

Healthwatch Sunderland

Enter & View Extra Care Schemes 2016





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DISCLAIMER:

- The observations made in this report relate only to the visits carried out.
- This report is not representative of all resident views; it only represents the views of those who were able to contribute within the time available.

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1. Introduction

What is Healthwatch?

Healthwatch England is the national consumer champion in health and social care. It was set up by the government to ensure that people's views around health and social care services are listened to and fed back to service providers and commissioners with a view to improving services.

There is a local Healthwatch for every Local Authority area in England. Healthwatch Sunderland aims to be a strong local consumer champion working with our partners to support:

- People to shape health and social care delivery
- People to influence the services they receive personally
- People to hold services to account

We achieve this by:

- Listening to people, especially the most vulnerable, to understand their experiences and what matters most to them.
- Influencing those who have the power to change services so that they better meet people's needs now and into the future.
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same.



What is Enter and View?

Under Healthwatch regulations, local Healthwatch organisations have the power to Enter and View providers to enable our authorised representatives to observe matters relating to health and social care services.

The role of the authorised representative is to conduct visits to health and social care premises to capture the patient experience and make recommendations where there are areas for improvement or capture best practice which can be shared.

Enter and View is the opportunity for Healthwatch Sunderland to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives.
- Observe the nature and quality of services.
- Report to providers, the Care Quality Commission (CQC), local authorities, commissioners, Healthwatch England and other relevant agencies.

Enter and View visits can happen if people tell us there is a problem with a service but equally, they can occur when services have a good reputation, so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.



Review Scope - Why Extra Care?

We chose to look at this type of service because:

- Sunderland Council is expanding the number of schemes (From 2017 there will be 12 schemes operational in the city).
- The care provided is regulated by the Care Quality Commission (CQC) but the facility itself is not inspected.
- Commissioners wanted to determine whether communication with residents and the provision of social activities is dependent on individual schemes.
- Little is known about whether schemes of this type support the reduction of social isolation and loneliness and/or promote social interaction.

Our objectives

The purpose of this research was to gain an understanding of how social activities are supported in Sunderland Extra Cares Schemes and how management within these schemes communicate change to residents with the aim to:

- Identify innovative and creative practice
- Identify barriers to promoting social activities
- Identify barriers promoting effective communication
- Identify ways to support the implementation of recommendations from this report

Acknowledgements

The Enter and View Team would like to acknowledge the support of the residents of the schemes who allowed us into their home and gave up their time to come and talk openly and honestly with the team. We would also like to thank those staff members who took time out to answer our questions.



2. Methodology

The Extra care schemes were chosen based on the five locality areas (Washington, The Coalfields and the East, West and North areas of Sunderland).

An initial pre-visit to each Extra care schemes was carried out to explain the project, understand the needs of the residents, arrange timescales and arrange the visits in a way to cause as little disruption in the daily routine as possible.

Trained Healthwatch Sunderland authorised representatives were selected to carry out the Enter and View visits. An authorised representative is a volunteer who is trained in Enter and View methodology so that they can effectively capture the resident's experience. Each team on average consisted of two or three people made up of staff and volunteers who asked a range of questions and observed the physical environment.

Standard questions were asked of:

- Residents
- Managers
- Care staff
- Family and Friends

The Enter and View team spoke with residents who attended the pre-arranged meetings and assisted with the completion of questionnaires. (Copies of the questionnaires can be found in appendix 1). Family and carers were given the chance to fill in a questionnaire if requested by a resident and whenever possible were spoken to during visits. Three out of the five managers were also spoken to in person, one completed an electronic copy of the survey as they were unavailable



on the day and one failed to respond. (Copies of the questionnaires can be found in appendix 2 and 3).

Of the five Extra Care schemes, four were provided by Housing and Care 21 who provide both housing and care and support. The schemes visited were;

Bramble Hollow

Dovecote Meadows

Springtide Cove

Woodridge Gardens

The fifth scheme visited, provided by Gentoo was the Haddington Vale premises. Gentoo provide the housing support themselves but subcontract the care support to Sunderland Homecare Association.

What are Extra Care Schemes?

Extra Care is defined by having 24 hour care presence in the building to meet the care and housing support needs to tenants in the scheme. Extra Care housing provides independent living for people over the age of 55 with a care or support need. The scheme provides a 'community hub' and as such incorporates community based facilities such as hairdressing salons, café's, shops etc. Amenities and activities for residents living in the scheme are available in the scheme are accessible to members of the public in the local area.

All properties are self-contained with a fitted kitchen, bathroom with walk in shower, one or two bedrooms, a lounge and their own front door.

Care and support services are provided in the scheme 24 hours a day 7 days of the week, every day of the year. This support is tailored to the needs of the individual to enable people to live in their own home independently.



3. Findings

Residents feedback

We interviewed forty seven service users who we will refer to as residents in this report. Their cognition, mobility and physical health varied. We used questions aimed at assessing two main areas, these being;

- the quality of communication from the provider to the resident
- provision of social activity within the schemes, with particular concern for social inclusion

Quality of communication from the provider to the resident

Scheme management communicated with residents using a range of methods to differing degrees of effectiveness, these commonly included:

Notice boards - the Enter & View team observed that all schemes had a least one notice board to display information to the residents and visiting members of the public. The information displayed included posters detailing in house activities, services and activities available in the local community, dates and times on residents meeting and information on relevant policies and procedures and insurance documents etc. All information presented on the notice boards was well displayed and up to date. This form of communication appeared to work well and the over half of the residents we spoke to commented that they knew to look on the boards for information especially if they wanted to find out about the activities being held. One of the schemes also displayed information in the premises lifts.



Tannoy system - all schemes had an internal tannoy system which are used by management to put out announcements. Residents commented that the use of the tannoy had little effectiveness and that they didn't pay much attention to them because they often couldn't hear what was being said, or it was made very last minute (when an activity was about to start). Also if it was the only method used to communicate information and you weren't at home, then you would miss the information completely.

Residents meeting - in all but one scheme an active residents meeting took place on a regular basis. 86% of those residents we spoke to would attend meetings when possible and of these 61% felt meetings helped them to keep up to date with information that may not be communicated any other way and it was a useful means for them to raise any concerns directly with management. However the remaining 39% of residents felt quite disappointed by the meetings as they got the impression that concerns raised weren't always followed up or taken seriously and this was reflected by some schemes not taking or distributing minutes.

Mail through doors - Information posted through people's front doors was the preferred method of communication by 36% of residents, as it helped those who had memory problems or a visual impairment. They also felt having a paper copy could then be shared with family or friends and be used to clarify issues they were unsure of.

Face to face meetings - In all but one of the schemes residents felt comfortable enough to knock on manager's office and discuss any issues and concerns. 73% mentioned that the open door policy worked well. In the remaining scheme many of the residents we spoke to felt that the management were unfriendly and unapproachable to the residents, their friends and family. One resident stated that managers did not exchange hellos or seemed to be aware of their names. They commented that this led to them feeling uncomfortable approaching management



or care staff with any concerns and on the few occasions when they had they didn't always receive feedback on the issues they had raised.

Social activity within the schemes

Social activities aren't a requirement or a responsibility that scheme managers must provide but instead they encourage them to be resident led. We witnessed that all but one scheme had resident led activities that were planned, organised and arranged by a residents committee.

The facilitation of these activities were predominantly carried out by those residents who were physically fitter and healthier, usually involving 2 or 3 individuals who took on the majority of the responsibility. These particular residents commented that they were quite happy to take on the role for the time being but acknowledged that as their personal circumstances are likely to change over time they would appreciate additional help and support, whether this be from other residents, staff or outside individuals.

In those schemes that had activities provided 10% of residents still commented that they would prefer to see more activity as they still had feelings of isolation and loneliness and they particular felt this way in the evening.

For those who were fitter and healthier they would often take part in activities that either took part in the scheme and combined this with outside activities often ran by local voluntary or community groups. Many who were less mobile felt that they missed out by not being able to access these outside activities.

49% of the residents we spoke to knew that they could help out with the planning or delivery of the activities but didn't want to take on this level of responsibility. Some felt that they weren't well enough or would have the energy to do it and consequently were afraid of letting the others down. 59% of residents when asked



weren't aware of what management should be providing in terms of activity provision.

Family and friends were encouraged to join in with provided activities from management and 43% of the residents would invite them along.

The Enter & View team observed first hand that some of the activities were adjusted to help support those individuals who had extra support needs. For example in one scheme who were hosting a coffee morning, those in wheelchairs were brought down by care staff so that they could still take part. In another comments were made to say that carers help with activities such as Bingo or adapt equipment such as bowling to make it more inclusive. One scheme had also brought in outside organisations to put on activities tailored to those with dementia.

We also observed that some schemes did use bigger font in their publicity and printed material to help those with visual impairments.

Management and care staff feedback

We managed to speak to three of the five facilities managers in person who all completed a survey. The remaining two managers were unavailable on the day so a copy of the survey was emailed out to both, one of which was returned. We also left questionnaires for care staff in all premises and had four returned.

Questions were tailored to find out;

- How management supports residents to provide activities
- What are the barriers in providing activities in the schemes



Activity Support

In all schemes management followed their contractual requirements and put the responsibility of activity provision with the residents, all surveyed care staff also commented that the activities provided aren't linked to residents care plans.

All managers supported the residents groups and if approached by residents about the provision of activities would help out if possible. In one scheme for example the residents group wanted to make use of a room to start a gym. They approached the manager to do so who allowed them to make use of the space and the gym is now up and running.

All management actively encouraged residents to join in with the activities that were planned and prepared by residents groups and promoted these via a range of differing methods which varied from scheme to scheme. Almost all agreed that activities such as bingo and the evening entertainment such as singers or themed nights were the most popular.

Barriers to activity provision

The main barrier stated by the majority of managers in the provision of social activities within the schemes was the lack of understanding by the residents that they needed to take ownership of the activities as the responsibility didn't lie with them.

Our finding when speaking to residents backed this up as previously mentioned 43% of those we spoke to didn't know or were not sure who should be providing them. We observed this caused confusion, leading to a negative impact on the relationship between staff and those who didn't understand.



For example staff found it difficult to get residents to understand that they needed to self-fund activities and the handling of any money raised by the residents to cater for activities was their responsibility. Also there was confusion about residents organising trips out. Two of the managers commented that they would often need to remind residents that they scheme couldn't provide any care staff to go off site and support the residents who would need it.

All the managers we spoke to acknowledged that the residents would like to see more activity provision but felt they offered as much support as they could.

To help tackle this issue those managers we spoke to tried to include external organisations to provide certain services. These included Sit and Be Fit, chiropodists, Alzheimer's Society etc. This appeared to be done at different levels across schemes with some having more success than others.





4. Recommendations

Social Activities

- There is currently a lack of clarity around whose responsibility it is to promote and provide social activities. This requires attention from the commissioning team, as lack of social activities can lead to social isolation and loneliness of residents. The commissioning team should give consideration to making it a contractual obligation of scheme providers to take on the responsibility of providing a range of in house social activities with support from residents who volunteer to help.
- Scheme managers could work on building stronger links to local community groups that offer further opportunities for residents. For example local providers could be linked into the residents meetings where they could be given time on the agenda to promote what they are able to offer in terms of support and activities to the residents i.e. Age UK have spoken to Healthwatch and are willing to offer their support with a range of activities including helping with the setup of coffee mornings or offer a befriending scheme to those who have expressed loneliness etc.
- To help tackle loneliness and isolation scheme managers could also encourage an in house buddy system which could be offered to new residents who are interested. This could help those who are identified as being lonely and also settle newer residents who may lack the confidence to join in activities for on the first few occasions.
- To support the provision of activities scheme managers could look at using local volunteers and/or resident's family and friends. These individuals



could help managers and volunteer residents to plan and deliver some of the activities within the schemes and assist with any outings.

- To encourage good practice scheme managers could come together to share good practice. For example in one scheme residents raised funds to buy a car that can be used by residents for medical appointments or trips out. The sharing of information how this was achieved would be beneficial to other schemes as it would help to address some of issues around lack of social activity.

Promoting Effective Communication

- Management could communicate with residents in a more encouraging and approachable manner, reassuring residents that they can speak to them about any concerns or issues that they have and when they do that they are actively listened to. They should also attempt to seek out residents to feedback to them in a timely manner.
- Management could communicate in a more effective manner taking into consideration resident's differing needs. Residents would like to see less reliance on the tannoy system and increased use of paper based communication. This could also include the distribution of minutes of meetings to all residents especially to those who don't attend so they can then still keep up to date with information.

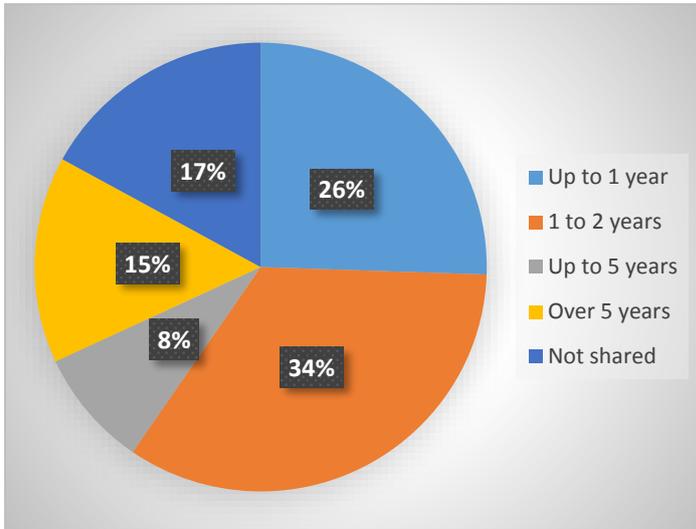
Healthwatch Sunderland seeks a response from scheme managers and the commissioning team acknowledging receipt of this report and explaining what action will be taken following the recommendations made within 20 days of the receipt of the report. In addition, Healthwatch Sunderland will return to the schemes after a 6 month period to understand how the approach to each of these areas has changed and how that has had an impacted on residents.



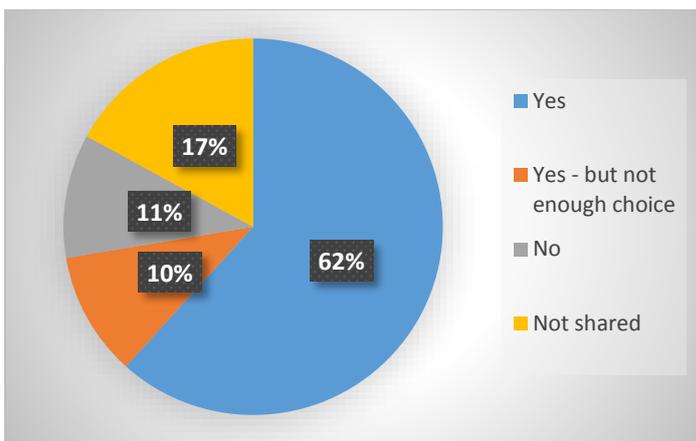
5. Appendices

Appendix 1: Feedback from Residents

1. How long have you lived here?

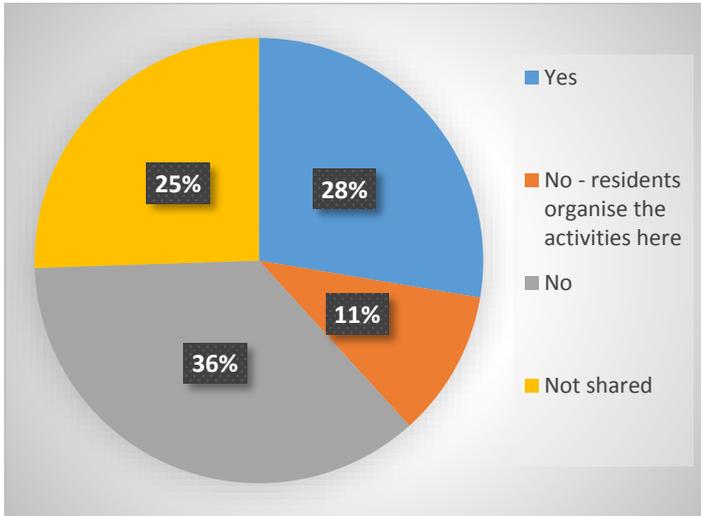


2. Do you join in with the social activities provided here?

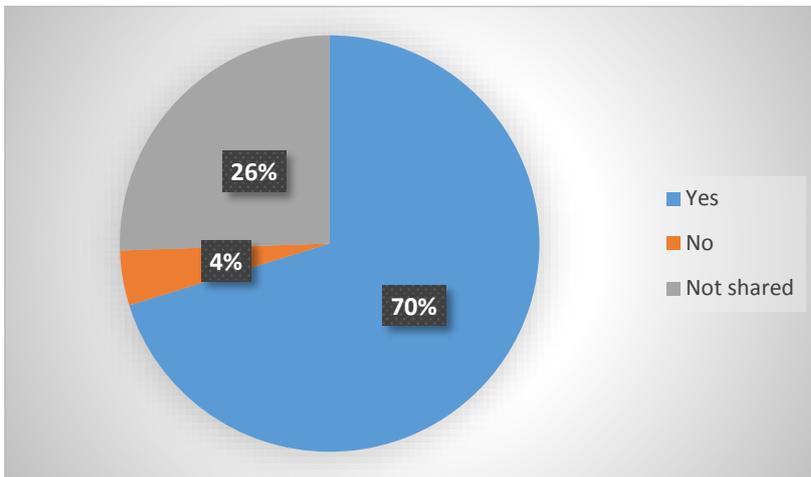




3. Have the staff here asked you what activities you would like to do?

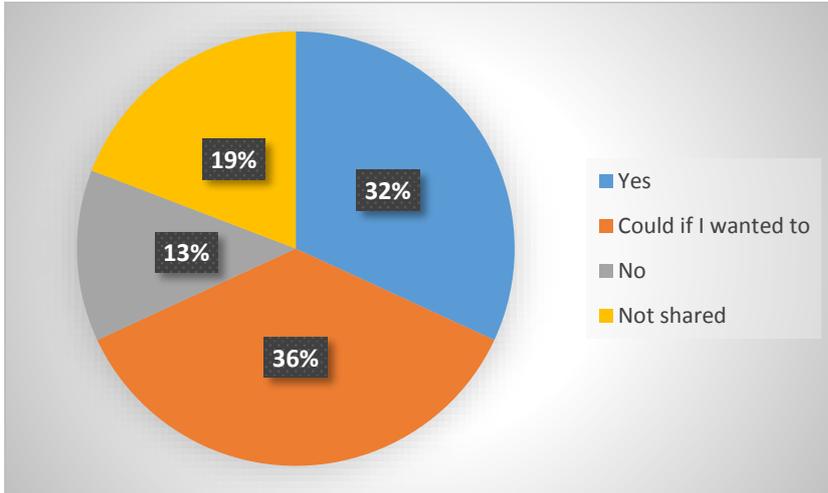


4. Do the staff help you to get involved with social activities e.g. reminding you activities are on, helping you to participate if necessary?

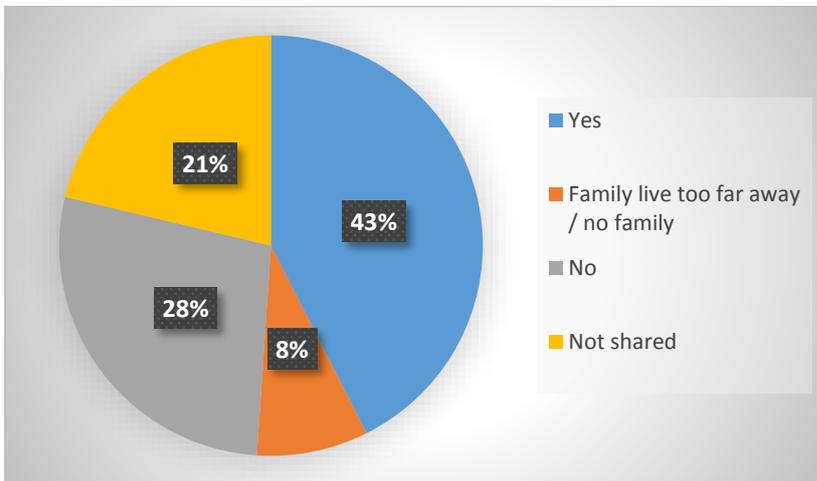




5. Are you able to help with the planning/running of activities?

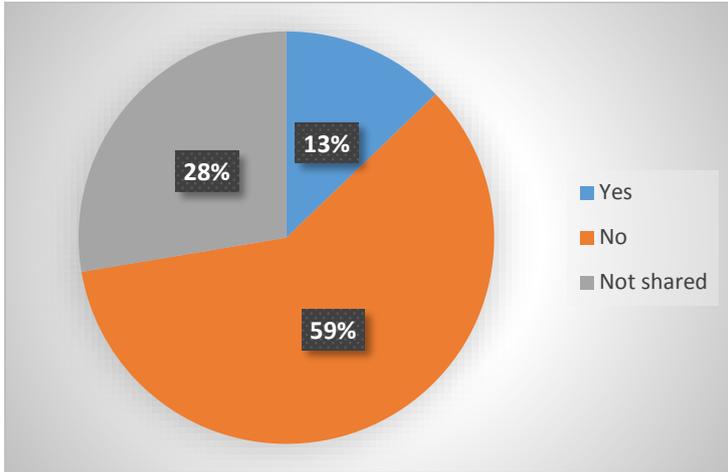


6. Do you like your family or friends to be involved in the activity that you do?

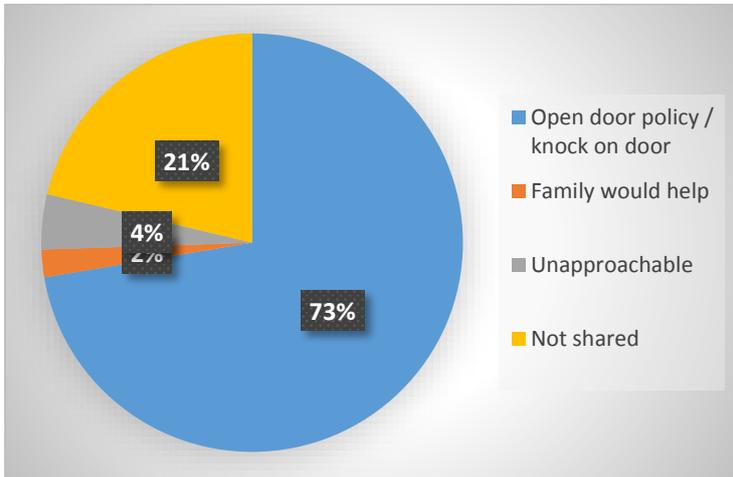




7. Do you know what provisions management needs to provide in terms of social activities?

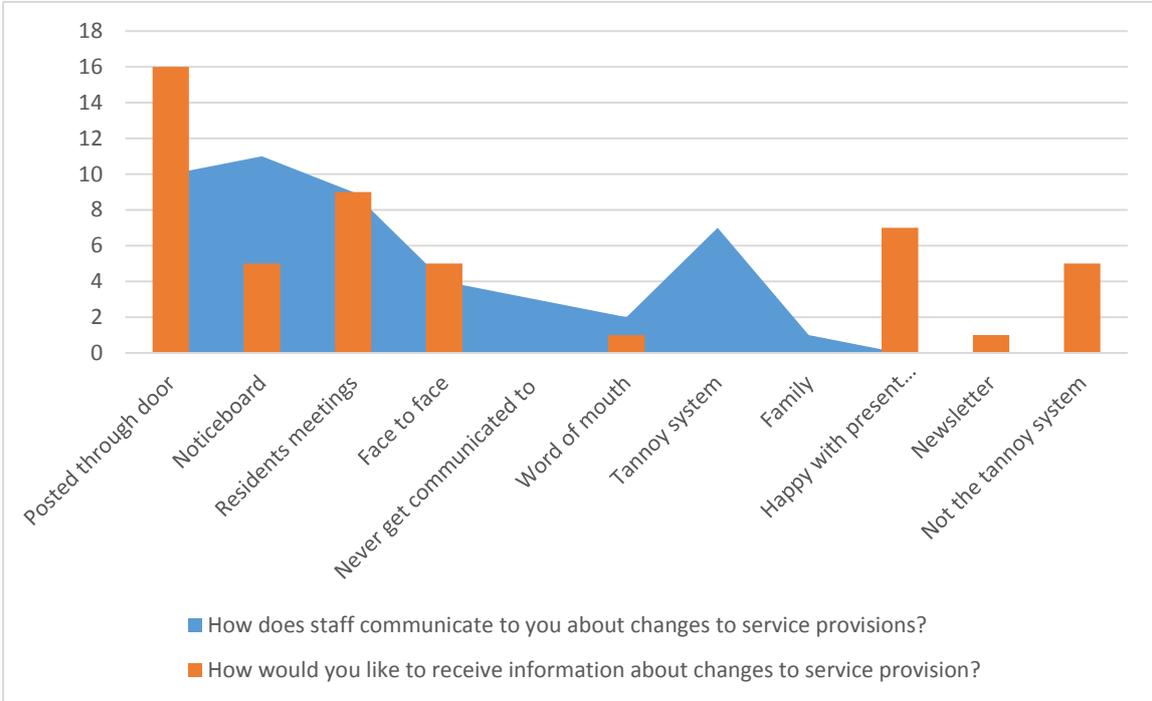


8. If you wanted to speak to manager or care team leader how would you do this?

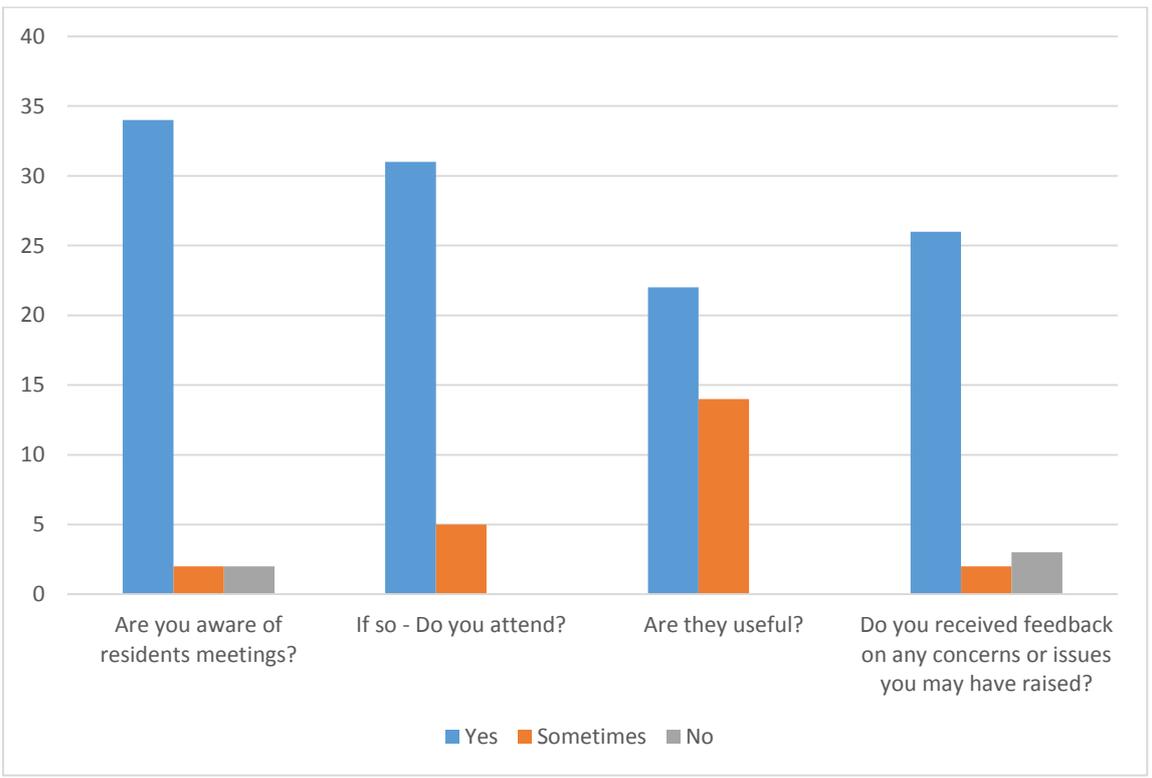




9 & 10. Staff communication methods



11, 12, 13 & 14. Residents meetings





Appendix 2: Feedback from care staff

1. How long have you worked here?

- 2 years
- 5 month
- 3 years

2. What is your role?

- Carer
- Support worker
- Support worker

3. What is your understanding of provision of social activities? i.e. who is responsible?

- Individual residents
- Office staff arrange entertainment nights
- Residents can arrange activities

4. Are activities linked to individual care plans?

- No
- No
- No

5. How do you encourage residents, including those with dementia sensory impairments, to take part in social activity?

- Ask them to come along and take part
- Staff assist with residents that have dementia or learning disabilities

Ask them if they would like to participate in activities such as sit & be fit, coffee mornings, and bowls

6. How do you support residents to utilise these activities?

- Play bingo for those with bad sight, assist people in wheel chairs



- We send newsletters and have residents meetings
- Play bingo as hard of hearing and sight problems

7. Are you involved in finding out what social activities residents are keen to have?

- Yes we are open to suggestions from residents
- Yes residents tell you
- Yes

8. How does staff communicate changes to service provision to the residents, family and or friends?

- By newsletter or meetings, by speaking to individual people
- Meetings, letters, individual meetings to cater to their needs
- Manager has meeting or letters are sent out



Appendix 3: Feedback from managers

1. How long have you worked here?

- 10 months
- 17 month
- Nearly 3 years
- 2 years

2. Does the scheme have a social activities programme?

- Yes but not very active
- Yes but dropping in number and range
- Yes
- Yes

If yes, what activities are available and how often does it run?

- We have a weekly coffee morning and various other activities.
- Bingo weekly and occasional evening.
- 6 days a week regular activity such as bingo, games and occasional evening activity.
- Approx. 4 days a week including, bowls, coffee morning, gardening etc. Also do prize raffles and summer fayres occasionally.

3. How are activities promoted to residents?

- Posters and newsletters
- Notice board posters, leaflets, tannoy system and the lifts
- Noticeboards, residents meetings, chat one to ones, tannoy system, newsletter posted through resident's door and through family and friends.
- Noticeboard and newsletters.



4. Are activities promoted to the wider community?

- Not outside the scheme but posters can be seen by visitors.
- Not officially but residents invite friends and family.
- When we are doing fundraising activities but otherwise no as we have had security issues in the past so needed to put a stop to it.

5. How often is the programme of activity changed?

- 6 weekly
- Not very often
- We have a standard rotating schedule and extras are added based on demand.
- As often as possible.

6. How are residents involved in the planning/running of activities?

- Residents attend their own meetings.
- We have friends of group who organise activities.
- Yes they are heavily involved and very proactive.
- Residents run & plan own activities but approach staff with ideas.

7. Do the resident's family and friends play any part in the planning of or taking part in the activities?

- No
- No
- Yes we have good working relationship with them
- Some but not many approx. 50 50 split.

8. Are residents charged a fee for the provision of activities? If so how much do residents have to pay/contribute?

- I try to get free activities i.e. the WEA or Age UK. Any entertainment has to be paid for by the residents.
- Yes for the evening entertainments residents are charged to cover the costs.



- Yes depending on the activity.
- Depending upon the activity depends on the cost but we hold raffles etc. and then vote on what the money should be spent on.

9. How do you encourage residents to engage with social activities provided?

- Care staff will bring down residents with limited mobility.
- As new residents we inform them of how to get involved and then promote throughout.
- We do encourage to join in by reminding them but residents are really active and bingo mad.

10. How are activities differentiated to meet individual needs (e.g. residents with dementia, impaired vision or loss of hearing etc)

- We encourage and support those to join in. Care staff help out with Bingo etc.
- Word of mouth, when viewing the premises, everyone is encouraged. Also if it is evident in the support plan that isolation is an issue we would offer support to go along to activities.

11. What are the barriers to carrying out social activities?

- Money
- Getting people involved and taking ownership to organise activities.
- Money and resources of staffing time.
- Raising funds prior to the event and residents want activities and then change their mind.

12. Do you work in partnership with outside organisations to help provide activities?

- Age UK and WEA.
- Chiropodist, dentists and optician and Sit and Be Fit
- Alzheimer's Society, NHS, voluntary groups.



- We have engaged with Sit and be fit, a shopper bus, and an organisation brought in the Ipad active.

13. What percentage of residents take part in activities provided?

- 25%
- All depends upon the activity Bingo and evening entertainment are really popular with 70% people coming along.
- $\frac{3}{4}$ of residents.
- Majority of residents join in.

14. For those who don't take part do you attempt to encourage involvement and how do you do that?

- I would not expect everyone to partake
- Let them know about activities but it's their decision.
- Yes via the care staff, remind though he tannoy and family and friends
- Yes we do but some residents are too old.

15. Are the activities evaluated and reviewed?

- Yes
- Yes
- Not officially but if activities are not popular then they are stopped.
- Yes we ask who or what they would like have again

If so, how is feedback shared with residents?

- The entertainer usually returns.
- Via residents meetings
- Word of mouth or via residents meetings
- At residents meetings



16. How is feedback shared with the activity provider?

- They come back
- It isn't
- Word of mouth
- Honestly i.e. if a singer isn't popular we let them know

17. What methods of communication are utilised to engage with residents, family or friends as a means of keeping them updated about changes in service provision?

- Newsletter
- Noticeboard a questionnaire and the newsletter.
- Notice board, flier through customer's door, in care review, word of mouth, the tannoy or in person.
- Residents meeting , minutes, newsletters, face to face, tannoy