# HEALTHWATCH HOUNSLOW REPORT ON SERVICE USER/CARER CONSULTATION AT GREENROD PLACE, BRENTFORD



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### INTRODUCTION

In November 2014, Healthwatch Hounslow was approached by Mark Blomfield (hereafter, MB), Joint Commissioning Manager - Supported Housing, Joint Commissioning Team Children's and Adults' Services of the London Borough of Hounslow, to carry out a service user and carer consultation at Greenrod Extra Care scheme in Brentford<sup>1</sup>.

### AIMS OF THE CONSULTATION

The aim of this exercise was to understand how Greenrod Place functions and caters to the needs of its residents by capturing the views and impressions of the services, care and support being provided to them at Greenrod Place through interviews with a sample of its residents.

The broad areas that were to be explored through the consultation were:

- 1. What do Greenrod residents think of the care and support provided at Greenrod? What do they like about the care and support at Greenrod?
- 2. What is not working well? What would they like changed in the care and support at Greenrod?
- 3. Do they think the range of activities provided to Greenrod residents is adequate? What other activities would they like to have?
- 4. Would they like to choose a different organisation to provider them care and support?

We were informed that the following bodies were also interested in Healthwatch's involvement:

- Care Act implementation Team and the
- Adults Safeguarding Board.

### **METHODOLOGY**

Healthwatch Hounslow decided that one of their staff members, (Kusum Joshi, Information & Policy Officer, hereafter KJ) would be made responsible for carrying out the consultation. It was agreed that this staff member would meet with approximately 8 Greenrod residents in their own flats to ensure privacy and confidentiality. To get a fuller picture, it was decided

<sup>&</sup>lt;sup>1</sup> On the Housing & Care 21 website, Greenrod Place is described as follows: "Greenrod Place is an extra care development providing 43 one and two bedroom apartments which include fitted kitchen, fridge freezer and door entry system for your security. The development is located on Clayponds lane, which is within easy reach of both the high street and Kew Bridge Road providing excellent transport links. The local amenities include a small local shopping centre, arts centre which houses both a theatre and cinema as well as walking distance to Kew Gardens and Syon Park. On-site facilities include full-time court manager, restaurant, communal lounge, laundry facility as well as hairdressing salon and 24 hour care available tailored to individual needs." (See: http://www.housingandcare21.co.uk/housing/property-details/greenrod-place)

that KJ would also contact and gather the views of some carers and relatives of residents at Greenrod on the same areas listed above.

Although the broad areas of the consultation with Greenrod residents on the one hand, and with their family/friends on the other, was the same, 2 sets of questions were prepared — one for residents and another for family/friends of residents. All interviewees within each category were asked the same questions in the same sequence or order. (For our Lists of questions for Residents and Friends/Family of Residents, please see Appendix A1 and A2 respectively).

It was planned that the second week of December 2014 would be an appropriate time to schedule the meetings. MB provided KJ with contact details of the Manager of Greenrod Place (Sue Crosby Dyas, hereafter, SCD) so that KJ from Healthwatch, could liaise directly with the company for a list of some Greenrod residents and another list of friends and relatives of some of the residents for the fact finding.

#### WHAT HAPPENED NEXT?

Fixing the meetings proved more time consuming than had initially been imagined. Finally, KJ managed to contact the Greenrod's SCD in December 2014. However, pressures of work at Greenrod, prevented SCD from being able to suggest suitable dates before the Christmas break. KJ, therefore, agreed with SCD that instead of rushing to complete the consultation, it would be more practical and beneficial for the consultation to be postponed by a few weeks. We agreed to start interviewing on the earliest available dates in January 2015. This was communicated to and agreed with MB.

### PREPARING THE GROUNDWORK

The actual groundwork for the consultation picked up speed after the start of the new year. Within a short time, KJ managed to develop a good working relationship with SCD and preparations proceeded smoothly. Soon, lists of interviewees with dates and times for the interviews were discussed and agreed. Thus, the scene for the consultation was set and actually began shortly after the ushering of the new year around mid-January 2015.

### THE CONSULTATION

The first set of consultation interviews was carried out on 13 January 2015. KJ started interviewing in the morning and spent the entire morning and part of the afternoon talking to the residents listed by SCD.

The list had 8 names but KJ was able to speak to 7 residents. This was because I of the listed resident interviewees was upset for some reason and was therefore in no mood for an interview. With the exception of this resident, KJ managed to talk to all the others on the list.

The age of residents interviewed on Day 1 of the consultation ranged from 50 to 80+ years. All the residents interviewed were White British. Four were female and 3 male. The following table is being presented to convey a general idea of the interviewees who responded to our questions:

Age (approx.)	Sex	Ethnicity	Stay @ Greenrod	Any other details
80	Female	White British	3 years approx.	Fully independent. Does not use any Care /Support services.
50-60	Male	White British	5 years	Mobile but has a Learning Disability.
50-60	Male	White British	5 years	Regular Wheelchair user. Has Diabetes and has lost vision in one eye.
80	Female	White British	1.5 years	Elderly but mobile.
80	Female	White British	5 years approx.	Elderly but mobile
55	Male	White British	About 2 years	Regular Wheelchair user. Suffers from Obesity and has poor mobility.
80	Female	White British	Doesn't remember	Very frail, but sociable & mobile.

### **Limitations of the Sample**

At the outset, it needs to be stated that though every effort was made to obtain user or resident experience/feedback by ensuring privacy and confidentiality for all them, those viewing this Report need to be aware of some its inherent limitations. These are:

- (1) that only the views of a cross section, not the views of ALL residents of Greenrod, were gathered; and even more importantly,
- (2) that some interviewees due to the nature of their health condition and/or their advanced age responded well to closed questions (viz., Question numbers: 1, 1<sup>st</sup> part of 4 and questions 6 and 8), but did not respond well to open ended questions (viz., Question numbers 2, 2<sup>nd</sup> part of 4 and questions 5 or 7).

Presumably, they tended to be more accepting of the services, care and activities being provided to them and also less demanding and less inclined to opt for a change of place due to their advanced age, their frailty, their health condition or a feeling of being aware of their dependence on others. Similarly, another factor that needs to be taken into consideration while looking at the data collected is that the disabilities affecting some of the interviewees, seem to have rendered them a bit less communicative and less aware of their situation and rights than they might have been otherwise.

### Location and some details of Residents' interviews

The residents were interviewed in different venues within Greenrod Place and not in each resident's flat as planned earlier. This was done for the convenience of the residents.

Because the interviews began and were conducted at a time when many of those who had agreed to be interviewed were not in their flats, but were in or around Greenrod's dining area and lounge, it was felt that it would be best for the interviews to be held in these areas. Consequently, some residents were interviewed in Greenrod's lounge, some in the dining room or hall and only a very few residents in their flats. (For details of venue, please see table below):

No. of interviews in Greenrod Dining Hall or adjacent sitting area	No. of interviews in Greenrod Lounge	No. of interviews in Resident's flat	No. of interviews in Greenrod lounge and Resident's flat
2	1	2	2

At this point, it will be relevant to mention that the change of venue for the interviews did not affect the interviewees adversely in any way. This was because in spite of being away from their flats, they were not in the midst of or near Greenrod staff, Social Workers, Care Workers or other authority figures whose presence or proximity might have affected their responses or made them feel threatened or inhibited in any way.

### Additional Residents' interviews

After completing Day 1 of the consultation, KJ felt that to make residents' responses more representative of user experience, it was essential to talk to a few more residents. She specially requested SCD for interviews with some non-White residents so that the consultation could also reveal how well Greenrod was catering to residents from non-White ethnic minority backgrounds.

SCD was cooperative despite being hard-pressed for time. The result was that another set of interviews was fixed with help from SCD with 2 non-White residents of Greenrod Place.

Day 2 of the consultation took place on 20 January 2015 when KJ, along with another Healthwatch staff (Mystica Burridge, hereafter MBur) who volunteered to function as an observer, revisited Greenrod. Two interviews with 3 residents were planned for the day. The following table is presented to convey a fuller idea of the background of the interviews:

Approximate age	Sex	Ethnicity	Approx. period of residence in Greenrod	Any other details
80	Female	British Indian	7 years	Faith: Hindu. Blind. Immobile in bed. Takes part in no activities.
50	Female	British Indian from Fiji	5 years	Fully mobile but had a prominent lisp.
80	Female	British Indian	7 years	Faith: Hindu. Blind. Immobile in bed. Takes part in no activities.

The first interview was to be with an elderly couple who were to be interviewed in the flat shared by them. Since both of them were resting in bed and one of them was fast asleep, KJ (with a volunteer observer) was able to interview only one of them.

The interviewee had no vision in both eyes, was hard of hearing and looked uncomfortable to be accosted by unknown people (i.e., KJ and MBur). To sort the communication problem, allay the interviewees fears and discomfiture, a Greenrod staff member volunteered to help and was present throughout the brief interview.

Next, on the very same day, KJ along with MBur as an observer spoke to another resident. This interviewee claimed to be the youngest resident of Greenrod and spoke to KJ and MBur in a quiet sitting area adjacent to the Greenrod Dining hall. As a result of the 2 additional interviews conducted on Day 2, our total of resident interviews rose to 9.

### Interviews with family/friends of Greenrod residents

The last and final phase of the consultation consisted of KJ talking to resident's relatives or friends. This had initially been planned to be carried out through arranging to meet some of them at Greenrod. However, it was evident after discussions with SCD, that relatives and friends generally did not follow a fixed pattern of visiting Greenrod. It was, therefore, agreed that it might be easier for consultation with them to be completed via telephone/ mobile. SCD offered to give KJ a list of names of relatives/friends of residents with their contact numbers. This was accepted as a useful method of expediting completion of the consultation without further loss of time.

KJ was able to contact 2 out of 3 people listed for telephone interviews. Both were White British middle aged female relatives of residents. Both were most cooperative, candid and vocal.

### **SUMMARY OF RESPONSES COLLATED FROM RESIDENTS**

All responses of Greenrod residents to the consultation have been presented in the table below:

Opinion & Rating of Care/Support Services	Ideas for improving Care/Support services?	Response to activities provided	New ideas for activities?	Would they choose another Place?	Would they recommend Greenrod to Family/ Friends?
Positive. 9/10	None given.	Positive.	Could not think of any.	No.	Definitely.
Positive. No rating given.	None given.	Positive.	Did not answer.	No.	Yes.
Positive. 10/10	Would be useful for users to have Greenrod Staff in the premises on weekends.	Positive.	Sewing, reading, Crochet, old films	No.	Yes.

Positive. 9/10 In addition to Carers, would be good to have Greenrod Staff in the premises on weekends.  Positive. No rating given. Positive No rating given. Positive Nor and it difficult to rate services. Felt some care is "exceptionally good" and also that the Care is generally okay.  Positive Nor an experienced Resident Physiotherapist / Occupational Therapist. 3. Would like the CEO to visit Greenrod annually to liaise with residents. 4. Would like to remove layers of management between residents and the CEO. 5. Would like more joined-up care. 7. Would like more User involvement in selection of Carers.  Positive. No rating given  Positive.  Non. Yes.  1. Reminiscence project. 2. More links with local schools would be good.  1. Reminiscence project. 2. More links with local schools would be good.  1. Reminiscence project. 2. More links with local schools would be good.  1. Reminiscence project. 2. More links with local schools would be good.  1. Reminiscence project. 2. More links with local schools would be good.  2. There is need for an experienced Resident Physiotherapist / Occupational Therapist. 3. Would like the CEO to visit Greenrod annually to liaise with residents. 4. Would like to removal some layers of management between residents and the CEO. 5. Would like more joined-up care. 7. Would like more User involvement in selection of Carers.  Positive. No rating given  No. Yes.	=	I	I =	I		
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### SUMMARY OF RESPONSES COLLATED FROM FAMILY/FRIENDS OF RESIDENTS

Because face to face interviews were carried out with only 2 family and friends of residents, we are not presenting their responses in the form of a table as doing so might make them easily identifiable. However, a summary of all responses is being presented below to add richness to the findings of our consultation:

- They felt that the care and support services presently provided at Greenrod were good.
- Their average rating of services and support services at Greenrod was good at 7/10.
- They felt that some carers are very good but others aren't.
- They felt that carers had too much work to do with too little time to complete their work.
- They felt this kind of economising impacted adversely on services and care provision
  to residents and on the cleanliness of the premises. The comments of one of the
  interviewees has been paraphrased to summarise the impact on service and care
  provision of what seems like an economy drive by the Company: "This delays the
  services being provided to residents. They have to wait for long periods for their
  medication or to be taken for food or to get anything they need."
- They felt that the absence of staff on weekends with only Carers being present needs to be changed. There should be some staff coming in on weekends to attend to any problems arising for resident.
- They were happy with the range of activities available for residents. The new Manager has been active in this area.
- They were happy with the food provided at Greenrod and said the Kitchen staff was very good.
- They also catered for residents with special dietary needs such as Vegetarians.
- They felt that Transport for residents is a bit too costly for residents to bear.
- They said that the food provided is good, the Kitchen staff is very good
- They wanted the Kitchen to be kept open for a longer period. It is open only during lunch time for about 1.5 hours each day. This prevents residents from coming down to socialise in the common areas. (Incidentally, another resident had mentioned during their interview that residents often tended to spend an enormous length of time in their own rooms due to ill health and other reasons.) They felt that keeping the Kitchen open beyond lunchtime to provide tea, would be help residents to socialise among themselves and also be good for family /friends of residents coming to meet them.
- Their recommendation to Greenrod management that the Kitchen should be open for a longer period to provide tea, has yet to be implemented.
- Yes, they would recommend Greenrod to others users.
- Their hopes have been raised since SCD has joined as the new Manager. They are generally looking up to her. This is evident from statements such as: She [SCD] has "made a big difference" and "She is very good. She is very caring and since she has come she says she wants to turn things around. "Yes", said another interviewee, "it [Greenrod] has issues and can do better but since Sue has taken over as Manager, I feel confident that she will turn things over. Earlier, there was no one to talk to but since she has come things are improving."

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## CONCLUSIONS EVIDENT FROM RESPONSES /OUR OBSERVATIONS & AREAS OF CONCERN

Conclusions that can be drawn from the responses of residents and their family/friends have been summarised and presented under different categories.

### VIEWS ON CARE/SUPPORT/RATINGS OF CARE/SUPPORT:

The general response of residents and their family /friends was that the care and support at Greenrod Place was good and they were happy with what was provided to residents. Many of the interviewees did not rate the services but those who did gave then a generally high score.

Despite the above positive feedback, other responses from family/ friends also reveal some **AREAS OF CONCERN** that might merit further probing and monitoring by those responsible for commissioning and monitoring services<sup>2</sup>:

### 1. CARERS, CARE QUALITY AND SPECIALIST CARE

Though not everyone commented on Carers and the quality of their Care and Support, some of those who referred to Carers said that the **quality of services provided to residents was inconsistent or varied.** Over all, the following statement of one of the residents is probably worth quoting as an accurate summary of the general view of respondents to the consultation: "Care [at Greenrod] is generally good. There is some exceptional care going on. But yes, generally it's okay." One rather vocal resident profusely commended the female Carers but added that male Carers "needed some more practice." **There seems to be a need for better trained male Carers with more empathy towards residents' needs.** 

- Some residents and their family/ friends were concerned that Carers working at
  Greenrod were on Zero- hour Contracts. They felt this deprived Carers of security
  of work or tenure. They were unable to understand this practice since work for
  Carers was bound to be available at Greenrod.
- Some residents and their family/friends were concerned that Carers had far too much work to do with inadequate time to complete it. They felt that this kind of economy drive had an adverse impact by pushing them into providing incomplete or substandard services to residents many of whom were elderly and/or disabled. An interviewee showed empathy for carers when they said: "It isn't that the workers aren't good, but that they are put on duty for too short a time. They have too little time and too much to do." The following statement of another interviewee, illustrates the negative impact of the situation on the quality of care and services in the following words: "The carers don't have much time for residents. If they are asked for something, they might say they can't do it for they don't have the

<sup>2</sup> It seems that that since the coming of SCD as the new Manager, things have started changing. Despite this positive development, these areas might need to be looked at closely to assess and then taken up with the management at Greenrod Place.

time ... They are erratic about general or [personal] cleaning ...Don't know what they will do or not do."

- A highly significant gap regarding specialist health care was raised regarding the need for a Resident Occupational or Physiotherapist at Greenrod who could work with residents needing their care and support on a long-term, regular basis and provide appropriate care in a joined up manner. Although this issue was not raised by any of those interviewed, it might be recommended that it will be important to find out if Greenrod has looked into or is providing regular health checks and advice through visits by health professionals (such as dentists or optometrists) to cater for the needs especially of those Greenrod residents who are frail and elderly and/or have mobility problems. Stressing the importance of having a Resident Occupational or Physiotherapist at Greenrod, one of the interviewees said: "I'd like to see that Housing 21 in Care and Social Services either commission a Physio input into here or to commission an Occupational Therapist. To have their own Occupational Therapist who could do things with people. The Occupational Therapist would be very, very, very busy."
- Some interviewees were concerned about a resident with Alzheimer's. While one was of the view that this resident was perhaps not in the right place, another felt that this resident's condition demanded more care and attention than she was presently getting at Greenrod. This seems to be an area for investigation. Concerns were also raised by some residents and family/friends of residents about the absence of Greenrod staff at weekends to attend to care/support needs of residents and keep an eye/ supervise Care workers. They felt that sometimes problems or emergencies needing prompt managerial resolution have arisen but there is no one to take action to deal with them on time. This was what one interviewee said: "At weekends, no staff or very few staff are present. There are only care workers. So, if there is any problem that develops, no one is available to do something about it."
- Some concern was raised about the Kitchen not being open for serving tea to residents, their family /friends and visitors except for about 1.5 hours during lunchtime. This was seen as preventing residents from socialising and also contributing towards keeping them isolated. This was what one interviewee said: "Residents could come down and have a hot cup of tea. Instead of feeling lonely, they could come and sit with others in the dining area. Some come down when the restaurant is closed with their cakes, but they don't get any tea downstairs. Providing tea for longer hours would encourage people to visit and residents to come down and socialise. People from the British Legion could come and have something from the restaurant. There is a nice garden too where people can go and sit, but it [tea] is not available."
- Some inferences that can perhaps be drawn from what some interviewees said are: (1.) That Greenrod perhaps **needs to listen more carefully and regularly to**

service users/ their family/friends. For example, some interviewees said they had mentioned the need for extended tea services in the Kitchen area, but were still waiting for their suggestion to be considered/ carried out. (2.) That the top management at Greenrod needs to be in regular and closer touch with residents/ their family/friends. (3.) That Greenrod needs to raise the level of its User Involvement by engaging with the more active and aware residents/ their family/friends to obtain feedback and input about service and care provision and their development from them and including them when recruiting Carers and other relevant staff. It is heartening to be able to say that according to an interviewee and KJ's conversation with SCD, User Involvement was an area that was going to be promoted at Greenrod.

### 2. SECURITY

• A small number of residents and their family/friends expressed concerns about security at the Main entrance/ Reception area. One of them mentioned that although there was generally no one at the Reception desk, they have a safe system for residents and their family/friends and other people to enter the premises. This interviewee, however, added that earlier they also had a Visitors' Book which had made them feel more secure. Unfortunately, this has now been discontinued for some unknown reason. "Yes", said anther interviewee, "it would be nice to have someone at the reception near the entrance to be watchful about who comes and goes. Also, if someone doesn't have a fob, they have difficulty getting in. They have to keep waiting until someone comes for no one is around at the entrance." It must be mentioned here that when Healthwatch staff first visited Greenrod, they had been kept waiting for some time at the entrance (because no was on duty in the Reception area) and had later been let in once by an elderly resident and again by a resident with a learning disability.

### 3. HEALTH & SAFETY

 Concerns under this heading included the following: (1) Sometimes particularly in the summer, the building might get overheated and feel uncomfortably hot. (2) Carpets could be cleaner. (3) In the past, there was an infestation of the building by cockroaches.

### 4. DIVERSITY AWARENESS

 Greenrod's inclusion of people from Black and Ethnic Minority communities as residents and its catering for the dietary needs vegetarians seems to indicate that they cater for diversity. However, it can be safely said that Greenrod staff could do with some diversity awareness training.

### LIST OF MAIN ISSUES WITH TOTALS OF INTREVIEWEES WHO RAISED EACH

It is the importance of an issue or need, not the total number of those raising and supporting it that should determine the action that service providers or commissioners decide to take when it is presented before them. Nonetheless, a table listing the main issues and the total number of those who supported each of them has been provided on the following page:

ISSUES RAISED	TOTAL OF INTERVIEWEES RAISING
	THE ISSUE
1. Need to look into Carers being placed on Zero-hours Contracts and their being over-burdened with work with too little time to complete tasks and the negative results of such economising such as: Carers being under excessive pressure that drives down the quality of care and impacts on residents.	4
2. Need for more practice/training for Carers due to the unevenness in the quality of care	1
3. Need to have an experienced preferably Resident Occupational Therapist / Physiotherapist	1
4. Need for the Kitchen to be kept open with a tea service as this will be of practical help to residents and also promote their wellbeing by enabling socialising	3
5. Need for the presence of Greenrod management staff on weekends to monitor care services and to sort out any emerging issues for residents	2
<ol><li>Transport is too costly for residents on Welfare Benefits</li></ol>	1
<ol><li>Need for a closer relationship with the top Management</li></ol>	1
8. Need for informed User Involvement especially in Staff recruitment	1
<ol><li>Need to look into the care /support needs of resident with Alzheimer's</li></ol>	2
10. Need for Security to be improved and to have someone on Reception duty	2

### **CONCLUDING REMARKS:**

The consultation reveals that responses provided by interviewees have been generally positive regarding care and support services. Interviewees have also given high scores to Greenrod services and care. They have shown satisfaction with the programme of activities provided at Greenrod, with the food and with the services received from the Kitchen staff. No one interviewed expressed any desire or intention to leave Greenrod and no one said they would not recommend Greenrod to their family and friends. The new Manager has been universally looked up to as a caring person who has not only started improving services and care at Greenrod, but is also intent upon further improvements for its residents. Her interest in User Involvement is also evident and she is regarded as a source of hope by residents and their family/friends.

Despite this positive picture, we would recommend that since some areas of concern and action listed in this report have emerged, there is a need to investigate these and also share them with the management at Greenrod. Doing so, is bound to benefit Greenrod and even more importantly will improve the quality of care and the quality of life of all Greenrod residents and their family/friends.

Finally, we wish to add that we would also like to make a return visit including a time scale to sample residents and monitor care and service provision, to see if improvements have been made and if there are any new issues.

### **APPENDIX 1**

### QUESTIONS FOR GREENROD RESIDENTS

- 1. How long have you been in Greenrod?
- 2. What do you like about the care and support services that you get here at Greenrod?
- 3. Where would you place Greenrod services on a scale of 1 to 10 (1 being very poor services) moving towards 10 (being excellent).
- 4. Do you feel you needs are being met? If no, what changes would you like made?
- 5. Are there any care and support services that could be improved? If yes, how would you like to change them?/OR what changes would you like?
- 6. Are you happy with the range of activities provided?
- 7. Are there any other activities you would like? If yes, can you please say what extra activities you would like?
- 8. Would you like to have the freedom to choose a different organisation to give you the care and support services that you need?

### **APPENDIX 2**

### QUESTIONS FOR FAMILY/FRIENDS OF GREENROD RESIDENTS

- 1. What do you like about the care and support services provided to your .../friend at Greenrod? What score would you give them?
- 2. What changes and improvements would you like?
- 3. Do you feel their needs are being met? If not what are the changes you would like?
- 4. Do you feel the staff are responsive to your concerns and queries regarding the care and support services and activities they provide?
- 5. Do you think the range of activities provided to residents is adequate?
- 6. Are there any activities you would like them to introduce? If yes, can you specify what these activities could be?
- 7. Do you think it would be good for your.../friend to have the freedom to choose a different organisation to receive care and support services?