



# Care and Extra Care Housing

Enter and View REPORT

## Moore's House

### **Scheme Contact Details:**

Moore's House  
Shelmerdine Gardens  
Salford  
M6 8PF

### **Date of Visits:**

Wednesdays; 22<sup>nd</sup> and 29<sup>th</sup> of August and 5<sup>th</sup> September 2018

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

- Safia Griffin
- Mark Lupton
- Vania Burnell
- Sue Fisher



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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 Moores House scheme staff team, tenants and relatives for their contribution to the Enter and View visit. Healthwatch Salford would also like to thank the landlord Retail Trust and care management for their time and involvement in the preparation for the visits.

## 1.3 Disclaimer

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

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



## 2.1 Visit Details

<b>Care Service Provider:</b>	Comfort Call
<b>Housing Provider</b>	Retail Trust Ltd
<b>Scheme Address:</b>	Moores House, Shelmerdine Gardens, Salford, Lancashire, M6 8PF
<b>Visit Dates and Times:</b>	Wednesdays; 22 <sup>nd</sup> 14pm-16pm and 29 <sup>th</sup> 10:30am-12:30pm of August and 5 <sup>th</sup> 14pm-16pm September 2018
<b>Authorised Representatives:</b>	Safia Griffin Mark Lupton Vania Burnell Sue Fisher
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## 2.2 The Care Provider

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

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

Comfort Call were awarded the contract for Moores House in January 2017 and 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

Since Comfort Call have been in place at the scheme we have revised the shift patterns to ensure these are fluent and more manageable. Current shift patterns are; 7am-1pm, 7am-1pm, 8am-2pm, 7.30am-4pm, 2pm-8pm, 4pm-10pm, 5pm-10pm, 10pm-10am. The change in the shifts have proved successful to meet the different needs of our service users. Comfort Call identified that the changes were required to ensure we were completing all calls to reflect each individual support plan and their needs, we identified that previously there were areas of improvement that required action, and as a result of revising our shift pattern we have less complaints and service users are happy with the service we provide. This is evidenced in 3 monthly Quality Assurances, Annual Reviews, Internal Annual Surveys and verbal feedback.

Comfort Call recruitment is currently ongoing. We aim to have 16 staff permanently placed at the



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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 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 and the housing provider share an office space.

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.

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 provider

Retail Trust Mission Statement: To improve the lives of ALL in need involved with retailing and associated sectors. Moores House provides accommodation and support to those that meet the criteria of having worked in retail and associated sectors. This accommodation and support is tailored so that each resident can maintain a lifestyle that is as independent as possible.

### **Staffing:**

- Estate Manager on site and a team of housing management assistants.
- Receptionist/administrator.
- A maintenance assistant.

All staff have received training to become a “Stroke Champion”. The aims of the training is to improve the support delivered to stroke survivors living in Extra Care Housing.

### **Activities and services:**

- Community hall and organised activities as part of our daily programme, which ensures that all our residents experience the benefits of living in a community.
- Regular visits over the summer from Incredible Edible, to assist with our Gardening Group
- In addition to our regular activities, staff have accessed free training provided by Sporting Memories Network to enable them to promote and develop the use of sporting memories to improve the wellbeing of residents through conversation and reminiscence.
- For residents suffering from dementia we offer either 121 activities or smaller group activities. One of our 121 activities is ‘My Life History Book’.
- Residents are also signposted to services within the wider community.

### **Communication:**

- Within 2 weeks of residents moving in staff will carry out a support plan with the new resident to identify any tasks or support they may need assistance with.
- Residents will also sign our information sharing agreement.
- Residents are provided with a Residents Handbook
- As part of our partnership working the care provider is invited to attend our residents and staff meetings. An annual carer event also takes place for residents and their families to comment on the services both parties provide.

### **Food and mealtimes – currently provided by ABM:**

- Included in our tenancy agreement, a two course meal is served in the restaurant daily.
- Residents can also go to the restaurant for breakfast, which is purchased separately.

### **New initiatives introduced this year:**

- Tech and Tea
- Laughter with Dementia
- For the 6th year running we have welcomed the Students from the NCS and Headstart, which improved confidence and social interaction skills with residents

All fundraising is organised by Retail Trust staff, this year we held a summer fair/BBQ, we organise a Xmas Fair which all proceeds go towards our residents Xmas Party. Many families attend our themed parties also. Our CEO visits quarterly to meet with staff and residents to update them on any developments within the business and to hear everyone’s views.



## 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.

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. For details of this see Salford's locality plan, ['Start well. Live well. Age well.'](#)

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 Moores House. The first Enter and View visit was arranged when the most staff would be available, the second visit was around a coffee morning and the last visit was arranged when there was a communal tenant meeting 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 11
- Care staff x 9
- Housing staff 5
- Relatives x 4
- 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

Retail Trust housing staff are responsible for activities in the scheme and they provide this during the week, as well as trying to organise outside activities and trips. Their agreement is that they must provide two health related activities a week.

Moores House arrange themed parties around Easter and Christmas and other dates and some of the other activities mentioned were:

- Coffee mornings
- Games and quizzes
- Arts and crafts

Moores House encourages tenants to organise their own activities but due to the high dependency level they have not had much interest in this. People tend to do their own thing on weekends, especially Sundays and this is when a lot of family visit.

All the tenants we spoke to, except for one, all joined in with activities and seemed pleased with what was organised and that they could pick and choose.

Most tenants expressed that they were happy at the scheme, that their care needs were being met and that living at the scheme had been of benefit to them and their health. They also seemed quite happy with staff, some even going on to say how much fun and interaction they had with some of the housing and care staff.

About half of tenants we spoke to attended tenant meetings and many expressed positive comments when asked about feedback and communication.

Relatives did think to a certain extent that their family member living in an Extra Care scheme enabled their independence when asked but also spoke of care staff being busy. One relative went onto say that this meant care staff 'did' rather than 'asked'.

Some care staff reported having enough time to care and being happy in their work but others did not think they had enough time and spoke of being too busy, a high staff turnover and morale issues.

Although the tenants we spoke to felt like their care needs were being met, relatives and some care staff mentioned that they felt this was not the case for everyone. Extra care is crucial to supporting people to retain some level of independence, especially for those tenants more reliant on carers, and if those carers get too busy and start rushing this can negatively impact on the tenant's that are least able to do things for themselves.



## 5. Results of visits

### Environment

Moores House is a multi-storey purpose-built housing scheme with 51 one-bedroom flats. The scheme has:

- Upstairs terrace
- Activity room / hall
- Laundry facilities
- On-site shop (open Wednesday's and Friday's, with stock wheeled out on a trolley)
- Restaurant open from 8am-2pm and serves lunches 7 days a week
- Tenant's lounge
- Gardens
- Hairdressers
- Therapeutic room (snoezelen room)
- Lift to all floors
- Wide corridors
- Mobility scooter store
- Car park

The scheme is spacious, clean and light throughout. With a central hall for activities and a tenant's lounge on the ground floor with comfy seating and bookshelves. The dining area for the restaurant can be opened out into the hall, providing more room for big events.

On the first floor there is seating near the windows in the main corridor and a meeting room that leads onto the upstairs terrace. Overall the scheme felt welcoming, clean and spacious.

### 11 Tenants - Surveys Feedback

#### • **Activities**

Tenants mentioned a variety of activities organised at the scheme during the week, with less going on at the weekends. Activities mentioned were:

- Quizzes
- Bingo
- Games
- Curling
- Gardening
- BBQs
- Coffee mornings
- Trips
- Dominos

Tenants were asked if they joined in with activities and if it was easy to join in. All tenants except one said yes to both questions, *"try to do everything, except dominoes and bingo,"* and *"most things. Small back problems so not anything too active."*

Many of the tenants still did the things they used to do before coming to live at the scheme, with three tenants saying no they didn't still do the same things.



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Half the tenants said they had been asked about what activities they liked but others did acknowledge that they either could not remember or that they weren't sure.

Most of the tenants did not seem interested in getting involved in planning and running activities, *"I prefer to see what happens,"* and *"never thought about it. I did enough when I worked. Let someone else do it now,"* with two tenants we spoke to actively getting involved, *"I help in the shop."*

- **Wellbeing**

Tenants were asked if they felt happy and all except one said 'yes'. The one that answered differently said, *"sometimes. I wish I was at home, but I would be lonely"* and others said, *"I couldn't be in a better place. I was very lonely at home on my own,"* and *"I do yes. I'm quite settled, and all the people are nice."*

Tenants replied positively to the question of if living in an extra care scheme had been of benefit to them and their health, *"Oh yes. I'm not lonely now. I'm a chit chatterer."*

- **Care**

All the tenants that were receiving care did think that their care needs were being met and that they were still able to retain independence. Most of the tenants also thought that care staff knew them and what they liked and didn't like, *"very good carer."*

Tenants did eat at the restaurant but only two said that they were supported at mealtimes. Tenants also said they were happy with the number of supported mealtimes.

- **Staff**

Half the tenants said that they knew who the Care Coordinator was when asked, *"yes. She is lovely,"* and *"I don't know by name, but I recognise her around the building and know where her office is."* Tenants were also quite positive about staff and said yes when asked if all staff treat them with dignity and respect, *"yes. Very good. Get on with them all. Some I get on very well with. M [housing support] is very good,"* and *"oh yes definitely. We have a bit of fun and tease. Never had a problem."* However, one tenant did have something to say about the privacy policy around someone going into hospital and not being told anything, *"when one of us goes into hospital though staff won't tell us, and I find that very difficult."*

- **Communication**

Tenants seemed confident about how to speak to the Care Coordinator, but some seemed less sure about making a complaint, although none of the tenants had felt like they had ever needed to make a formal complaint, *"I would speak to D [Extra Care Housing Manager] first then if not happy I would speak to someone else or write to them. Usually resolved by D [Extra Care Housing Manager] though, as she is very good and approachable."*

There was also a little bit of confusion from tenants about staff roles and who did what.

When asked tenants said that they didn't want to change anything about their care, *"Happy with everything,"* and *"no. They are doing a job. Some do better than others."* Although one tenant did go on to say that they thought carers were getting stressed and doing too much, *"carers are getting stressed and put on. Nothing has happened but I'm being told there will be more care in the pipeline."*

Tenants said that staff do communicate changes to them, both housing and care staff. Mainly they are told in person about changes. Some tenants also mentioned other ways that they received information, such as newsletters, noticeboards and tenant meetings.



Six of the tenants we spoke to said that they knew of tenant meetings, attended them and found them useful, *“yes. I always get the minutes of the last meeting,”* and *“they give you the chance to speak or let you know what is going on.”*

- **General questions and responses**

The tenants had lived at the scheme from 5 years to only a couple of months.

When asked if they felt enabled to stay on at the scheme as their care needs changed all tenants said ‘yes’ and all tenants also said ‘yes’ in response to the questions about the scheme being a home for life, *“Yes. I don’t intend on moving anywhere else.”*

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

- *“I am happy and settled. I would like working dogs to visit.”*
- *“A lovely place”*
- *“All have different jobs”*
- *“Just that I like it here”*
- *“I’m satisfied with everything.”*
- *“Staff are busy but will always come”*

## **4 Relatives - Survey Feedback.**

- **Activities**

Relatives stated that their family members enjoyed and took part in the different activities offered at the scheme, *“they have lots of opportunities for joining in and socialising. The activities staff try to include everyone and tailor activities to suit individual needs. Excellent choice of activities and events.”*

Some of their family members would, however, find it hard to be involved in organising and running activities due to their capability but all relatives were happy with the range of activities.

Three relatives had been asked about their family members interests when they first arrived and knew that activities were also discussed at tenant meetings.

Relatives said that their family member were supported and encouraged to take part in activities and felt able to comment or make suggestions about activities.

One relative stated that their family member was able to maintain contacts and interests outside of the scheme, two had few interests and no contacts except for family and one had Alzheimer’s making it more difficult to retain interests, *“mum suffers from Alzheimer’s. This is the only stimulation. Other than contact with family,”* demonstrating how crucial social activities and contacts within the scheme are for these tenants.

- **Care needs**

Two relatives replied yes to the question about if they felt their family member’s care needs were being fully met and two said not always and not always to the standards that they would expect.

Relatives did think that to a certain extent that their family member living in an Extra Care scheme enabled their independence, with two going onto state, *“to a certain extend but sometimes mum can’t go out for activities if care staff are running late, so it can be dependent on that,”* and *“most of the time. Carers are very busy and will do rather than ask.”* This is not modelling person-centred



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care, those that need that extra support to remain independent are still reliant on carers and if those carers get too busy this can negatively impact on them and their ability to retain their independence.

One relative did think that staff had the time and skills to care for their family member but three did not think all staff did, *“usually issues appear at weekend. They are short staff,”* and *“recently I feel it has slipped and staff are rushing and telling mum that they don’t have the time to give her a shower or do her cleaning.”*

Some relative’s family members were escorted to mealtimes, with one relative not thinking that there was enough support at communal mealtimes, giving an example of their family member having to wait a long time after mealtimes to be escorted back.

- **Staff**

Two relatives knew and named the Care Coordinator and two did not know who they were.

Relatives did think that staff treated their relative with dignity and respect with two going onto say, *“Retail Trust staff go out of their way to help,”* and *“they try their best, but I don’t feel they always have enough time. I don’t think that is a reflection on them. As I said they do try but sometimes appear rushed and fed up.”*

- **Communication**

Relatives did feel like a welcome participant in the scheme and knew how to give feedback and make a complaint if they needed to. Three relatives did think that if they did make a complaint that it would be acted on appropriately, with other relative not so sure as they felt that sometimes that answers given to issues raised sounded like excuses.

- **General questions and responses**

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

- *“Since moving to Moores House mum has a new lease of life and made many friends”*
- *“I am happy with mum’s move to Moores House. She settled very quickly and a lot of the stress she suffered through just general everyday living and coping, was removed by living here. I feel she is happy and safe.”*
- *“Overall the care staff are lovely and do try their best, however it feels like sometimes it is easier to say mum ‘refused’ a shower or change of clothes - when really it is the way they approach her that is important and I feel they should go back later and try again but they don't as they don't have the time. If it is not written down they don't do it when it is often common sense, simple tasks. Carers openly tell tenants rotas are messed up and they are short staffed”*
- *“I’m concerned about the scheme being short staff, which has a knock on effect on tenants. Especially those who have no one to visit or speak up for them. There’s no consistency”*

## **Retail Trust - 5 Housing Staff Survey Feedback**

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

Staff had worked at the scheme between 9 and 1 year.

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

Represented in the survey were staff from the following areas of work:

- Admin



- Activities coordination
- Housing support

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

Responses were:

- *"Mainly that it varies so much. It's nice to know you are making a difference to people."*
- *"Contact with people. Variety. Working as part of a team"*
- *"Working with older age group. The diversity of the role. Friendships I have built up over the years"*
- *"That each day is different."*

- **Activities**

Housing staff are responsible for activities in the scheme. If staffing levels allow it, staff try and put on one activity in the morning and another activity in the afternoon, *"Retail Trust provide the social activities. They are a way for the tenants to meet socially on a daily basis so that they don't become isolated."*

Some staff said 'yes' and some 'no' to the question of if activities were linked to their support plans but all staff did go onto mention that tenants are asked when they first arrive about what activities they prefer and their interests, *"people are asked when they first move in if there are any activities they want to see organised or be involved in organising. Most say no [to organising activities]."*

To help support and encourage tenants who might need support, such as those living with dementia or sensory impairment staff do a variety of things. The weekly activities planner is displayed on the noticeboard, activities are included in the newsletter and staff give verbal reminders too. Anyone needing extra assistance is escorted to attend and when possible, staff stop and chat with tenants and do one-to-one activities to ensure everyone is involved socially, *"for tenants who are hard of hearing we put them into smaller groups."*

Staff were asked how they involve tenants in developing and running activities, *"in the past we did have a tenants' association. We do ask tenants at meetings. They do like the staff to facilitate for them."* Some tenants do help raise funds through bingo and raffle tickets and assist with the coffee mornings and help out in the on-site shop. Staff said that the majority of tenants like the staff to organise activities for them.

- **Religion and culture**

Groups come to the scheme for a singalong service and others come to provide communion and mass.

- **Communication**

Any service changes are communicated verbally with tenants and email for families. Other ways staff communicate and gather feedback from tenants are listed below:

- Tenant meetings
- Emails
- Phone calls
- In person
- Noticeboards
- Annual reports and memos



- **Staff involvement and support**

Staff did feel that they are encouraged to give feedback and have regular support reviews with their manager.

There is communication between the care provider and housing, with a communication book and messages passed routinely between staff. Although sometimes there are difficulties, *"it has been difficult to communicate with the care side of things."*

Staff were encouraged to develop their skills and training mentioning some different training courses they had undertaken. Staff felt well supported, *"housing management give me daily support. Any issues and I know I can always raise them with my manager, who always makes time to listen."*

## **Comfort Call – 9 Care Staff Survey Feedback**

For care staff to be fully open and honest with the Enter and View team we gave them the same assurances of anonymity as we did for tenants and relatives, unfortunately this was compromised internally by a senior member of the care team when we requested further care staff complete the survey via email.

After three enter and view visits and the low response rate from care staff Healthwatch Salford were interested in the reasons why so few care staff took part in the survey. We wanted to give care staff another opportunity to freely talk to us and so emailed the care manager with the survey attached requesting that they email all care staff and request that they email them directly back to us. This did not happen, as requested by the care manager and us. Staff were told to complete paper copies of the survey and pass them back to the Care Coordinator who then scanned them and emailed them to us.

We thought we were clear about providing the same privacy and anonymity to care staff as others that took part in the survey, and this was also clearly stated on the front of the survey. The senior care staff member was trying to be cooperative with the Enter and View process by telling staff to complete paper surveys, but the result was a breach in their anonymity.

After some discussion about whether to include these care staff surveys or not, it was decided that they would be included but with a note about what had happened.

Healthwatch Salford have some reservations about the openness and honesty of some of the comments given by care staff and cannot be sure how much was held back due to some care staff knowing that their comments could be read and therefore traced back to them.

- **Questions about the staff**

Most staff we spoke to had worked at the scheme for about 2 years and several less than 6 months.

Roles surveyed were care assistants.

Staff enjoyed different things about their job including:

- *"Tenants are like family"*
- *"Helping people"*
- *"Improving life"*



## Enter and View report for: Moores House

- *"Love the people and company"*
- *"Helping others"*
- *"The satisfaction and appreciate we receive from the tenants when we help them"*
- *"Everything"*
- *"Making the tenant's day light up"*
- *"The job itself. Being able to help"*

- **Activities**

Care staff will assist in escorting tenants to activities and remind them to offer encouragement to join in and are starting to run their own activities on a weekend. Most staff were not sure if activities were linked to care plans but said tenant interests were and one said that one of the tenant's has an activity log. One staff member went onto say, *"...although the housing scheme try to get everyone involved."*

One staff member also brought up the privacy policy around tenant's going into hospital or passing on and how this has created difficulties for them in their work i.e. having to withhold this information from tenants when they enquire, *"I want to work with and build relationships with tenants but feel I'm not allowed to be their friend."*

Staff also escort tenants to activities and encourage as much as possible with tenants with dementia and sensory impairment, *"a positive approach. Lots of encouragement."*

Staff said efforts are made to include tenants in developing and running activities by the housing scheme.

- **Health**

Staff do not provide support to get to health appointments but can make the necessary arrangements for transport and involve a tenant's family. They also make sure tenants are dressed and ready on time.

- **Religion and culture**

Religious holidays are celebrated, and any dietary needs catered for. A CofE minister visits on Fridays and holy communion is held fortnightly. Any religious needs are detailed in the care plan.

- **Care**

Care plans are kept in flats and are updated by management and the social worker. There were some concerns raised by two staff about some of the information on care plans being out of date and inaccurate, sometimes as a result of families not being honest, *"out of date. Not reflective of the person. Doesn't reflect that families lie to get their family member into the extra care scheme. They say they are better and more able than they are."*

Staff spend time talking to tenants and getting to know them when they first arrive, and they will also speak to the Care Coordinator about new tenants.

Any changes are documented in the communication book and staff check this daily.

Five staff did feel that they generally had enough time to care for tenants, *"most of the time yes. sometimes I need a little longer, as things change on a daily basis but generally yes."* Four staff did not feel that they did have enough time, mentioning that they felt rushed, *"no time to chat. I have to apologise. Tenants don't like it,"* and *"no, feel rushed and pressured."*



## Enter and View report for: Moores House

One staff member also went onto say that care often takes longer than the time given and that double ups need reorganising, *“double ups are embarrassing to the tenant and need reorganising. Badly timed.”* [Double ups are where a tenant is supported by two care staff, due to their care needs].

- **Communication**

Changes are mainly communicated through the Care Coordinator to tenants and family. Changes are also documented in the log book and staff communicate these with each other.

- **Staff involvement and support**

Two of the nine staff expressed frustration around involvement, feedback and support, *“nothing gets done. Some staff don’t bother to go to meetings. The social worker is brilliant. Management touch and go,”* and *“carers not listened to. favouritism.”*

When asked about what support they receive, some staff spoke of feeling pressured and of favouritism, *“nothing good enough,”* while others were more positive and felt like support was there from the Care Coordinator if needed and freely given, *“our co-ordinator is very supportive and will help us out where needed.”*

Staff felt encouraged to develop their skills and training and mentioned several courses that they had attended.

Staff also mentioned that they did feel supported by housing management and some were quite complimentary about several housing staff, but one person did go on to say that there was some friction between housing and care.

- **General**

- *“High staff turnover”*
- *“Staff feel undervalued”*
- *“Families are not nice to carers... Make management’s life a misery.”*
- *“[it would be] beneficial if we had more time between the calls. Lovely place to work apart from niggles. Tenants are lovely.”*
- *“Love my job. Quite happy. No problems.”*

### **The Care Coordinator**

The Care Coordinator has worked for the company for 5 year. Previously to this they had been a family carer. They enjoyed their role and got a lot out of the feedback they receive from tenants, *“I like both sides of my role, office and care. I love my job.”*

- **Tenant information**

Support plans are sent before tenants arrive and reread when a tenant moves in and updated if necessary with any changes. Care plans are kept in each of the tenant flats that are receiving care. Any major changes are updated with social services involved.

- **Activities**

There is a full rota of activities provided. Many tenants like the interaction, even if they decide not to join in, *“they often like to chat with other tenants.”*

The care provider had been trialling an activity on Saturday afternoons but because they were struggling to get tenants to attend, they have now stopped doing this.



## Enter and View report for: Moores House

Staff will remind tenants of activities using the intercom and encourage to attend, *“some will forget but once down they enjoy themselves.”*

- **Health**

Care staff do not provide support for tenants to get to health appointments, but they will book transport for them if required.

- **Religion and culture**

Any religion or cultural needs are noted in tenant’s care plans.

- **Staff**

Staff training is updated every year and training is provided for any new equipment. There are also e-learning courses, NVQs and staff shadowing.

The Care Coordinator said that care staff do have a say, *“they are the carers and see things day to day.”*

- **Communication**

Tenants and relatives can have a say in different ways. There are quarterly Q&As and staff speak to tenants and families often. Q&As are also sent out to families annually.

Care management attend tenant meetings and make sure that tenants know who they are. Feedback or complaints are always discussed, to see what can be changed.

Communication is adapted to the person through getting to know them and speaking to people in person. Things are put in place if people have some sort of sensory impairment.

### **Additional Notes**

A care staff member contacted Healthwatch Salford independently and mentioned several concerns around staff conditions. This individual highlighted to us issues around, double shifts, staff not turning up, favouritism, staff turnover and conditions and issues around incorrect wages. They felt this all added to pressure for staff, a sense of not being appreciated and low staff morale.



## In summary

- **Care and independent living**

Only two care staff replied with just a 'yes' when asked if they had enough time to care for tenants, with some going on to say more about this using phrases like, 'it depends' and 'most of the time' and 'most of them.' Several staff also said that it depended on the tenant, highlighting the need for consistent person-centred care to ensure that those that do need longer get the care they need.

There were some comments about rotas, and in the context of care staff responses to having enough time to care for tenants, there is a concern that the rota timings i.e. 9:00-9:10am and then 9:10-9:20am, could inadvertently cause staff to rush and feel pressured, with no time allocated in-between calls to get from one flat to another.

Some staff also mentioned not having the time to talk to tenants. Over a long period of time this could have an effect on both staff morale and tenants' sense of the approachability and friendliness of care staff. It is also important that staff are not rushed and pressured to 'do' rather than 'ask,' as this is not person-centred care.

Two of the four relatives that we surveyed also did not think that their family member's care needs were always being met, suggesting that there might already be an impact on care due to some staff not having enough time. Although all the tenants we spoke to did think that their care needs were being fully met, which is encouraging. Clearly, care staff were working hard and doing their best to meet need.

All tenants except one responded that they were happy, and tenants were also positive about living in an extra care scheme being of benefit to them and their health. Tenants also said that they were still able to retain independence and do things for themselves.

It is really positive and a testament to the hard work of both housing and care that when asked if they felt enabled to stay on at the scheme as their care needs changed all tenants said 'yes' and all tenants also said 'yes' in response to the questions about the scheme being a home for life.

- **Activities**

The housing provider was responsible for organising activities in the scheme and was successfully running a varied programme throughout the week, usually organising activities twice a day.

Tenants mentioned different activities that they took part in, many really enjoying and making the most of this element if living at Moores House. Some tenants did not have interests or contacts outside of the scheme, so activities and social contact were even more important for these tenants.

- **Communication**

Tenants seemed confident about speaking to staff and said that staff do communicate changes to them, both housing and care staff and seemed satisfied with this. About half of the tenants we spoke to also attended the tenant meetings and were positive about receiving feedback and communication.

Some tenants did seem unsure about how to make a complaint to the care provider, although none had felt like they had needed to make a formal complaint.

There were processes in place to communicate and share information between housing and the care provider, with this relationship still being developing.



## 6. Recommendations

### Care provider

1. From speaking to staff, it seemed that the care provider and housing provider were working well together, with the relationship and communication still developing between them. The high turnover of care staff could have an impact on this and so **we would recommend** that senior management continue to put time and effort into developing this relationship and encourage their staff teams to work closely and cooperatively together.
2. We are concerned that not all care staff were able to speak privately and honestly, especially as we received some critical and concerning comments from a care staff member who contacted us independently. There seemed to be some discontent and concerns spoken of by some care staff and a high staff turnover, with morale being affected by this.

Survey feedback from other care staff was more positive, but as their anonymity was breached and answers written were often short, it is difficult to be sure and know if this is a true reflection of staff thoughts and experiences around some of the areas spoken of.

Whatever the issues or causes, this needs to be looked into further and resolved. **We would recommend** that Comfort Call's area management conduct a confidential review with all care staff about their roles, support needs and concerns. We also think it is important that no one currently involved in the care or management of the scheme is involved in overseeing the review, to ensure independence and confidentiality.

3. Privacy and confidentiality for tenants is important and based on comments from a staff member and tenant it is clear that this can present some emotional barriers and upset when it relates to not telling other tenants when someone goes to hospital and or passes on. This is a delicate situation. **We would recommend** that this policy is clearly shared again and explained to both staff and tenants to sensitively explain the reasons for withholding such information. If not already in place, **we would also recommend** giving tenants a choice to give written permission to have specific named people (other than family) informed in the event of something happening.
4. Continuity of care staff for tenants is important. Staff turnover impacts on this, and with some staff feeling less valued and under pressure staff turnover might increase, making this a bigger issue that will start impacting on care. There also seemed to be some issues around staff not always having the time to care for some tenants and this was reflected in some of the comments from relatives. **We would recommend** that staffing hours, duties, rotas and conditions are reviewed to resolve the discontent and staffing issues.

### Housing

1. From speaking to staff, it seemed that the care provider and housing provider were working well together, with the relationship and communication still developing between them. The high turnover of care staff could have an impact on this and so **we would recommend** that senior management continue to put time and effort into developing this relationship and encourage their staff teams to work closely and cooperatively together.



## 7. Service Provider Response

### Care provider response to the recommendations

1. From speaking to staff, it seemed that the care provider and housing provider were working well together, with the relationship and communication still developing between them. The high turnover of care staff could have an impact on this and so **we would recommend** that senior management continue to put time and effort into developing this relationship and encourage their staff teams to work closely and cooperatively together.

*The care provider and Housing provider meet every month to improve communication and effective working. Both have an effective relationship and are in contact by email or telephone. We have addressed issues around staffing, particularly around new staff commencing and the induction process around the health and safety of the building, this has improved and all new staff before they commence a shift receive a very detailed induction from housing management. Both care and housing share a communication book. There is also discussion that the Care Team Leader will also attend the tenant meetings in future along with the Care Scheme Manager.*

2. We are concerned that not all care staff were able to speak privately and honestly, especially as we received some critical and concerning comments from a care staff member who contacted us independently. There seemed to be some discontent and concerns spoken of by some care staff and a high staff turnover, with morale being affected by this.

Survey feedback from other care staff was more positive, but as their anonymity was breached and answers written were often short, it is difficult to be sure and know if this is a true reflection of staff thoughts and experiences around some of the areas spoken of.

Whatever the issues or causes, this needs to be looked into further and resolved. **We would recommend** that Comfort Call's area management conduct a confidential review with all care staff about their roles, support needs and concerns. We also think it is important that no one currently involved in the care or management of the scheme is involved in overseeing the review, to ensure independence and confidentiality.

*Comfort Call were awarded the contract in January 2017, we inherited staff from the previous care provider under a TUPE agreement, and we have been working on this transition which has been a difficult process, which has also involved combatting bad practice.*

*We are aware of certain challenges and as a company we have made changes to ensure a safe service, this was difficult for some staff to accept. We have set certain standards and increased shifts to match the dependency levels.*

*Recruitment is ongoing, we have experienced a high staff turnover, and existing staff negativity has been identified as one factor leading to new staff not returning to the company during the probationary period, teamwork is not always effective and the volume of calls on each worklist require revision. We have contacted staff who have left the company to discuss in confidence their reasons for leaving the company. The Company plan to dilute negatively on a one to one basis.*



*We offer an on boarding process, this involves meeting with the care staff during their probationary period to assess their progress and to also discuss how they are feeling within their new role and any issues which we need to address, or further support required. Comfort Call have regular team meetings, supervisions and an open door policy. Management details are displayed within the scheme to ensure that any issues can be communicated and addressed.*

*Comfort Call has experienced difficulties dealing with staff availability, staff come onboard with a clear understanding of their role and as a Company we adhere to their original availability as stated in the recruitment process, but we are often faced with constant changes and requests to change availability without the required notice period, this affects our set rota system and an increase in sickness levels.*

*We plan to work further with staff to ensure an effective way of working to ensure the service is safe and this will include;*

- *A joint meeting with management and care staff, to discuss with staff in detail their role and expectations from both parties to ensure we deliver a safe service*
- *The opportunity to change availability to our discretion*
- *To explain our expectations regarding consistent care being provided as part of our rota system and to explain in more detail how important it is we have consistently within the scheme.*

*We are aiming for continuity within the scheme for both tenants and staff, we are working on set rotas, keyworkers for tenants and a review of all calls currently in place to ensure we are allowing enough time for all care needs to be met which reflect each individual support plan.*

3. Privacy and confidentiality for tenants is important and based on comments from a staff member and tenant it is clear that this can present some emotional barriers and upset when it relates to not telling other tenants when someone goes to hospital and or passes on. This is a delicate situation.

**We would recommend** that this policy is clearly shared again and explained to both staff and tenants to sensitively explain the reasons for withholding such information. If not already in place, **we would also recommend** giving tenants a choice to give written permission to have specific named people (other than family) informed in the event of something happening.

*Comfort Call will consider the revision of care plans to add details around sharing information in the event they wish to inform certain individuals of any personal changes they wish to disclose.*

4. Continuity of care staff for tenants is important. Staff turnover impacts on this, and with some staff feeling less valued and under pressure staff turnover might increase, making this a bigger issue that will start impacting on care. There also seemed to be some issues around staff not always having the time to care for some tenants and this was reflected in some of the comments from relatives.

**We would recommend** that staffing hours, duties, rotas and conditions are reviewed to resolve the discontent and staffing issues.

*Moores House is a scheme with certain busy periods within the day, this is often during the morning and tea time. Our rotas reflect these busy periods and the reason we have added new shifts to the rota. The original shift pattern once Comfort Call were*



*awarded the contract was not effective and we revised these shifts once we had the correct staffing levels in place. We reviewed each individual support plan to ensure we were taking into account each person's needs, these include extra calls for medication such as alendronic acid, extra flat cleans, and double up calls.*

*The company has difficulty, particularly around tea time, limiting calls as per each support plan, due to the 2 sittings at lunch time we need to ensure that certain tenant's tea calls are in line with their medication call which isn't always effective, as the tenant for example, would have finished their lunch at 2pm would then be due medication at 4pm, which is too early for their tea meal, this leads to an extra call for their tea meal. This time of day is particularly busy for the care staff, we are unable to implement an extra shift as the busy period is only between 3 and 6pm., we are in discussion with the Housing provider to have one sitting at lunch which will resolve the pressure around tea time. This will be actioned in the New Year.*

*Comfort Call answer the emergency pendants within the scheme, it has been discussed that on occasions these pendants are used for non-emergencies. Staff have been responding to these calls which has impacted their shift and as a result their allocated calls have been affected, staff are then playing catch up to ensure their calls are on time. Use of the pendants will be discussed during tenant meetings and care staff have been advised that they only respond to emergencies and outside of these occasions follow their allocated worklist.*

*Comfort Call are working on a set 2 week rota, this will not allow for unauthorised changes and will be more productive for tenants and care staff. Calls will be assessed on duration and need, and we will ensure these reflect each individual support plan. Calls will not be overlapping and we will allow time in-between calls.*

*During the last year Comfort Call have received positive feedback from Annual Reviews, we have implemented good practice from other schemes that Comfort Call manage and we are working with staff to share these good practices and ways of working. Complaints have reduced, and internal audits have evidenced substantial improvements.*

*We promote a home for life within Extra Care. Care needs change over time and we need to reflect this in our rotas, on occasion staff have been negative in providing a high level of care, we are working with these staff to ensure they understand that we adapt our rotas to suit each individual tenant's needs, to ensure we offer the less restrictive option and to enable them to remain in their own home.*



## Housing provider response to recommendation

Following on from the 'Partnership Working' presentation Senior Management agreed to meet on a monthly basis. One of the main concerns regularly raised was that new care staff were never introduced to Retail Trust staff or informed when on site. This caused many concerns particularly relating to Health and Safety around the building.

Retail Trust staff now carry out an induction with all care new staff which includes who we are, what we do, communication, fire procedures, reporting of repairs. Since January this has been presented to 30 staff.

Staff turnover within the care team has proved difficult to build relationships at times within both teams but the introduction of our induction has had a positive impact on the working relationships between housing and the carers.

### **Point 3 – Care provider recommendations**

Retail Trust will provide Comfort Call a copy of our Information sharing agreement signed by the resident when they first move into the scheme, in regard to resident consent for staff to inform other residents in the event of them going into hospital and other absences.



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