



Care and Extra Care Housing

Enter and View REPORT

Mount Carmel Court

Scheme Contact Details:

Mount Carmel Court
Oldfield Road
Ordsall
Salford
M5 3LU

Date of Visits:

Monday 3rd and Tuesday 4th September 2018

Healthwatch Salford Authorised Representatives:

- Safia Griffin
- Faith Mann
- 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 Mount Carmel Court scheme staff team, tenants and relatives for their contribution to the Enter and View visit. Healthwatch Salford would also like to thank the landlord Mosscafe St Vincent's Housing Association 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.



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2.1 Visit Details

Care Service Provider:	Comfort Call
Housing Provider	Mosscares St Vincent's Housing Association
Scheme Address:	Mount Carmel Court, Oldfield Road, Ordsall, Salford, M5 3LU
Visit Dates and Times:	Monday 3 rd 13pm-15pm and Tuesday 4 th 14pm-15:30pm September 2018
Authorised Representatives:	Safia Griffin Faith Mann Sue Fisher
Healthwatch Salford Contact Details:	The Old Town Hall, 5 Irwell Place, Eccles M30 0FN Email: feedback@healthwatchsalford.co.uk Telephone Number: 0330 355 0300 Website: www.healthwatchsalford.co.uk

2.2 The Care Provider

See Care Quality Commission* (CQC) website to see their latest report on Mount Carmel Court. * Care Quality Commission is responsible for the registration and inspection of social care services in England.

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

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

Current shift patterns are; 7am-1pm, 7am-1pm, 7am-2pm, 8am-3pm, 12pm-6pm, 1pm-6pm, 5pm-10pm, 5pm-10pm, 10pm- 8am. Our shift patterns match the needs of the service, taking into account the increase in many high levels needs.

Comfort Call recruitment is currently ongoing. We have 15 staff permanently placed at the scheme. Comfort Call have a robust recruitment process in place which includes a pre-screen, a selection process including interview and basic numeracy and literacy tests, DBS application and 2



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suitable references. Once staff are successful following the interview process they are placed on a five day Training Programme.

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

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

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

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

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

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

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

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

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

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



2.3 The Extra Care Scheme Housing Provider

Mosscafe St Vincent's Housing Association is committed to improving lives through their Extra Care offer. They work hard to engage and involve tenants to ensure that they continue to live happy, healthy lives and remain living independently in their own homes for as long as possible.

The Mount Carmel Court scheme comprises of 35 private one-bedroom apartments designed for Independent living. With access to care and support 24 hours a day and regular housing management support, the scheme also strives to offer a range of events and activities helping to maintain and improve wellbeing.

The Scheme Manager is based at Mount Carmel Court five days a week, with a part time Older Persons Housing Officer. The Scheme Manager supports activities at the scheme, as well as having responsibilities for housekeeping and housing administration.

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

The role of landlord is to not only provide the property that the tenant lives in, and all other aspects of housing management, but to offer a safe, compliant environment and effective service that responds to the complex needs of many of the tenants i.e. offering the plus to standard housing, along with the constant of having a housing representative based at the scheme.

Housing management covers things such as:

- Assistance with benefits and money management, to maximize tenant income
- Overseeing all elements of compliance – fire management/peeps /pull cord and telecare management
- Tenant risk assessments – bringing in agencies as required and raising safeguard alerts
- Ensuring repairs are reported and monitored
- Carrying out property inspections
- Re-letting void properties and managing rent arrears
- Liaising with the fire service for fire assessments and tenant home safety
- Maintaining high standards of cleanliness throughout the scheme

All the above enables them to highlight tenants changing needs and the ability to manage not only tenancies but also spot and monitor any changes in a tenant's wellbeing.

In addition to this they also resource other areas that are not covered in the contract:

- Providing provision and support for social activities
- Supporting tenants with no family advocate or adult social care in accessing benefits
- Providing furnishings and food items to new tenants who do not have such things when they move into the scheme
- Installing and programming of equipment, such as Tunstall devices



2.4 Purpose and Objectives

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

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

Objectives

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

The context

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

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

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



3. Methodology

The project

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

All six Extra Care Housing Schemes will be visited:

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

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 Mount Carmel Court. The first Enter and View visit was arranged around an activity in the communal lounge and the second visit when the most staff would be available at the scheme.

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

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

- Tenants x 7
- Care staff x 4
- Housing staff x 2
- Relatives x 0
- Care Coordinator x 1

Survey questions were written to assess:

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

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

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

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



4. Summary of key findings

The housing provider runs and organises activities in the scheme, recently giving more of the responsibility to tenants to run activities. In this scheme the person responsible for activities had three different roles, sometimes working over their hours. In trying to fit in activities coordination and two other roles, sometimes this meant that they were stretched quite thin and could not always devote the time they wanted to activities.

Most tenants joined in with activities, but some had mixed feelings about the changes to activities and spoke of a lack of variety and physical activity.

Tenants generally felt happy at the scheme and that living in an Extra Care housing scheme had been of benefit to them and their health.

Six of the seven tenants we spoke to did feel that their care needs were being fully met and some also commented on the busyness of both care and housing staff and how sometimes this meant them waiting a bit longer.

Care staff did not always feel like they had enough time to care for tenants and mentioned being busy and too rushed at times to chat to tenants.

Housing put a lot of time into involving, encouraging and getting to know tenants, with the Scheme Manager in particular being proactive in doing this.



5. Results of visit

Environment

Mount Carmel Court is a three-storey housing scheme with 35 one-bedroom flats. The scheme has:

- Activity room / lounge / dining room
- Laundry facilities
- Hairdressing room
- Guest facilities
- Gardens and seating
- Car park
- Lift to all floors
- Wide corridors
- Step free access into the building

The scheme sits in the middle of the Ordsall community with nicely maintained gardens. The building is quite old and self-contained, small and homely, with everyone making the best of the limited space. The corridors were not lit throughout when we visited due to some broken lights and these had been scheduled to be replaced. The dining room / lounge had some faint odours.

There was one communal room on the ground floor that was used as a lounge and activities room, with the other side of the room set up as a dining room and area with a small hatch to the kitchen, because of this odours and sound spread throughout the room and there were no quiet areas. During the times of our visits, on both days, the TV was on loud.

Due to the size and layout of the scheme there was only one lift, but stairlifts had been fitted in case the lift could not be used.

Signage appeared minimal and plain, with some directional signage to the landlord's office and the care provider office. There was a noticeboard for activities with pictorial images, which was designed and updated by housing staff.

The flat doors and door numbers were both white/grey, making the numbers almost invisible and not dementia friendly. The door numbers were also set very high on the doors, meaning that people would have to lift their heads back and high to be able to see them. This would be particularly difficult for people with mobility or spinal problems.

Overall, the scheme had a welcoming and very homely feel.

7 Tenants- Survey Feedback

• **Activities**

When asked what activities were there for tenants to take part in there were several different responses. Many responses were about what used to be run and that most of the activities were now mainly craft oriented, although others did mention things like:

- Bingo
- Dominos

As well as:

- Knitting



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- Card making
- Sewing

Two of the tenants we spoke to went out a lot but did comment that they felt the activities were more for those that could not go out.

Some tenants thought that there were very few activities for them to take part in and two mentioned that there used to be more keep fit type classes.

Five of the tenants did join in with activities, *"I go to bingo. I like to talk. I am a social person"*. Two did not join in, one mentioning that there was nothing for them that they liked to do and the other mentioning that keep fit was not available any more.

Most tenants did think it was easy to join in with activities, with one tenant saying it was not easy for them due to their breathlessness but that they try to keep positive and that they would like to go out more.

Three of the of the tenants were still able to do the things that they used to do before coming to the scheme, others were not always able to mainly due to their health.

Two tenants said yes to the question of if they had been asked about what activities they liked, one was not bothered, and the others said 'no'.

Two tenants felt that they had been encouraged to plan and run activities, *"yes. Because nobody else does. Only C [Scheme Manager] takes any interest."* Three did not want to, wanting to take it easy and two said 'no,' they had not been encouraged.

- **Wellbeing**

Six tenants did say that they felt happy when asked, one did not stating, *"no. I have been in a few different schemes."*

When asked if living in an Extra Care housing scheme had been of benefit to them and their health six tenants said yes, *"yes definitely. Been pleasantly surprised. I didn't want to go into a care home. It's got to be right for the whole person,"* and *"definitely. It helped me cope with depression."* One tenant did not think it had helped them, *"not really. I can't go out. No transport."*

- **Care needs**

Six tenants did feel like their care needs were being fully met, *"yes. Do alright for myself. I try and do as much as I can for myself,"* and one did not stating, *"I don't feel they are being met. I would like a shower more regularly."* They were not the only tenant to comment on this. Another tenant told us that in their care plan social services had put them down to shower daily but when they moved into the scheme care staff told them this was not possible.

All tenants replied yes when asked if they were still able to do things for themselves i.e. retain some independence, *"yes. very much, up to now,"* and *"yes. I can dress myself and my son does my shopping"*.

Five tenants did think that care staff knew them well, *"yes. know me well. I get the same carers most of the time,"* and two did not.

Three tenants were supported for mealtimes, some of the other tenants did eat communally and one prepared everything themselves. Most tenants were happy with the number of supported



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mealtimes but two made further comments, one about more variety being needed on the menu and that the menu should always be displayed in advance and the other being told that they could have something and then being told they could not, *"carer told me I could have salad in the hot weather. Then was told that the kitchen could not prepare them."*

- **Staff**

Most of the tenants knew and named the Care Coordinator, two did not know them.

Most tenants felt that staff treated them with dignity and respect, *"yes. Good relationships with staff,"* and *"do with me. [They] seem to be alright."* Two had further comments to make, *"not all. Some are very rude and very abrupt. Especially with nervous tenants,"* and *"Yes. I find them alright. Sometimes you find yourself waiting but it's down to cost."*

- **Communication**

All the tenants knew how to contact the Care Coordinator if they wanted to speak to them and they all seemed confident and aware of the complaints procedure.

Most tenants did not want to change anything about their care, two did and had mentioned this but nothing had changed yet. Both changes were about being showered more regularly with one of the tenants only getting a shower once a week and a quick daily wash.

Responses to how staff communicate with them about service changes were mixed, some said they would be told by letter and in person, *"in person, letter"* and others said that they do not usually get told, *"never told anything. Usual reply to questions is, 'don't know'"*. Some tenants would like to receive information in newsletters, on noticeboards and in tenant meetings, as well as in person and private letter.

Four tenants were aware of and attended the tenant meetings *"yes. I did, and I got feedback"*, and they also found it useful.

- **General questions and responses**

One tenant had lived at the scheme for about 18 years and many had lived there between 8 and 2 years, with two tenants having been there for under 6 months.

When asked if they felt enabled to stay on at the scheme as their care needs changed six tenants said yes, *"yes. quite happy here,"* with one saying 'no'. Five tenants said yes to the question about the scheme being a home for life.

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

- *"C [Scheme Manager] is worked to death. Far too much work for her to do on her own. She needs help"*
- *"C [Scheme Manager] is really good"*
- *"I love my flat. Friends who have visited me have been pleasantly surprised. It reassured me last week when I was ill that I could summon help if I needed it. I would have been terrified in my old flat. My family have set this flat up nice and as soon as I walked in I felt comfortable."*

Relative Feedback

None were visiting during the times of our two visits.



St Vincent's Housing Association (Mosscares) – 2 Staff Survey Feedback

Q) How long have you worked here?

Staff had worked at the scheme for 8 and 10 years.

Q) What is your role?

- Older Person's Housing Officer
- Scheme Manager – three roles, Scheme Domestic, Scheme Manager (with compliance) and Activities Coordinator.

Q) What do you enjoy about your role?

- *"Everything. I absolutely love it. Lots of interaction with the tenants."*
- *"Being able to make a difference for people who need our help with a more suitable home."*

- **Activities**

Activities had originally been the responsibility of both the care provider and housing, but the care provider only has enough onsite staff for the care. There was also nothing in the contract that says that housing has to provide activities, *"we do it off our own back. More people take part in the activities. Since it has changed tenants help organise more of the activities."* [The Scheme Manager had taken a back step from organising the activities, leaving it more to the tenants to do so and to take responsibility for them in the scheme].

Housing try to look at people's needs and try to come up with activities that stimulate people mentally and physically.

They were asked how they supported tenants with support needs like dementia or sensory impairment, *"we help them with the activities board, with the organising. We give lots of prompts and support and encouragement. The activities board helps jog people's memories,"* and *"C [Scheme Manager] actively encourages tenants to input and participate."*

- **Health**

Help with arranging transport is given if needed for tenants to get to health appointments.

Religion and Culture

Representatives from the local church come to the scheme, holy communion is given and there are good local links with churches.

- **Care for tenants**

Housing do not provide care to tenants, but they do carry out their own risk assessment and engage with the tenants, *"C [Scheme Manager] did a memory book session with the current tenants a little while ago. The plan is to complete these with every new tenant who comes into the scheme"*.

In response to the question about having enough time, *"C [Scheme Manager] is very stretched as you know..."* and *"I love my job. I don't have enough time. Additional support would be lovely. People say they will help but it only lasts a few weeks."*

- **Communication**

Changes to service are communicated to tenants and family through speaking to the family and housing do an annual customer focus with the tenants.



Other ways staff communicate and gather feedback from tenants are listed below:

- Newsletter
- Tenant meetings
- Phone calls
- In person
- Noticeboards

- **Staff involvement and support**

Both housing staff felt encouraged to give feedback and they also hold weekly 1-2-1s with the Care Coordinator and registered manager for Comfort Call.

Housing expressed a wish to work more closely with the Care Coordinator and to support each other, citing how busy the Care Coordinator was as a barrier to this.

Staff were encouraged to develop their skills and continue training and felt very supported by housing management.

Comfort Call - 4 Care Staff Survey Feedback

- **Questions about the staff**

Staff we spoke to had worked at the scheme between 2 and 3 years.

The roles surveyed were Carer.

Staff enjoyed different things about their job including:

- *"The tenants. We all get on"*
- *"Everything. Seeing tenants daily. Working with colleagues. The management"*
- *"Speaking to tenants. They look forward to my visits to their flats. They don't often get any visitors."*
- *"The tenants"*

- **Activities**

Care staff said housing were responsible for activities in the scheme, *"housing are responsible for activities. Care staff do raffles etc to raise funds,"* and *"care staff used to be responsible but don't do as much anymore. Though they do organise some activities such as fundraisers."*

Activities were not linked to individual care plans, but previous careers and interests are listed, which give them an idea of what people might like.

Staff offer encouragement and will try to sit with tenants with dementia to help them join in. Two staff went onto say that activities were similar each week and that tenants need more stimulation, as they got bored with the same activities every week.

Care staff are not really involved in developing activities, but they have seen some tenants getting involved in running some activities. Sometimes housing does ask them to support activities and involve tenants.

- **Health**



Care staff will phone health professionals on behalf of tenants and arrange home visits if required. They do not travel with tenants to health appointments, often family or an auxiliary care worker will take them.

- **Religion and culture**

People from the church visit regularly and give holy communion. Some of the tenants attend church and one tenant goes to church meetings on a Tuesday.

- **Care for the tenants**

Staff read care plans to get to know a tenant before they arrive and once they do, they speak to them and their family, *"talking to them is the best way."*

Management update the care plans and notify staff when needs change, social services will do the reassessment. Staff update each other verbally for minor things.

When asked if they had enough time to care for tenants two said yes, *"yes. can be rushed sometimes. It's quite busy. They want to chat, and we don't have time,"* and *"yes but staff can run over."*

The other two staff went onto say, *"depends on what floor you are on and what shift you are on,"* and *"sometimes. Depends on what you go into. If they have had a bad night and if it is a double up call. Sometimes housing staff try to rearrange calls for tenants so that they can go out earlier."*

- **Communication**

Changes are mainly communicated through management, who will discuss with social services and the family. Relevant information also goes out in newsletters and in letters to tenants. They also do a Q and A questionnaire with tenants and families.

- **Staff involvement and support**

Staff do feel encouraged to give feedback and get a lot of support from the Care Coordinator, *"we get on well. She is very approachable,"* and *"she does help a lot. We can go to her with anything and she will come and help."*

All staff said yes to the question about being encouraged to continue to develop their skills and training.

Most staff felt supported by housing management, although two reported that there could be tension sometimes but they did not get involved.

The Care Coordinator

The Care Coordinator had personal experience of being a carer and had worked her way up, *"this is what I always wanted to do,"* and they enjoyed their role, *"I enjoy interaction, meeting new tenants. Building up support plans and helping them get support from outside sources. I enjoy teambuilding. Staff go above and beyond."*

- **Tenant information**

Support plans are given to them by social services before a tenant arrives and then once a tenant arrives they are asked further questions to build up their care plan, *"we ask them. Ask them to tell us a bit about themselves, preferences etc and family will also tell you things."*



Care plans get updated to match changes and the Care Coordinator keeps staff well informed of changes, making sure it is documented.

- **Activities**

The care provider does not provide activities but if organising a themed event, such as a Christmas fayre, they will speak to housing.

Several activities were mentioned when asked about:

- Knitting
- Crafts
- Dominoes
- Bingo
- School choir at Christmas

Encouragement and reminders are given about activities and carers ask if tenants need assistance.

- **Health**

Health professionals do home visits and Comfort Call have a private contract with tenants to pay for a private carer to escort them to health appointments.

- **Religion and culture**

Cultural foods are provided for one tenant and people from church come into the scheme regularly.

- **Staff**

Staff are encouraged to develop skills through regular supervision and training is provided. Staff do training in their own time but are assessed at the workplace.

The Care Coordinator does encourage her staff to have a say by asking for feedback and to input, *"their input is needed for me to do my job."*

- **Communication**

The Care Coordinator's details are provided in the tenant's file and they are thinking about adding photos of staff, a 'who's who photo board'. Morning calls are done with tenants and the Care Coordinator goes around doing a Q and A and sits with them and explains to make sure they understand.

When asked how they make use of complaints and feedback the Care Coordinator replied, *"there is always room for improvement. Can't take anything as negative. We always try and see how we can improve the service."*

- **General**

"I do think that it is a nice lovely scheme. I enjoy working here. The service does need to look at how many high need tenants there are. At the moment it is manageable but we are doing a lot of double ups and that takes more staff time"

Additional Notes

None.



In summary

- **Care and independent living**

There were a high number of tenants with high care needs in this scheme, 19 tenants at the time of our visits, which is more than half of the tenants living at the scheme rather than a third which is what extra care is modelled on.

When we spoke to tenants about their care, six of the seven tenants felt like their care needs were being met and one tenant did not. Tenants were generally still able to do things for themselves and remain independent, and six of the tenants did say they were happy when asked. The tenant who did not feel happy answered consistently more negatively across all survey questions and when asked if living an extra care housing scheme had been of benefit to them and their health they also said 'no' to this. This was partly as a result of not being able to go out and partly general unhappiness. The other six tenants were more positive about living in an extra care scheme and of it being of benefit to them and their health.

Six of the seven tenants replied say 'yes' when asked if they felt like they were enabled to stay on at the scheme as their care needs changed and five also replied that 'yes' that they did consider it a home for life.

- **Activities**

Housing were not contracted to organise and run activities and the care provider did not have enough staff or hours for this either. This left activities and social stimulation as a lower priority than other things, even though it is crucial to both health and wellbeing.

Housing had taken the decision to take responsibility for activities, but the Scheme Manager was already spread too thinly and trying to do many different roles. The Scheme Manager had had to take a step back and put more responsibility of organising and running activities on to tenants, with mixed responses from the tenants themselves. In this scheme tenants were responsible for organising and running the activities, with some support from the Scheme Manager.

Five of the seven tenants did take part in activities and two did not, who then went onto say that they thought they were more for the tenants that could not go out.

Many of the activities were craft oriented and tenants spoke of wanting different things and of activities that used to be run. This demonstrates that the scheme is struggling to engage some tenants and ensure a variety of interests are covered in the activities on offer. This is also worrying for tenants who do not have interests or contacts outside of the scheme who also might not feel able to or interested in the activities on offer.

Without the resources and more support for the person taking on the role of Activities Coordinator the scheme was struggling to be inclusive and meet the needs and interests of tenants, despite best efforts from housing and the tenants themselves.

- **Communication**

Tenants were asked about how staff communicated changes to them and asked for feedback and responses to this question were mixed, many wanting to receive more information. Tenants did know how to contact the Care Coordinator if they wanted to and four tenants attended tenant meetings and found these useful.

There were processes in place for communication between housing and the care provider and this was still developing. However, both seemed to work quite separately, not working together as much as they potentially could.



6. Recommendations

Care provider

1. Physical and mental stimulation is important to people's health and sense of wellbeing, so we would encourage any support and input that the care provider can provide to housing around activities.
We would recommend that the care provider discuss this with housing and ways to increase participation and the range of activities offered.
2. Both care staff and tenants mentioned staff being rushed and sometimes too busy.
We would recommend requesting a review from social services about the number of hours contracted to support tenants, to increase the hours of care and staffing, especially in the context of the number of tenants with high care needs and the number of double ups.
3. There seemed to be some separation and tension between housing and care. At the moment both operate out of their own office. Developing a shared workspace within the bigger housing office might go some way towards developing this relationship and building more cooperation and understanding between care and housing.
We would recommend developing this shared workspace to develop this crucial relationship.

Housing

1. Not all tenants were engaging with the activities and they and care staff both mentioned a lack of variety and physical activity. We understand that there is one person doing many roles and so **we would recommend** that they involve more of the community in the scheme and speak to the care provider about what is possible to deliver in terms of their involvement and suggestions to both increase participation and the variety of activities on offer.
We would also recommend getting in touch with Salford CVS around volunteer involvement. Salford CVS run a 'Volunteering in Care Homes Project', which I've been told extends to extra care. The project aims to encourage the involvement of volunteers within homes and schemes, to support an Activities Coordinator to provide a wider variety of social activities.
2. There seemed to be some separation and tension between housing and care. At the moment both operate out of their own office. Developing a shared workspace within the bigger housing office might go some way towards developing this relationship and building more cooperation and understanding between care and housing.
We would recommend developing this shared workspace to develop this crucial relationship.



7. Service Provider Response

Care provider response to the recommendations

1. Physical and mental stimulation is important to people's health and sense of wellbeing, so we would encourage any support and input that the care provider can provide to housing around activities.

We would recommend that the care provider discuss this with housing and ways to increase participation and the range of activities offered.

Funding is an obstacle regarding activities, often the Housing and Care Provider are purchasing supplies. When activities incur a cost for the tenants it is apparent that they are less likely to attend, as they do not wish to pay.

2. Both care staff and tenants mentioned staff being rushed and sometimes too busy. **We would recommend** requesting a review from social services about the number of hours contracted to support tenants, to increase the hours of care and staffing, especially in the context of the number of tenants with high care needs and the number of double ups.

A review will be requested.

3. There seemed to be some separation and tension between housing and care. At the moment both operate out of their own office. Developing a shared workspace within the bigger housing office might go some way towards developing this relationship and building more cooperation and understanding between care and housing.

We would recommend developing this shared workspace to develop this crucial relationship.

Comfort Call and the Housing Provider management are planning to meet to discuss the proposed idea of a shared office space.

Housing response to the recommendations

1. **Bringing the community into the scheme** – we are in constant discussions with external voluntary agencies and will continue to do so on increasing the activities at the scheme, MSV's resident involvement team are also working at providing additional activities and volunteers to the scheme. The care team have been approached but due to high demand and limited staff they are limited in what and how they can assist with activities. CVS to be contacted with to try to bring the project in to the scheme.
2. **Sharing an office space** – In the past sharing information has been a sensitive subject sometimes leading to instructions from Adult Extra care on what not to share this could prove difficult in sharing an office, this would be that persons would need to leave the room re: certain discussions. Adult extra care and care provider share information via Care brokerage / care first but not all information needs to be passed over to the housing provider. An offer has been made in the past on having specific days per week to share so as to build up the partnership working as yet not taken up, but this will be reiterated again so as to improve the working relationship. Bringing the office together on a full time basis could lead to other issues such as who would monitor the CCTV and the Tunstall call system, who would give access to visitors at the main entrance.



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