



# Care and Extra Care Housing

## Enter and View REPORT

### Astley Court

#### **Scheme Contact Details:**

Astley Court  
Astley Road  
Irlam  
M44 5DW

#### **Date of Visit:**

Wednesday 15<sup>th</sup> of August

#### **Healthwatch Salford Authorised Representatives:**

- Safia Griffin
- Mark Lupton
- Vania Burnell
- Ruth Malkin



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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 Astley Court scheme staff team, tenants and relatives 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 a specific date. 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 of the visit.

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



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## 2.1 Visit Details

<b>Care Service Provider:</b>	Comfort Call
<b>Housing Provider</b>	City West
<b>Scheme Address:</b>	Astley Court, Astley Road, Irlam, Manchester, M44 5DW
<b>Visit Date and Time:</b>	Wednesday 15 <sup>th</sup> August 2018, 13pm-16pm
<b>Authorised Representatives:</b>	Safia Griffin Mark Lupton Vania Burnell Ruth Malkin
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## 2.2 The Care Provider

**See Care Quality Commission\* (CQC) website to see their latest report on Astley Court.**

*\* 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; 7am-1pm, 7am-1pm, 7am-2pm, 7-2pm, 1pm-6pm, 1pm-6pm, 4pm-10pm, 5pm-10pm, 6pm-10:30pm, 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 19 staff permanently placed at the scheme. Comfort Call have a robust recruitment process in place which includes a pre-screen, a selection process including interview and basic numeracy and literacy tests, DBS application and 2



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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.

The Astley Court scheme comprises of 54 private one-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 has one staff member who works across Astley Court and Monica Court spending one day a week in each of these schemes. In addition to this, the Extra Care Scheme Management Officer has overarching responsibilities across the schemes and has a regular hourly drop-in once a week that is advertised to tenants and their families. City West has recently recruited a new post of Community Wellbeing Officer to work with the care provider to develop engagement and activities across the schemes they manage.

Cooked meals are prepared offsite and provided by Appetito and delivered and heated at Astley Court for the mid-day communal meal in the dining room and menus are agreed in advance.

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 Astley Court. The Enter and View visit date was arranged around a communal tenant meeting and staff meetings at the scheme.

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 9
- Care staff x 5
- 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

The activities were the responsibility of the care provider at Astley Court, with staff sometimes struggling to provide care *and* activities when care needed to be prioritised

Tenants were quite critical about activities and the lack of choice, many spoke of active lifestyles and social lives before coming to the scheme. Some were not able to join in due to health or disability and others stated that advertised social activities were not run.

Tenants also spoke of the high instance of people in their late years who were less active living at the scheme, whereas they had always been active. Some tenants didn't think more able and active tenants were supported enough at the scheme to remain so.

Lack of activities and social contact also had an impact on tenant's sense of wellbeing, with mixed responses to the questions of being happy and if an extra care scheme was of benefit to them and their health. There was an awareness of a link between physical activity and health and the lack of this impacting negatively on both health and wellbeing. Several comments indicated isolation and loneliness, which also impacts on wellbeing.

When discussing care needs tenants spoke quite positively of personal care needs being met but some spoke of how their health and need for stimulation were not being met and of standards slipping, *"personal care yes, but health and stimulation no. Staff are too busy and rushed."*

Most of the tenants spoken to didn't believe that care staff knew them well or knew what they liked and didn't like, with most saying 'no' or 'no, they think they do'. A few tenants mentioned that they thought that some understood how they felt but not all carers demonstrated this.

In contrast to the more critical responses about lack of activities, stimulation and support in some areas, reassuringly tenants replied quite positively to the question of if all staff treated them with dignity and respect.

From the perspective of care staff, it was evident that they too were feeling the effects of being rushed and busy, with some reporting high levels of stress and concern that they had to drop activities to prioritise care and not having enough time to properly interact and socialise with tenants.



## 5. Results of visit

### Environment

Astley Court is a multi-storey housing scheme with 54 one-bedroom flats. The scheme has:

- Activity room / lounge / dining room
- Laundry facilities
- Hairdressing room
- Garden
- Assisted bathing facility
- Car park
- Wide corridors
- Step free access into the building

The scheme was light and clean throughout. The dining room and lounge were one big room, which led into a conservatory that overlooked the back and gardens. There were two lifts on either side of the building.

Signage appeared minimal and plan, with little to no directional signage. The flat doors and door numbers were both white, making the numbers almost invisible and not dementia friendly.

Overall, the scheme seemed crowded in parts but homely.

### 9 Tenants - Survey Feedback

#### • **Activities**

Tenants spoken to said that there weren't many activities organised and of the ones organised many of them couldn't take part, some due to health and some due to sensory impairment. Tenants seemed quite disappointed in the choice of activities and lack of support for them.

Many spoke of active lifestyles and going out everyday before they came to live at the scheme. Some tenants mentioned having no family or friends close by to take them out. There was a sense of missing their former routines and social lives.

All tenant comments about activities were quite critical, *"I pay a private carer to take me swimming and for shopping. Not really doing activities here. There is an art class but can't do that. Can't go gardening because of health. No activities provided here that I can do,"* and *"there is bingo, art. No set time for exercise. I go out Monday and Tuesday for clubs. No set pattern for activities and no activities sheet."*

Tenants also mentioned activities advertised not being run, like the quiz and some carers not having the time or the interest in running activities. When asked if they join in, many tenants said 'yes, if they could', with some saying 'not really' citing health or disability for not taking part.

Tenants said that they no longer do the things they used to enjoy before coming to the scheme, again some cited health or disability as main causes but there was also an expectation of support that should be given by carers to assist in social and exercise activities such as swimming or walking, with some not being able to walk unassisted.

Tenants said that they had been asked what activities they would like to do in tenant meetings but the one that didn't attend said no, they went on to state that staff rely on notices to inform tenants a lot of the time.



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Only 1 of the 9 tenants spoken to said that they had been encouraged to plan and run activities.

Things that tenants said they would like to do and see organised were ball games, throwing discs and other games, memory cards, swimming, exercises and quizzes. Some tenants also mentioned trips in the summer.

- **Wellbeing**

Two questions were asked to understand people's general levels and sense of wellbeing;

1. Do you feel happy here?
2. Has living in an extra care scheme been of benefit to you and your health?

Responses to the question of feeling happy were mixed, *"yes I do. I feel safe,"* and *"occasionally feel happy,"* and *"not very happy. Want to go back to... [ a different area in Salford],"* and *"not happy. Moved away from friends. Social services didn't give me a choice of places to live."*

Tenants expressed both positive and negative comments about living in an extra care scheme and if it had been of benefit to them and their health, *"yes definitely. I don't get out otherwise,"* and *"it's been of benefit having my apartment but not to health, as no one to help with exercise. So, it does the health no good. I'm not doing anything, alone a lot of the time. Before I came here I was out every day,"* and *"yes. Doesn't seem to be much extra care. Not enough staff."*

- **Care needs**

Most tenants spoken to were quite positive about their personal care needs being met but others spoke of insufficient stimulation, problems with hearing aids not being picked up by staff and standards slipping, with staff being too busy or a regular carer being on leave and little help with mobility, *"personal care yes, but health and stimulation no. staff are too busy and rushed."*

When asked if they were still able to do things for themselves responses were mixed. This was partially due to the different expectations of support that should be provided for them to remain independent and be able to do things for themselves, *"not at the moment. I have to pay for being taken shopping and swimming. I don't like being idle,"* and *"no, no help with mobility or activities or being taken out of the scheme,"* and *"encouraged to be independent by having regular reviews,"* and *"yes, I've done quite well. I can dress myself."*

Many of the tenants stated that they didn't believe that care staff knew them well or knew what they liked and didn't like, saying things like 'no' or 'no, they think they do'. A few tenants mentioned that they thought that some understood how they felt but not all the carers.

About half of the people we spoke to were in some way supported around food and mealtimes, with one stating that they took over their wife's meal support from a carer because, *"they looked like they were pushed for time."*

When asked if they were happy with the number of supported mealtimes most said yes but one tenant did go onto mention that there were not enough staff, *"the amount of staff is not adequate."*

- **Staff**

Only 3 tenants said they knew who the Care Coordinator was when asked, the remaining said 'no', they did not know who this was.

Reassuringly, and in contrast to the more critical responses about lack of activities, stimulation and support in some areas, tenants replied quite positively to the question of if all staff treated



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them with dignity and respect, *“staff are excellent. They should all be on a lot more money. They do so much,”* and *“the majority do. Can’t see where the extra [care] comes in. the staff are thinly spread,”* and *“yes, they come to check if I am alright.”*

The tenants with private carers highlighted that they did not have much contact with Comfort Call’s carers but that they would be happier if there was someone to cover for their private carer’s holidays.

### • **Communication**

Tenants were asked what they would do if they wanted to speak to the Care Coordinator, with the tenant’s spoken to all saying different things, *“just go to her office,”* and *“use the phone number,”* and *“don’t know.”*

The tenants spoken to seemed confident that if they wanted to make a complaint they knew how to and would.

Tenants were asked if they wanted to change anything about their care, and if so had they told anyone. Two tenants said ‘no’ but the remaining had, with one going directly to the manager and another wanting to change how late some carers turned up in the mornings to prepare breakfast, going from after 8am to after 9am without any explanation from the carer.

Some tenants didn’t believe that care staff communicated well about changes, relying on written notices or tenant meetings but others spoke of being talked to personally about changes.

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

Some wanted family involved, others mentioned that sometimes information provided, such as activities in newsletters, was not always accurate. Each tenant spoke of different preferences, some had specific communication needs such as large print or needed 1-2-1 communication due to hearing loss. This emphasises the importance of personalised communication and using a variety of channels to communicate, not just relying on written notices and newsletters, if these aren’t adapted to people’s communication needs.

All but one of the tenants said that they were aware of the tenant meetings and attended. Most found them useful and that it was important that they received feedback and felt listened to.

### • **General questions and responses**

The tenants spoken to were asked how long they had lived at the scheme with many having lived there 2-4 years and one tenant having lived there just 1 year.

When asked if they felt enabled to stay on at the scheme as their care needs changed 3 tenants said yes, with 4 not responding to the question and 2 tenants having concerns about care needs



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being met and concerns about mobility. 3 tenants were positive about the scheme being a home for life, *“at the moment yes but not doing much with my body,”* and *“I’d like to think so yes, because of Alzheimer’s I don’t want to move.”* with two stating a firm no, *“no. never considered it a home,”* and *“certainly not. It may be beyond my control,”* and one not sure.

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

- *“hospital meals are better than here. Fish and chips are terrible. I feel better for talking about it and getting it out.”*
- *“I want to transfer back to... [nearer her family and friends in another area in Salford.]”*

### **Relative Feedback**

No relatives were visiting the scheme at the time that the Enter and View team were there.

### **City West – 1 Housing Staff Survey Feedback**

#### **Please note**

City West staff work across both Astley Court and Monica Court, see Monica Court’s Enter and View report to read two other City West staff survey feedback about their roles and the schemes they work across.

- **Staff survey feedback from City West staff member we spoke to at Astley Court**

#### **Q) How long have you worked here?**

2 and half years

#### **Q) What is your role?**

Works across 7 sheltered schemes and 2 extra care schemes.  
Scheme management officer support on site.

#### **Q) What do you enjoy about your role?**

Likes that no 2 days are ever the same

- **Activities**

Many activities were funded by tenants. They believed that there was a good balance between care staff and care workers.

Care staff discuss activities with tenants. Housing look into tenancy issues activities, staff try and get tenants out of their flats. In answer to how tenants with dementia or sensory impairment are supported to take part in activities housing staff said that they would tailor conversations to find out more about tenants and their needs.

Housing staff, with the exception of the Community Wellbeing Officer, are not involved in developing activities with tenants, instead they offer encouragement with dealing with other problems and support if required from moving from a tenant’s flat to the communal lounge.

- **Religion and culture**

Housing staff were aware of visiting priests and stated that tenants shape religious representation and religion within the scheme.



- **Communication**

Housing staff member met monthly with the Comfort Call manager, attends care staff meetings and reads newsletters to ensure that they knew the content when speaking to tenants and family about service changes.

Housing staff involve and gather feedback from tenants and family through things like newsletters, noticeboards, flyers through the door, tenant meetings, 1-2-1s if requested and annual reviews.

- **Staff involvement and support**

The housing staff member felt there was good communication and upwards feedback to management and that they were supported by both the Care Coordinator on site and housing management.

They were supported to continue to develop their skills and training and were currently undertaking a level 5 qualification.

The two other City West staff roles that we spoke to at the other scheme, Monica Court, were:

- Extra Care Housing Officer.
- Community Wellbeing Officer. *[This was a new post funded by City West to promote wellbeing and organise more activities across the four schemes owned by City West; Monica Court, Astley Court, Amblecote Gardens, Bourke Gardens. They would be splitting their time between these schemes.]*

## **Comfort Call - 5 Care Staff Survey Feedback**

Please note, 5 care staff were interviewed at this scheme but 2 of them had to leave to assist a tenant near the end of the survey.

- **Questions about the staff**

Staff had worked at the scheme between 1 to 3 years.

Staff roles were careworkers and senior carer.

Staff enjoyed different things about their job including;

- *"helping people"*
- *"enjoy working with people"*
- *"satisfaction of making a difference to someone's life"*
- *"job is very rewarding. Its not like other jobs, it can be stressful sometimes"*

- **Activities**

When asked who they thought was responsible for social activities care staff said correctly the care provider, who runs 1-hour activities in the afternoons, *"the care provider [is responsible for activities]. We have to take a member of staff off care to take time to do the activities,"* and *"the care company is responsible for activities. The royal wedding was a great day. We also organise things for other special occasions and tenants make a small [financial] contribution."*

Activities that they currently run do not relate to care plans. Some staff found it difficult to encourage tenants to participate but understood the importance that tenants placed on independence and social activities, *"most tenants want to stay independent and social. We encourage them to come out of their flats."*



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Care staff acknowledged that that they couldn't offer support to take part in social activities other than escorting tenants to activities, *"we escort to bingo and Healthy Hips and Hearts,"* and *"no, not able to [support tenants with sensory impairment or dementia]. We've got to prioritise care"*

Care staff reported that they were aware of some of the issues around activities and do try to suggest activities at tenant meetings but found it hard to please all tenants and get tenants to run their own activities. In the past there had been tenant run activities, but the organiser had died. Staff also had to focus on the high demand and high care needs of some tenants that required doubling up [two staff members, instead of just one], which meant less time and staff available for other things.

- **Health**

Staff were not insured to take tenants to health appointments. If required staff would arrange health professionals to visit tenants but if tenants wanted someone to go with them they would have to pay for a private carer.

- **Religion and culture**

Religion and what people believed in was respected, church service was provided, and tenants go to church. There is a regular religious service in the lounge with hymns.

- **Care for the tenants**

Staff get to know a tenant when they first arrive through their care plans, which hold a lot of detail and through talking to the tenants.

Any changes to a tenant's tastes and care needs are noted appropriately and communicated. If there is a serious change then the senior carer will update the care plan, otherwise there is a communication book for daily changes. Social services are involved to change the care plan.

Staff mentioned that they felt rushed and didn't feel like they had enough time to care for tenants, *"no. Only 15 minutes to medicate and get [them] dressed in the mornings. Feel like I am rushing,"* and *"rushed, especially when there are staff shortages. It would be nice to spend time and interact."*

- **Communication**

Staff communicate service changes to tenants and family through discussions through the manager and the social worker will discuss with the family. They also use tenant meetings, newsletter and private letters to inform of any changes.

Staff stated that they involve and gather feedback from tenants and family by communicating in different ways through things like newsletters, noticeboards, tenant meetings and in person.

- **Staff involvement and support**

Staff did feel encouraged to give feedback and went onto say that they were expected to give feedback, however they seemed less positive about being listened to. Although they were quite clear that they felt the Care Coordinator was very good at listening and very good at their job. Several staff stated that the Care Coordinator was also very supportive and understood their role.

Staff were also encouraged to continue to develop their skills and training. However, some of this was undertaken in their own time.

Support from housing management was also spoken of quite positively, *"yes. Brilliant,"* with some staff not sure due to little interaction with them, *"don't know. They are quite responsive and good about repairs. Say a person is visually impaired, they will try and resolve quickly."*



- **General questions and responses**

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

- *"it's not a bad place to work but some staff feel rushed off their feet."*
- *"It's an emotionally draining role and it can affect your health if you get too stressed. You're not paid enough for the work you do."*

## **The Care Coordinator**

The Care Coordinator had worked in care for many years, previous to their role at Astley Court they had worked for another care company where they managed homecare visits, but they preferred working at the scheme as they can get a lot more involved with tenants and there is more control and oversight of the care team, *"you can see when walking into a building if clients are well."*

They enjoyed many things about their role. A happy team was important to them, *"if the team are happy, then the clients are happy."* They also got a lot out of knowing that they were making a difference to clients and knowing that they were safe.

- **Tenant information**

Information about tenants before they arrive is sent through to the scheme. The information on the care plans isn't always correct but after a few weeks the team get to know an individual, *"some clients are private and don't like having their business discussed and can get upset about it. We also get a lot of information from family. Not everyone has family though."*

If there are any changes to tenants this is communicated, there is communication between everyone, *"it is standard to inform the GP. Monitor over days if needed. Inform the social worker and ask for urgent review if needed. We can get care top up for up to 6 weeks to meet increased care needs until the review is done."*

- **Activities**

Activities are organised on weekdays and these are displayed on the board and go into the newsletter. The contract they are commissioned for is for 1 hour of activities a day.

Several activities were mentioned such as singers, bingo, coffee mornings and themed events. These activities were organised around the time that staff had available, *"activities aren't consistent. It's down to the carers to run them and they need to do care calls. They haven't got time to do anything extra."*

Although staff encourage tenants to come down and out of their flats, even when there aren't any activities on, staff understood that it was the tenant's choice to join in or not. Some tenants were supported to come down to activities but assistance to join in with activities for those with sensory impairment or dementia wasn't always possible.

- **Health**

Care staff aren't insured to travel with tenants to health appointment and it would be difficult for the Care Coordinator to release a member of staff as they would be needed at the scheme. Private carers and family often take tenants.

- **Religion and culture**



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There were not any current tenants where their religion impacted on care, *“not had any really. Church comes in on a Sunday. Some clients go to church.”*

- **Staff**

Comfort Call provide their own training and the Care Coordinator encourages their staff to continue to develop their skills and training. Staff do have to do training in their own time but for qualifications are paid £25 for each booklet they complete, *“the more we learn the more standing we have with clients.”*

Staff can have some input in care, but the Care Coordinator believes that how care is provided should be a client’s choice, *“yes. It’s hard to say. It should always be a client’s choice, and this is reflected in a care plan. There’s a fine line between capacity and best interest, choice and encouragement.”*

- **Communication**

Tenants and family can come directly to the Care Coordinator to have a say, *“I do daily checks. Attend tenant meetings and will make arrangements to see family. I communicate to family directly through email.”*

The Care Coordinator encouraged staff to communicate with tenants in different ways, i.e. some staff would spend 10 minutes with tenants reading them the newsletter if they were visually impaired.

The Care Coordinator was asked in what ways they communicate with tenants, as listed below:

- Newsletter
- Noticeboard
- In care review
- Tannoy [no tannoy. Individual intercom in flats]
- Tenant meetings
- Private letter
- In person

If there is a formal complaint, that will go straight to the Comfort Call manager. For any comments about care staff, this is dealt with in their supervision.

In response to the question about making sure their communication is accessible, the Care Coordinator stated, *“being aware when people have sensory impairment. We put large print documents out on tables.”*

- **General question – would you like to tell us anything else?**

*“Extra care is the way forward. The community should take more responsibility. There should be more interaction between them and the scheme. I would have volunteers. It would be nice to have more things people could do and for people to take them out. We need more support from outside. Clients get frustrated with us, we can only do what we can do. To keep them happy they need structure and entertainment. Not moving or doing things will have an impact on mobility and wellbeing. Lack of support from the community is what is missing.”*

### **Additional Notes**

None.



## In summary

- **Care and independent living**

Care staff did not feel like they had enough time to care for tenants and all tenants we spoke to at some point in the conversation mentioned staff being rushed and busy.

Most tenants spoken to were quite positive about their personal care needs being met but others spoke of insufficient stimulation and of standards slipping.

Responses to the question of being happy were mixed and tenants expressed both positive and negative comments about living in an extra care scheme being of benefit to them and their health. This shows some of the impacts of resourcing and staffing, coupled with complex needs and the expectations of the tenants themselves around independent living.

- **Activities**

The care provider was responsible for organising activities at the scheme, but staff had to prioritise care and sometimes struggled to provide care and activities. This and other things was having an impact on tenants, with several tenant comments indicating isolation and loneliness. Tenants were not happy with activities and wanted more support and more physical activities and games to maintain and improve health and wellbeing.

Tenants were not organising and running their own activities in this scheme, partly down to their expectations, partly ability and partly because of not enough support to ensure adjustments for disability.

Without the resources or an activities coordinator the scheme was struggling to be inclusive and meet the needs of tenants, despite best efforts from both the care provider and housing.

- **Communication**

Tenants did not feel that the care provider communicated enough about changes and things going on at the scheme, preferring that staff talk to them personally. With staff being so busy this would be difficult, though efforts were made to provide information in different ways, mostly written down.

The Care Coordinator did encourage staff to spend time speaking to tenants and make communication adjustments, but tenant comments did not reflect this, so there is a gap between what is intended and what staff are actually able to do.

The care provider and housing had clear processes in place to communicate and share information, with staff talking freely and willing to support each other.



## 6. Recommendations

### Care provider

1. There were a number of negative comments about lack of appropriate activities and some strain on staff to both deliver activities and care for tenants, with some staff being called away mid-activity.  
**We would recommend** working closely with City West's new Community Wellbeing Officer to come up with solutions and new activities and that there be a focus on inclusive physical activity and mental stimulation to suit different abilities or smaller group activities were more support can be given.
2. Communication was an issue for some tenants and seemed inconsistent.  
**We would recommend** the Care Coordinator and housing staff review their communication methods against the needs of tenants and best practice, such as the Accessible Information Standard 2015, to ensure they are making every effort to communicate with tenants and enable tenants to communicate too. Reviewing staffing, with the aim to increase care hours would also help with this.
3. All the tenants we spoke to at some point in the conversation mentioned care staff being rushed and busy, some mentioned this several times. This is concerning because they may be less likely to request assistance and there will be less time for care staff to talk to them and support them with more than just their personal care needs.  
**We would recommend** requesting a review from social services about the number of hours contracted to support tenants, to increase the hours of care and staffing to raise standards and ensure that care is effective, caring and responsive at all times.
4. Many tenants did not seem to know or understand the role of the Care Coordinator.  
**We would recommend** that more effort be made for the Care Coordinator to meet with tenants and relatives in a formal manner such as feedback surgeries and regular meet and greet sessions.

### Housing

1. There were a number of negative comments about lack of appropriate activities and it is welcome to see that City West have been so proactive in recruiting a new member of staff to develop this area across the four schemes that they manage.  
**We would encourage** this person to work closely with care staff and extend a questionnaire to staff also to understand their challenges and ideas around activities, not just tenants.  
  
**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. We observed that the tenant flat doors and door numbers were the same colour.  
**We would recommend** replacing the door numbers with some that are a different colour that stands out and make sure that they are at an appropriate height for tenants to read or touch.



## 7. Service Provider Response

### Care provider response to our recommendations

1. There were a number of negative comments about lack of appropriate activities and some strain on staff to both deliver activities and care for tenants, with some staff being called away mid-activity.

**We would recommend** working closely with City West's new Community Wellbeing Officer to come up with solutions and new activities and that there be a focus on inclusive physical activity and mental stimulation to suit different abilities or smaller group activities where more support can be given.

*Comfort Call are working closely with the Housing Provider to implement different activities and events. Comfort Call support the Housing Provider to communicate these activities and events to the tenants. The Housing Provider work hard to initiate activities, particularly in the community which the tenants enjoy.*

2. Communication was an issue for some tenants and seemed inconsistent.

**We would recommend** the Care Coordinator and housing staff review their communication methods against the needs of tenants and best practice, such as the Accessible Information Standard 2015, to ensure they are making every effort to communicate with tenants and enable tenants to communicate too. Reviewing staffing, with the aim to increase care hours would also help with this.

*Comfort Call and the Housing Provider plan to meet to discuss this recommendation further with a joint approach.*

3. All the tenants we spoke to at some point in the conversation mentioned care staff being rushed and busy, some mentioned this several times. This is concerning because they may be less likely to request assistance and there will be less time for care staff to talk to them and support them with more than just their personal care needs.

**We would recommend** requesting a review from social services about the number of hours contracted to support tenants, to increase the hours of care and staffing to raise standards and ensure that care is effective, caring and responsive at all times.

*At the time of the survey Astley Court had over 18 care staff. Shift patterns have a number of gaps due to void properties, staff have time on their worklists to spend time with the tenants due to the number of properties which are void. The majority of staff are part time and we adhere to staff availability. Comfort Call are working on set rotas within the scheme to ensure consistency for the tenants. Comfort Call plan to discuss with care staff the responsibilities of responding to the well-being of the tenants outside allocated call times, ensuring they interact where possible.*

4. Many tenants did not seem to know or understand the role of the Care Coordinator.

**We would recommend** that more effort be made for the Care Coordinator to meet with tenants and relatives in a formal manner such as feedback surgeries and regular meet and greet sessions.

*Comfort Call have already requested the Coordinator to complete Quality Assurances over the next 2 months and have the conversation documented that she has explained her role within the company and directed tenants to the handbook in their file which holds other useful information.*

*The coordinator has been part of the company for over a year and all tenants know who she is, she is often referred to as the Team Leader.*



## 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 Astley Court 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 Astley Court and supporting them to apply and gain funding to support activities of their choice.
- Funding achieved to enable us to commission Salford Community Leisure to develop an Extra Care choir, project will pilot at Amblecote & Bourke Gardens but roll out to Astley court at a later date.
- 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 befriending 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 Astley Court and the Community Wellbeing Officer are working closely with tenants and staff to discuss ways to improve engagement for men's activities, expanding the existing portfolio of events based around tenant feedback. 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. We work closely with the care provider at Astley Court to listen to their challenges and develop joint working that is supportive and addresses any concerns or challenges they feel may affect the quality of service provision.

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. 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.



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

City West Housing trust staff provide a monthly newsletter that includes tenant articles and a monthly activities calendar that is developed by the care provider. 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.

### **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.

### **Other areas for improvement**

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 formats to meet their individual needs.

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 their families.



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