staffing levels were not adequate there would still be gaps and a risk of care needs not being consistently met.

- **Activities**

Housing were responsible for activities in the scheme and organised a schedule of activities throughout the month. Most tenants were quite positive about activities and took part. There were several criticisms from both a couple of care staff and tenants that activities did not involve that many tenants and those with dementia often got up and wandered off, as well as many comments about tenants having to pay for activities. Some tenants also said that scheduled activities did not always run and that things could be better.

Expectations and not feeling like they should pay for activities was also creating tension between some tenants and housing, to the point that there was growing disengagement and disgruntlement spreading to interactions about other things i.e. comments about not feeling involved and listened to.

- **Communication**

Most tenants knew who the Care Coordinator was but were less sure about the process to make a complaint and there were mixed responses about tenant meetings, involvement and feedback.

There were many different comments covering communication, some positive and some more critical and because the more critical comments covered quite a few different areas of communication and feedback, we believe this is an area that needs working on by housing and care.

The care provider and housing had clear processes in place to communicate and share information, with this relationship still developing and some staff talking freely and others less so.



6. Recommendations

Care provider

1. Activities are not the responsibility of the care provider, but activities, social contact and mental stimulation are other elements to care and important to people's sense of wellbeing and health. Through staff relationships with tenants they could encourage and support increased involvement and variety in activities.
We would recommend discussing what level of support and involvement can be given around activities with housing and this will also clarify with tenants who is responsible for activities and for staff what level of involvement is appropriate for them.
2. There were some issues around communication, feedback and responsiveness. Some tenants were unsure about how to make a complaint and there were some comments about lack of feedback and response to requests for changes to care that should be reviewed.
We would recommend that as well as feeding back to tenants through current methods, that more visual and direct methods are also used i.e. 'you said, we did' visual display boards and other methods that are updated in line with Q&As and other feedback mechanisms to ensure responsiveness is timely and to reassure tenants that their comments and suggestions are being considered.
3. Tenants and staff commented on how busy care staff were and that they did not always have enough time.
We would recommend reviewing contracted hours with social services and the number of tenants with high care needs and more advanced dementia now living at the scheme.
4. There were some concerning comments from both staff and tenants about tenants with more advanced dementia. Mainly concerns were about the suitability and safety of these tenants living in an independent living scheme, especially in the context of the open door policy and there being no one on reception at night to note or raise the alarm when specific tenants wander out who get confused and disoriented. Although flat doors can be set to alert care staff when they are opened.
We would recommend that a review of suitability and safety is undertaken, based on concerns voiced by both staff and tenants and notes from tenant's care plans.

Housing

1. There were a number of negative comments about lack of appropriate activities, partly due to lack of funding. Now that City West has recruited the new post of Community Wellbeing Officer to develop this area across the four schemes that they manage, there is more scope to change activities and increase participation and inclusion.

We would encourage this person to work closely with other housing staff and the local community to come up with solutions to some of the issues raised by care staff and tenants and reengage tenants in the development and running of activities, managing expectations.

We would also recommend getting in touch with Salford CVS around volunteer involvement. Salford CVS run a 'Volunteering in Care Homes Project', which extends to



extra care. The project aims to encourage the involvement of volunteers within homes and schemes, to support an Activities Coordinator to provide a wider variety of social activities.

2. There were a number of comments about physical accessibility i.e. sinks and toilets in flats not being wheelchair accessible, noticeboard too high and documents printed too small and also problems with toilet doors in the communal areas on the ground floor.
We would recommend changing or lowering the noticeboards and ensuring documents are printed in larger print.
We would also recommend ensuring the sink and toilet are more fully equipped and audited for accessibility when the flat bathrooms are due for refurbishment.
3. Maintenance and waiting for repairs seemed to be an issue.
We would recommend reviewing the current maintenance contractors and their responsiveness, rating them against standard of repairs, customer service, speed of repairs etc, and discuss an action plan to resolve some of the reported issues
4. In the tenant's kitchen there seemed to be a lack of pictorial signage.
We would recommend adding appropriate signage to this area of the scheme.

7. Service Provider Response

Care provider response to our recommendations

1. Activities are not the responsibility of the care provider, but activities, social contact and mental stimulation are other elements to care and important to people's sense of wellbeing and health. Through staff relationships with tenants they could encourage and support increased involvement and variety in activities.
We would recommend discussing what level of support and involvement can be given around activities with housing and this will also clarify with tenants who is responsible for activities and for staff what level of involvement is appropriate for them.

Comfort Call and the Housing Provider are meeting to discuss further, however both parties meet at every tenants meeting and its clear to all involved who is responsible for the activities at the scheme.

Both Care Provider and Housing work together to deliver the activities within the scheme. The Housing Provider lead on the activities and arrange these in advance and the Care Provider assist when needed. The Care Provider assists with escorting tenants to attend this service.

2. There were some issues around communication, feedback and responsiveness. Some tenants were unsure about how to make a complaint and there were some comments about lack of feedback and response to requests for changes to care that should be reviewed.
We would recommend that as well as feeding back to tenants through current methods, that more visual and direct methods are also used i.e. 'you said, we did' visual display boards and other methods that are updated in line with Q&As and other feedback mechanisms to ensure responsiveness is timely and to reassure tenants that their comments and suggestions are being considered.



Comfort Call regularly review the service in the form of Quality Assurances and this enables the service to action any concerns or complaints.

All tenants have a file located in their property with a guide to the service Comfort Call provide and within this document, guidelines on how to make a complaint are detailed.

Comfort Call conduct an Annual Review, we display the results of this within the office, we are meeting with the Housing Provide to request a notice board within the scheme visual to tenants to display company notices, this will include the results of the Annual Surveys.

3. Tenants and staff commented on how busy care staff were and that they did not always have enough time.

We would recommend reviewing contracted hours with social services and the number of tenants with high care needs and more advanced dementia now living at the scheme.

We plan to review hours and needs with social services and annual reviews are planned.

4. There were some concerning comments from both staff and tenants about tenants with more advanced dementia. Mainly concerns were about the suitability and safety of these tenants living in an independent living scheme, especially in the context of the open door policy and there being no one on reception at night to note or raise the alarm when specific tenants wonder out who get confused and disoriented. Although flat doors can be set to alert care staff when they are opened.

We would recommend that a review of suitability and safety is undertaken, based on concerns voiced by both staff and tenants and notes from tenant's care plans.

Individual reviews are planned, and this will be discussed. Each tenant has personalised risk assessments in place, and where required, they extend to specialised risk assessment for any special circumstances.

Housing response to our recommendations

City West welcome any feedback that can help us to improve our services.

Activities

City West Housing have recently introduced the post of the Community Wellbeing Officer to work with local agencies to further develop the Extra Care wellbeing offer, improve tenant engagement and accessibility to services to support and improve tenants' health and wellbeing. The Community Wellbeing Officer now holds weekly meet & greet surgeries at Amblecote Gardens to allow tenants the opportunity to discuss activities that they would like to participate in.

Some of the activities or projects planned include:

- Carrying out tenant surveys to find out what activities tenants would like to get involved in
- Engaging with local health improvement teams to deliver activities to improve health and wellbeing
- Liaising with the established tenant social group at and supporting them to apply and gain funding to support activities of their choice.



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- Funding achieved to enable us to commission Salford Community Leisure to develop an Extra Care choir
- City West funding for specific music based activities to support people living with dementia delivered by the Northern Chamber Orchestra and Manchester Camarata
- Working with Society inc, to develop a be-friending project involving local volunteers with the aim to also encourage tenants to become befrienders for other tenants living across the extra care schemes.

The team at Amblecote Gardens and the Community Wellbeing Officer are working closely with tenants to discuss ways to improve engagement for men's activities, expanding the existing portfolio of events based around tenant feedback. There are currently a number of activities that are led by men and are well attended including, curling, fit club, poets' corner and a greening club. We will work with tenants to see how the range of activities can be further expanded to ensure everyone's needs are met.

We will also contact Salford CVS to see how they could support the further development of activities with the "volunteering in care homes project"

Communication

City West Housing Trust work hard to engage with tenants and listen to their views. City West Housing Trusts scheme staff attend regular care team meetings and meet weekly for a contractual partnership meeting, there are monthly partnership meetings with scheme management staff and quarterly meetings with service management from both housing, care and catering.

Tenant meetings are held monthly and advertised a month in advance on notice boards for tenants and family to attend, reminders are also given to ensure that all tenants have the opportunity to attend. These are attended by the scheme housing, care and catering managers.

Monthly Extra Care Service Manager drop ins also take place and are advertised on notice boards providing tenants and families with the opportunity to come along to discuss any points that they wish to raise.

The Community Wellbeing Officer also now holds weekly surgeries to provide tenants and families with the opportunity to discuss activities and interests.

The catering area manager holds monthly drop in sessions to provide tenants and families with the opportunity to discuss any catering concerns.

City West Housing trust staff provide a monthly newsletter that includes tenant articles and a monthly activities calendar that is developed based on tenant feedback each month. We have recently introduced a "You said we did" poster and will be developing a notice board that promotes communication in this area.

In response to the recommendations we are also planning to hold an event for tenants, their families and other stakeholders based around the working together for change model, this will further explore the issues working, not working and things important for the future from the tenant's perspective.

Following this event, we will then develop Improvement plans to be put in place agreed by tenants and progress will be reported via regular tenant meetings.



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Maintenance

City West Housing Trust works closely with the service centre and the maintenance team to ensure that jobs are completed in a timely manner. Jobs are reported and assigned a response time dependant on priority. In order to resolve any tenant concerns a member of the maintenance team will now attend the monthly tenant meetings to respond immediately to any concerns and feedback progress on any ongoing repair or maintenance issues.

Accessibility

City West Housing Trust will look at the location of notice boards and identify areas that that will increase visibility. Due to the handrails along corridors it is difficult to lower them in these areas although we will be able to provide a lower board specifically for those tenants that find the corridor notice boards are too high in an alternative communal area.

Amblecote Gardens is a relatively new build scheme and although the scheme is not programmed for bathroom refurbishments in the near future we will review wellbeing plans with tenants and identify if any tenants are in need of any specific adaptations, making referrals to appropriate agencies if appropriate. All bathrooms are wet rooms and properties are allocated at the Extra Care panel along with Salford Royal Foundation Trust and the care provider. Properties are allocated on a needs basis and should a tenant be a wheelchair user their individual needs would be considered at this panel meeting. This is then assessed by an Occupational Therapist to ensure that the property is suitable.

There a number of properties in Amblecote Gardens that are wheelchair accessible with fob access, lowered kitchen work surfaces and turning circles.

City West Housing Trust are working with the aids and adaptations team to have the communal toilet doors replaced with easy closers and the external rear entrance door altered to become automatic by the end of Oct 2018.

Other areas for improvement

With regard to the other suggestions for improvement contained in the report we will look to identify an alternative location within the scheme to locate a notice board so this is easier to view for all tenants and families.

We will review the pictorial signage displayed in the schemes and ensure posters are clear and that all communication is easy to read and large print. We will also ensure tenant are aware that we are able to provide all communication in alternative format

We will also look to introduce staff name badges for the Housing team and further discuss this suggestion with the care provider to ensure all staff at the scheme are easily identifiable to tenants and families

Amblecote Gardens provides accommodation, care and support for a number of tenants with higher care needs and dementia. Care packages are tailored to meet individual needs and Salford Royal Foundation Trust have responsibility for the completion and review of individual social care assessments to ensure that tenant's needs can be met within the extra care environment. We recognise that sometimes tenants have complex needs and we work closely with the care provider to minimise risks ensuring that requests for a reassessment of an individual's needs are made when appropriate.



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