



Healthwatch Lambeth

Review of Extra Care Services

July 2015



Healthwatch Lambeth is the independent health and social care champion for local people.

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About Healthwatch Lambeth

Healthwatch Lambeth is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatch across the country as well as a national body, Healthwatch England.





Introduction

Over the past year, Healthwatch Lambeth has carried out ‘Enter and View’ visits to all five of the borough’s extra care schemes and held interviews with the on-site service providers.

What is extra care?

Extra care housing is designed to support people who can manage independently with care and support. Self-contained flats with 24 hour on-site support are intended to offer an ideal environment to maintain confidence and independence. Care services are provided by staff in line with individual care plans. However, the facility is not a care home, as residents are tenants with associated rights, whereas residents in care homes do not have tenancies. The care provided is regulated by the Care Quality Commission (CQC) but the facility itself is not inspected, and residents can choose to make their own care arrangements.

Review Scope

Why extra care?

We chose to look at this type of service because:

- there is not much information available about the quality and safety of these types of services
- with an ageing population and increase in conditions like dementia, demand for these services is increasing
- Lambeth Council is planning to expand extra care provision
- the visits build on our earlier review of dementia services in Clapham Park¹ and our investigations into loneliness and isolation.

Our objectives

We were interested in whether this type of service enables people to have a good quality of life and, in particular, whether it:

- improves and maintains people’s independence whilst keeping them safe
- decreases social isolation and loneliness.

To help us build a picture of life in extra care, we focused on residents’ experience of services both within and beyond the scheme, the social opportunities on offer, and levels of resident engagement in the running of the scheme. As all but one of the schemes had a separate landlord and care provider, we also looked at collaboration between the services at each site.

¹ Our review of dementia services in Clapham Park: www.healthwatchlambeth.org.uk/news/dementiareview



Methodology

We carried out our extra care review between April 2014 and May 2015, gathering information and experiences from a range of stakeholders using the following methods:

- Enter and View visits to five extra care schemes: Charleston House, 44 Clarence Avenue, Hillyard House, Lingham Court and Helmi House
- A film featuring residents' views on life in extra care²
- Surveys of residents' families and care staff
- Interviews with:
 - the care manager at each scheme
 - the landlords: Metropolitan, Community Trust Housing and Sanctuary
 - the caterer for three of the schemes: Malone and Co
 - activity providers: the Helmi House community gardener, the Hillyard House activity coordinator, the Healthy Living Club coordinator and one of its trustee, and the local authority activity coordinator for the five schemes (a one year post April 2014-March 2015)
 - Lambeth Council commissioners
- Attendance at a multi-agency review meeting for 44 Clarence Avenue, May 2015.



In total, we heard from 52 residents in one-to-one conversations or group discussions, 16 family members³, 22 care staff and 17 stakeholders with management or support functions (the interviewees listed above).

About Enter and View

Healthwatch has a legal power to 'Enter and View' publicly funded adult health and social care services. This enables us to observe service delivery and to gather people's views and experiences as they receive care. But we are not inspectors like the Care Quality Commission (CQC). All our Enter and View visitors are trained and feedback is anonymised.

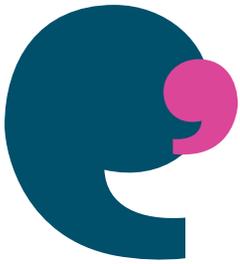
During our visits to the five extra care schemes, we looked at the physical environment, safety, quality of care and meals, friendships and activities, and service integration. A summary table of each visit is set out on page five and the full reports are available on our website:

www.healthwatchlambeth.org.uk/enterandview

² Supported by the Health Innovation Network and available to view at:

www.healthwatchlambeth.org.uk/extracarereview

³ We received no feedback from families of Charleston House or Helmi House residents, despite sending reminder letters.



Context

In assessing the information gathered, we considered:

- Lambeth Council's overarching desired outcome for extra care housing and its plans to create more schemes in the next five to ten years through the conversion of three existing sheltered housing schemes and building three new schemes.
- The new CQC inspection framework for adult social care which considers whether services are safe, effective, caring, responsive and well-led, and also pass the 'mum' test that prompts inspectors to consider whether they would be happy for a member of their own family to receive the service.
- The Care Act requirements on wellbeing, which place a central duty on local authorities and housing associations to ensure, for example, personal dignity, control over daily life, participation opportunities and contributions to society.



Lambeth Council's aim for extra care housing

Provision of reliable care and support that helps service users increase control over their daily lives, achieve and maintain maximum possible independence and prevent social isolation.

[Service specification for extra care 2014](#)



Findings

In this section, we present our findings and aim to assess how successful Lambeth's extra care schemes are in enabling independence, preventing isolation and supporting residents to enjoy a good quality of life.

Residents' capacity

Our evaluation takes into account the range of capacities and care needs of residents across the five extra care schemes. Most residents were older (65 plus), with only two schemes accommodating a few younger tenants with physical or learning disabilities.

Most residents (80-94%) received a care package, except at Helmi House, where just under half the residents were being housed temporarily while their sheltered scheme was being upgraded.

Of those receiving care packages, 6-18% of residents required support from two care assistants at a time. Between 5% and 25% of residents were living with dementia and there were several residents at each scheme who used wheelchairs, mobility scooters or walking aides.

Personal care

With the vast majority of extra care residents receiving personal care, the service plays a pivotal role at each scheme and a key part in people's lives. During our review, we heard of only three people who chose to organise their own care in place of the on-site service.

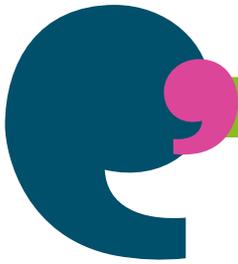
At Helmi House, the landlord's older person's scheme manager for the area told us that, in addition to the care team, the housekeeper provides ad hoc daily support to 25-30 tenants who don't have a care plan. The housekeeper's tasks - specified in her job description - include cleaning people's flats, shopping for them, washing clothes, changing beds and making breakfast for someone after they had returned from hospital. The new Metropolitan head of housing with support told us that the housekeeping staff at Lingham Court, Clarence Avenue and Charleston House - all agency staff - do not carry out these types of tasks. However, he explained that Metropolitan plans to employ staff for these teams directly in future, when their role will be reviewed. Hillyard House domestic staff also only have responsibility for communal areas.

Residents told us they were largely satisfied with the care they received, although there were some frustrations. Comments included: *'The ladies do their job, wipe me down and clean me. If they are in a good mood, everything's fine. I'll tell them when they aren't good'* (Helmi House) and *'I get so fed up with some of them not doing what I need them to do that I tell them not to bother'* (Clarence Avenue) and *'I see different staff every day'* (Lingham Court).

Of family feedback about care, we received eight (57%) positive comments, five mixed views and one negative statement. *'We have 100% confidence in the staff'* said two relatives visiting Lingham Court on the day of our visit.

Table 1: Summary findings from our five Enter and View reports

	44 Clarence Avenue Provider: Sanctuary Care Landlord: Metropolitan Activities: Lambeth Council	Charleston House Provider: Allied Healthcare Landlord: Metropolitan Activities: Lambeth Council	Hillyard House Provider: Sanctuary Care Landlord: Sanctuary Activities: Sanctuary	Lingham Court Provider: Allied Healthcare Landlord: Metropolitan Activities: Lambeth Council and Healthy Living Club	Helmi House Provider: Sanctuary Care Landlord: Community Trust Housing (CTH) Activities: Lambeth Council and CTH, plus Sanctuary events
Resident profile	49 residents: 6% dementia, 94% receive care (6% double-handed)	28 residents, 25% dementia; 93% receive care (18% double-handed)	41 residents: 25% younger, 15% dementia, 80% receive care (7% double-handed)	30 residents: 15% dementia, (10% double-handed care)	46 residents: 11% younger 5% dementia, 56% receive care (9% double-handed), 43% temporary residents from sheltered scheme
Physical environment - exterior	Pleasant and well-sized but no outdoor seating in the garden.	Limited area but accessible garden space.	Pleasant frontage with large landscaped rear garden with seating.	Good sized garden with clustered seating but no greenery at entrance.	Planting by front door and large landscaped garden with seating (some covered).
Physical environment - interior	Overall, pleasant but communal spaces under-used and foyer layout poor.	Pleasant - some access/ height issues for wheelchair users to be addressed.	Quiet, calm and quite welcoming, with communal areas in use.	Award winning design. Spacious lobby areas support socialising.	Pleasant and well used communal areas, with good layout.
Safety and security	Good	Good	Generally good, although some concerns from relatives.	Generally good, although some concerns from relatives.	Good, although one tenant reported feeling victimised by other residents.
Dementia friendly environment	Good - contrasting surfaces though not block colour; bedroom doors not personalised.	Fair - not all surfaces contrast.	Good, although signs too low and lacked pictures.	Good - but signs lacked pictures and no clock visible.	Good with shelf to personalise front doors to flats, but signs in communal areas lacked pictures.
Communal eating facilities	Inconclusive findings from visit - impression of under-use of facilities.	Residents unhappy with recent contract change due to cost, choice and portion size.	n/a	Tenants positive about the menu but manager reported resident concerns about rising prices.	Tenants seen enjoying lunch and positive comments about the chef.
Quality of care	Time pressures and staff rotation negatively impact the strength of relationships and service received by some residents.	Fair- staff well liked but variable response times to emergency pull cords a concern to residents.	Generally good but some concern about staff capacity and continuity affecting quality.	Residents content but mixed views from family - some concerned about attention to detail and lack of skills in some areas.	Residents satisfied and appreciative of service with evidence of flexibility to suit tenants' preferences.
Friendships and activities	Isolated residents - situation exacerbated by remote location and limited activities programme with low participation levels; no trips.	Friendships evident but residents report limited activities, especially at weekends, and desire for more input into scheme.	Neighbourliness but no strong friendships apparent. Good range of activities reflecting tenants' interests but take up patchy and transport a barrier to trips.	No impression of strong friendships but regular opportunities for socialising and activities throughout the week, including specialist dementia scheme.	Mixed picture - some strong friendships, others described as acquaintances, with some loneliness. Strong organisational culture supporting participation.
Service integration	Limited on-site - apparent lack of coordination between care provider, landlord and council-run activities programme; good access to health services.	Health service accessible by residents, though no GP visits to the scheme; good coordination between care provider and landlord.	Positive views of GPs and other local services; some concerns with supporting tenants with hospital visits and delays in care plan liaison with the Council.	GP practice next door no longer registering new tenants and no home visits. Mixed views of the practice. No access to a dentist. Can-do attitude from care provider.	Good input from landlord on social and gardening programme. Tenants largely satisfied with local services, though no access to a dentist.



Meanwhile, several relatives told us that carers from various schemes needed to be more attentive - for example, by keeping better track of residents' food supplies, not noticing a kettle that had boiled dry, looking after false teeth more carefully or cleaning spectacles. One family member said that carers needed to be more insistent about supporting their relative to maintain their personal hygiene by showering regularly even when the resident wasn't keen to do so. Another described how the incontinence pads used by carers were ineffective, often leaving the resident soiled⁴.

Two relatives thought staff were not adequately trained: *'An NVQ isn't good enough - you need three months' practical training, not just computer learning,*' (Hillyard House) and, at Lingham Court, a relative said there were insufficient carers trained to administer eye drops to their family member. Meanwhile, all the care staff who responded to our survey listed a range of training they had received. Only one expressed dissatisfaction on this point, saying the video-based session they had received on hoists was insufficient.

Five (23%) of staff told us that carer time was inadequate: *'Sometimes we're pushed for time... One person has 45 minutes but it's not long enough'* (Lingham Court) and *'There is never enough time to do anything but the basic tasks. We just don't have enough time to get to know the tenants'* (Clarence Avenue). Lambeth Council has recently introduced monitors in residents' flats to better understand the carer time each person receives.

Three of the care managers also told us that they tend to have to push to have residents' care plans reviewed if their needs change. The managers expressed concern about the impact this shortfall can have on residents' wellbeing. One manager said: *'When people's needs change, we don't wait for the paperwork from the Council's brokerage team, we just get on with it.'* In addition, two managers told us that the limitations of these types of schemes must be recognised and that they sometimes have to refuse potential tenants or existing residents after a stay in hospital whose care needs are too complex.

A member of staff also commented: *'We do the best we can but the needs of tenants are greater than we can really cope with. Some of them should not be here - they should be in nursing homes. I think they are here to save money'*. One relative also expressed concern about the limitations of care available to their family member but was also worried about the financial costs of alternative care.

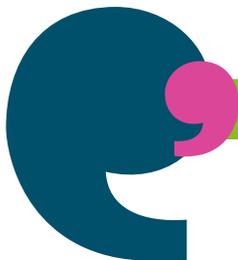
Other local services

Access to other health and care services for residents was generally good, although one scheme reported that the local GP practice was reluctant to carry out house calls to residents. The one service all schemes lacked was appropriate dentistry support.

Safety

Safety levels were generally found to be good across all five schemes. Of family members who commented on the issue, 81% (13) said they felt their relative was safe. Only one said their relative was unsafe and three were unsure. Comments included: *'The security system is good and I know he feels very secure'* (Clarence Avenue), *'Sometimes the back door is open - anyone can come in'* (Hillyard House) and *'CCTV would help a lot'* (Hillyard House).

⁴ Once this problem was flagged, the scheme's care manager arranged for the district nurse who provides incontinence pads to reassess the resident's needs.



Most residents we spoke to said they felt safe. One person told us: *'I had a house. When I was living there I fell out of the bath.'* Another said he felt safer than before *'because in the care home people would fight and spit.'*

Only one resident reported feeling unsafe inside the building, telling us they had been threatened by other tenants. One resident at 44 Clarence Avenue told us that the staff could be better at gatekeeping the front door as they were not careful enough when letting people in. He had connected a bell to his front door to detect if the door opened.

Charleston House and Clarence Avenue residents were also unhappy with the time it took for staff to respond to the emergency pull cord.

We also heard examples of practice at 44 Clarence Avenue which suggest an overly risk averse approach to activities. The caterer told us that residents and day centre users were not able to mix over lunch in the dining room because of day centre staff concerns around health and safety. So residents were obliged only to occupy tables at the far end of the room.

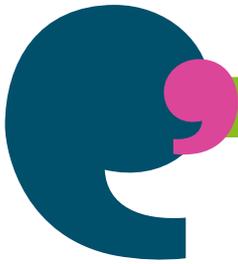
Similarly, the caterer is keen to set up a supper club for residents and local neighbours but the landlord required paid security personnel on the external door rather than the proposed volunteers, which made the idea financially unfeasible. The safety risks of the door entry mechanism also proved an insurmountable barrier to the continuation of Healthy Living Club sessions at the scheme, which were due to be opened up to other local people living with dementia in the area. (This situation is explored in more detail on page 11).

While at 44 Clarence Avenue, the Healthy Living Club coordinator reported that residents said the local area is *'scary because there are no people about'*. The residents told her they were too afraid to go out on their own.

We heard about additional safety dilemmas for people living with dementia. For example, the Lingham Court manager described accompanying confused residents down the road, trying to persuade them to return home, as the staff did not have the authority to stop them. A relative also commented: *'If there are no staff around, [my relative] can leave without anyone knowing.'* In contrast, a Charleston House resident living with dementia told us: *'The sooner I get out the better... this is not my life, it is what other people have given me and it's worse than being in prison'*⁵.



⁵ The scheme manager later told us the resident was well supported by their local church, and care staff accompanied residents to the local shops.



Independence

As independence is a cornerstone of extra care models, we wanted to find out how much control people had over their own lives. We wanted to know how much freedom residents felt they had about how to spend their time, and how easy they found it to get out and about.

Choice

To begin building this picture, we considered how much choice people had in their daily lives. Residents told us they chose what to wear each day and several said they decided when to come out of their flats, which days to have meals downstairs, or whether to join in activities. But at Charleston House, one person said: *'I would like to get up earlier - often my carer doesn't arrive until 11am'* and a member of staff there told us *'Customers are being institutionalised - it's the wrong setting for some clients.'* One family member at Clarence Avenue said that they had requested that they take their relative shopping rather than the resident taking a taxi, but that hadn't happened.

Voice

While all five schemes have tenants meetings, notes are not circulated to residents afterwards or always displayed. Some residents told us they attended these meetings but we did not get a clear sense of attendee numbers or to what extent these discussions have an impact on service delivery. However, we witnessed lively group discussions at Charleston House and Hillyard House when we talked to residents during our visits. The Charleston House residents told us they would like to be able to change things and help each other more, and a resident at Clarence Avenue also said she didn't feel able to change anything.

Several residents confirmed they are happy to give immediate feedback to the service providers: *'I tell them if I don't like it [the food]'* and *'I'll tell [the carers] when they aren't good.'* The caterer also said his team get immediate feedback from residents when they collect plates at the end of each meal. He also consults residents on the menu, for example, residents had just voted liver and onions onto the new four week menu.

Eight of the nine staff who commented on this point thought residents do have a say in how the schemes are run, but only two out of six families agreed. Relatives' comments included: *'I doubt it'*, *'She's not capable'* but also, *'She's very vocal'*.

Concerns and complaints

One of the care managers and the Sanctuary regional manager for north and south London told us that it was very difficult for residents and their families to know where and how to raise concerns because of the current multi-provider model of separate landlord and care provider at four of the schemes. The Lingham Court manager told us she actively advocates for residents to get solutions to problems. The Sanctuary regional manager said that as the care team is on site around the clock, they are presented with housing problems outside of their control when the landlord isn't present: *'We get the rough end of the stick. We're the ones being shouted at when things go wrong'*. He affirmed issues such as repairs and new tenant assessments were resolved much quicker at Hillyard House because the service was delivered by one provider: *'It's much easier for residents - it's a one stop shop.'*

However, the question of where to take concerns was only raised by residents and families at Clarence Avenue. One resident told us the office was always shut and two family members expressed frustration with resolving problems with hot water, meals on wheels and physiotherapy services. One other relative at Hillyard House

also reported waiting two years for a repair to their family member's flat. The Community Trust Housing older person's scheme manager told us there had been a number of resident complaints about repairs at Helmi House and the repairs contract is now under review.

Input on activities

The two activity coordinators we spoke to both said they consulted residents on activities. During her year in post, the local authority coordinator said she had carried out door knocks, put leaflets through people's doors and put up posters in each scheme but didn't get much response. The Hillyard House coordinator told us she continually asks for ideas: *'The tenants are very frank with feedback'*. At Helmi House, the gardening project officer described how she began her initiative with several consultation sessions over tea and cake. Residents told her they wanted the planting in the grounds to look less municipal and gave specific suggestions about what to grow, such as cucumbers. Less mobile residents also asked to grow things on their balconies and supplies are now delivered to them for this. The landlord's resident involvement officer said residents were consulted about the upcoming neighbourhood community fun day and as a result, big band music is now on the programme. However, residents weren't asked to participate in the planning or delivery of the event.

A couple of resident-led activities were also mentioned: Helmi House residents run a weekly raffle and at Hillyard House, residents provide the music for events.

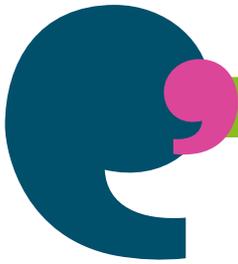
IT access

As another indicator of independence, we looked to see whether schemes had IT provision for residents. We saw PCs switched on and later in use at Helmi House, and Hillyard House had PCs and tablets available for residents and ran support sessions. The activity coordinator there said she plans to request faster wifi with an interactive TV for showing period films to residents. Lingham Court residents had access to two PCs during week day work hours, with assistance from staff. Charleston House did not have facilities at the time of our visit, although PCs were due to be supplied by Lambeth Council. Clarence Avenue had already received the hardware from the Council, which was waiting to be installed by the landlord. We later saw the PCs in place but heard they were not used by residents or properly installed.

Mobility

All five schemes were fully wheelchair accessible and four of the schemes were located near bus stops and local shops. However, Clarence Avenue was not, a point highlighted by the residents - although they said they were able to walk to the GP surgery.

Some residents told us they went to church, to activity clubs as part of their care plan, or were taken out by relatives. But our general impression was that residents did not go out much at all in the course of their daily routines.



Social opportunities and community life

When we asked residents about friendships, a handful of people said they had friends living at the same scheme, though some added that they did not feel comfortable visiting each other's flats. Most residents did not respond strongly to the question. Comments included: *'I don't see many other people or neighbours, only my family'* (Helmi House) and *'People come to talk to me but we don't sit together as a group'* (Lingham Court).

Just over half the families who responded to this question (8/14) said they thought their relative had friends. Comments from others included: *'He is happy with his own company. He does get on well with all the staff though, and that is more than enough for him'* (Clarence Avenue) and *'As my mother has dementia, it's difficult to know if they are friends or just people she says hello to'* (Hillyard House).

Whenever we met a group of residents during our visits, there was certainly some degree of neighbourliness amongst them. This dynamic was particularly strong at Charleston House and Helmi House.

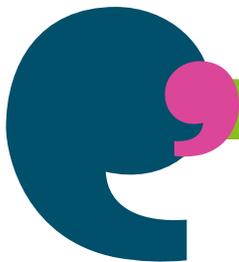
Around 10 residents said they had visitors - mainly family and a few church contacts - and one or two mentioned meeting up with friends. But most did not seem to see people from outside the scheme regularly.

Four of the staff (25%) who fed back on this point said they knew the residents very well: *'I enjoy conversing with them on a daily basis - listening to them talking about their past, families, friends, likes, dislikes and needs'* (Charleston House). But one told us: *'We just don't have enough time to get to know them'* (Clarence Avenue).

A number of residents told us explicitly that they were lonely: *'I feel so isolated and lonely - I used to be outgoing - but now I just look inward'* (Helmi House) and *'That is what I am short of, someone sitting with me talking. I've been here looking at these four walls, years in, years out. Nothing you can do about it'* (Hillyard House).

Our over-arching impression was that most residents were socially isolated even within the scheme where they lived, and we did not encounter any particular sense of community within each building. We felt there was scope in several schemes to make communal spaces more conducive to ad hoc socialising, for example through the addition of easy chairs and side tables in through ways.

We were particularly struck by the inappropriate layout of the foyer at Clarence Avenue, which was dominated by an unused servery. Although the landlord committed to remove the servery and to restructure the layout after our visit, at the time of this report, no progress has yet been made.



Activities

Each scheme had an activities programme at the time of our visits. This was run by a Council-employed coordinator who had been seconded to the role from a day centre between April 2014 and March 2015. Sanctuary had also created a 20 hour a week role for Hillyard House, and Community Trust Housing (CTH) funded a community gardener post at Helmi House.

During our visits, residents mentioned a range of activities they take part in including exercise sessions, Christmas parties, barbeques, bingo, a cinema club, the Healthy Living Club at Lingham Court for people with dementia⁶, darts, a computer club, and on the day of our visit we saw Helmi House residents return from a visit to a garden show.

The Hillyard House activity coordinator also described other sessions she has run such as tea, dancing and singing sessions, baking and weekend discos with pizza. The gardener at Helmi House ran a pottery class to keep people motivated while it was too cold to garden and arranged cooking demonstrations by the scheme chef using produce grown by residents. The landlord's older person's scheme manager puts on evening dinners for residents and the care manager has arranged musical performances.

The local authority coordinator also told us she brought in a range of external organisations such as Morley College for art sessions, The Challenge (a scheme for 16-18s) who did drama and music, GoodGym runners who drop in to see people on their route, primary school children who did a performance at Clarence Avenue, and the Scouts who sang Christmas carols and served Christmas lunch at the scheme.

She also arranged a joint trip to a Harvesters pub with the Hillyard coordinator and trips to the seaside and Dulwich Picture Gallery. The CTH older person's scheme manager told us Helmi House residents can also book onto trips organised by the nearby sheltered unit.

Meanwhile, the Hillyard House worker is arranging outings for several residents with dementia to attend small group teas through Contact the Elderly.

Barriers

Despite this impressive list, the local authority coordinator told us that uptake was low across the schemes and even at Helmi House and Hillyard House where there were most activities, the staff were conscious that some residents were not included. Apart from Hillyard House, there was also nothing provided at the weekends, with Charleston House residents describing the communal areas as 'empty' and the caterer saying: *'Clarence Avenue is like a ghost town.'* Residents across all five schemes also told us they would like to go on more trips.

Some care staff felt it was important for residents to make their own choices about whether to attend



⁶ The Healthy Living Club is an independent community initiative supported by a range of small grants: <https://hlclc.wordpress.com/>



activities. However, the Helmi gardener and Healthy Living Club coordinator stressed the importance of allowing time for people to get used to the idea of taking part in regular sessions - particularly for older people with memory problems and those living with dementia. The gardener explained: *'Constant, gentle reminding has been important - until something becomes a routine.'*

Our own observations of some residents during our visits suggest depression could also be a demotivating factor. We noticed too, when we spoke to residents, that some people spent time observing their neighbours talking to us before they followed suit. This suggested to us that activities may need to be designed to allow people to watch from the sidelines and to drop in and out.

The Healthy Living Club trustee we spoke to (an Admiral Nurse specialising in dementia care⁷) described how the Club's approach addressed this need: *'The timetable is very activity-focused - participants are encouraged and supported to do things - but there's space to talk quietly if needed. The key is facilitated group work - it builds energy. This is what's often missing from care homes and extra care facilities.'* He added: *'It needs an investment of time and effort to build a community like this.'*

In contrast, we noted that none of the activities involving external agencies seemed to have lasted long and the caterer also commented that gardening sessions at Clarence Avenue were abandoned very quickly.

Both activity coordinators recognised the need to provide social interaction for those not keen on group activities. The Hillyard House coordinator told us: *'I'd like more time to do one to one activities with the residents who find it harder to connect with other people - things like having a coffee or going shopping together.'*

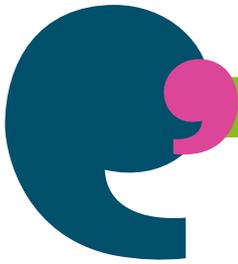
It was also apparent from the Healthy Living Club's attempt to run sessions at Clarence Avenue and the CTH older person's scheme manager's observations of Helmi House, that wheelchair users and those with limited mobility were being excluded from activities because of a lack of carer capacity to bring residents to and from sessions. We were told it was too difficult to plan this task into carer schedules but the new Metropolitan head of housing with support said the situation was 'bonkers' and a resolution should be easily found.

The local authority activity coordinator stressed the important role paid carers should play in reminding residents about activities and encouraging them to take part. The Helmi House gardener said the carers at that scheme had already been very effective on that front, keeping up the interest and momentum in her absence. Having also witnessed some carers get involved in sessions for a few minutes, the local authority coordinator told us there was potential for them to run an activities programme: *'If you gave them the time and an activities planner, you'd be well away.'*

She had also attempted to recruit volunteers to help run the programme, through the Volunteer Centre, but did not manage to find any suitable candidates. The Healthy Living Club volunteers meanwhile, were faced with taking on the tasks of paid carers to bring Clarence Avenue residents to sessions. As this was inappropriate on a health and safety level and added to the front door security issue mentioned previously, the initiative ended.

Transport for trips was the other key barrier mentioned by both activity coordinators, as they said suitably accessible vehicles were hard to find and expensive. Trips also required plenty of supporters to accompany residents with limited mobility, causing an additional challenge. As the CTH scheme manager reflected, without these elements in place: *'Wheelchair users simply get left behind.'*

⁷ Admiral Nurses: www.dementiauk.org/what-we-do/admiral-nurses



Summary analysis

A good quality of life?

During our visits to Lambeth's extra care schemes, we generally saw and heard about services that provided a good level of care. The premises were fit for purpose, although they were not fully dementia friendly. They provided suitable accommodation and space for recreation, but communal spaces seemed under-used.

Most staff thought the service at the scheme where they worked was good. Ten out of 12 would recommend it, while ten out of 14 relatives rated the service overall as good. Residents were largely content with the service, but lonely.

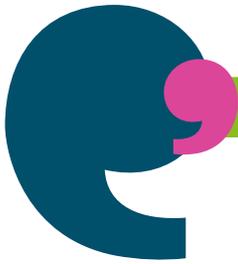
As reflected in the Care Act 2014, it is essential that the care system should cater for people's social needs as well as their physical requirements to deliver a good quality of life. Extra care has great potential to do this. But, given the level of social isolation we encountered in the schemes, we wonder whether the emphasis on independence underplays the need to support residents adequately to engage in community life.

From our findings, we would suggest that creating and fostering a sense of community both within and beyond the schemes - into the local neighbourhood, should be a priority for the development of the service.

This will be dependent on strong leadership from providers to ensure the right attitudes are embedded across staff teams and opportunities to develop a community of residents, family, staff and neighbours are maximised. This includes empowering residents themselves to shape and own initiatives - essential if extra care in Lambeth is to succeed in delivering real independence for residents.

We welcome the recent addition of a 'social needs' category to the care assessment process, which should help to highlight social isolation risks at an individual level. And, at a strategic level, as extra care provision increases in the borough, we encourage commissioners to explore a range of different commissioning models with a view to delivering better service integration within schemes and supporting the drive for a stronger community ethos.

We would also encourage commissioners and providers to acknowledge the investment required in resourcing and facilitating activities and community life. This is particularly important given the significant care needs of most extra care residents and in light of local authority duties under the Equality Act 2010 regarding age and disability. This investment may include for example: training staff to ensure they have the competencies to support a community ethos; capitalising on care plans by allowing carers 'time to chat' as well as dealing with people's physical needs; and working collaboratively with other schemes and organisations to maximise social opportunities for residents.



Recommendations

We have identified a range of recommendations from our review which we would welcome the opportunity to explore with commissioners, providers and residents.

1. Physical environment

- a) Landlords should consider how existing design features can help foster a sense of community within schemes eg furnish communal areas and thoroughfares with chairs and occasional tables to encourage residents to sit, chat and observe goings on.
- b) When choosing sites for future schemes, commissioners should prioritise good public transport links and proximity of appropriate community facilities and amenities.
- c) Landlords and commissioners should ensure all schemes are dementia friendly, whether incorporating relevant features into the cyclical decoration programme of existing premises or including them in the specification for new builds.

2. Services

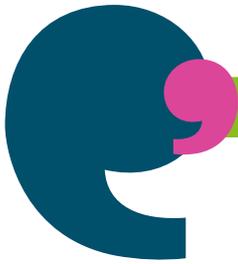
- a) As previously highlighted in our Dementia Review recommendations, the important role of carers and housekeeping staff in supporting residents' wellbeing through regular, daily contact should be recognised, supported and enhanced. For example, commissioners could consider ensuring every daily care plan includes five minutes for 'time to chat'.
- b) Lambeth Council and care providers should identify ways to resolve unnecessary delays to the re-assessment of residents' care needs. They should also ensure that care plans for extra care residents with dementia and other cognitive deficits deal adequately with potential deprivation of liberty issues, in line with the Mental Capacity Act 2005.
- c) NHS England London Region⁸ should review the provision of community dentists to ensure all extra care scheme residents have access to an appropriate service, including home visits where required.

3. Activities

As with 2a above, these recommendations build on the earlier suggestions from our Dementia Review.

- a) Activity programmes should offer an appropriate mix of opportunities that reflect residents' preferences. The programme should include one-to-one and small group sessions as well as larger gatherings, to accommodate those with less self-confidence in social situations.

⁸ NHS England London Region is responsible for buying most primary care (non-hospital) health services in Lambeth.



- b) Providers should explore the potential to foster resident-led activities eg through the National Association for the Providers of Activities for Older People's 'Life and Soul' training programme⁹.
- c) Activities must be adequately resourced and facilitated to enable maximum participation eg carer support to accompany residents to and from sessions, appropriate transport for wheelchair users and those with limited mobility. No one should be 'left behind'.
- d) Commissioners and providers should consider investing in a borough-wide collaborative programme to support activities including:
 - volunteer recruitment and management for activities and befriending
 - shared trips programme with accessible transport
 - enabling resident access to other existing community activities/schemes eg South London Cares, and devising joint initiatives with appropriate voluntary and community organisations eg intergenerational activities with youth groups and schools.

Next steps

We will invite commissioners and providers to a hothouse seminar in July 2015 to discuss the issues and recommendations raised here and to encourage stakeholders to identify practical actions to pledge. The seminar will be followed immediately afterwards by a tea and chat session for extra care residents to talk about the ideas we have explored. Residents and families from all five schemes will be invited.

We will present our report to the Health and Wellbeing Board meeting in October 2015 and ask stakeholders to feed back on the progress they have made with their pledges. We will provide a summary of this progress to each extra care scheme for consideration at their residents meetings.

We will also feed our recommendations in to shaping plans for NHS Lambeth Clinical Commissioning Group's¹⁰ new fund to test models for tackling social isolation in care settings and improving support for people with dementia.

⁹ NAPA Life and Soul programme details: www.ageuk.org.uk/health-wellbeing/fit-as-a-fiddle/cascade-training-packs/

¹⁰ The CCG is responsible for buying a lot of Lambeth's healthcare and has a team of 'joint commissioners' with Lambeth Council to ensure health and social care services are integrated.

Healthwatch Lambeth

336 Brixton Road
London, SW9 7AA

Tel 020 7274 8522
Text 07545 211 283

info@healthwatchlambeth.org.uk
www.healthwatchlambeth.org.uk/enterandview



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