

# Enter and View Report

Bristol Court, United Drive, Feltham, TW14 9AG

22<sup>nd</sup> & 23<sup>rd</sup> June 2021



A report by Healthwatch Hounslow

“99% of the time, care staff go beyond what they have to do.

The 1% tend to be younger or new care staff who require more training and guidance.”

Resident

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## Visit Details

<b>Service Visited</b>	Bristol Court, United Drive, Feltham, TW14 9AG
<b>Manager</b>	Edward Amissah
<b>Date of Visits</b>	22 <sup>nd</sup> & 23 <sup>rd</sup> June 2021
<b>Status of Visits</b>	Announced
<b>Authorised Representatives</b>	Francis Ogbe, Somer Jassim, Zainab Babar and Mystica Burridge
<b>Lead Representative</b>	Mystica Burridge

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## 1. Visit Background

### 1.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2013, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

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.

During the visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced.

Following the visits, our official 'Enter and View Report', shared with the service provider, local commissioners and regulators outlines what has worked well, and gives recommendations on what could have worked better. All reports are available to view on our website.

#### 1.1.1 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

## 1.2 Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

## 1.3 Acknowledgements

Healthwatch Hounslow would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

On this occasion, four Enter and View Authorised Representatives attended the visit. The Authorised Representatives spoke to residents and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

# 2. About this Visit

## 2.1 Bristol Court

On 22<sup>nd</sup> and 23<sup>rd</sup> June 2021 we visited Bristol Court, an 'Extra Care Housing' service in Feltham.

Extra Care Housing is sometimes known as sheltered housing, assisted living, or simply as housing with care. It provides the security and privacy residents would expect in their own home, with access to care and support on-site. It is an increasingly popular choice for people whose abilities/disabilities or frailty make their current housing and care provision unsuitable, but who do not need or want to move to long-term care, such as a residential or nursing home.

Bristol Court has 94 flats, with around 84 resident occupants at the time of the visits.

## 2.2 CQC Rating - 'Requires Improvement'

The CQC are the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Bristol Court was last inspected by the CQC on 27<sup>th</sup> October 2020. Their inspection [report](#) gave a rating of 'Requires Improvement' - in all areas.

## 2.3 Focus of the Visit

During the visits, we engaged with residents and asked specific questions about general staffing and support, user involvement and choice, activities, Covid-19 protocols, visiting, general environment and the complaints procedure.

### General Staffing and Support

- Do the care staff treat you with dignity and respect?
- Do you have an allocated key worker? How often do you meet with them?
- Do care staff spend enough time supporting you with your care and support needs and do they stay the full length of time expected?

- Do your care workers arrive when expected? If not, are you informed if they are running late/early or if the care worker has been changed?
- Do your care workers do everything you expect of them - if not what would you like them to do?

### **User Involvement and Choice**

- Do you feel listened to by care staff when you express your wishes or concerns?
- Do the care staff involve and help you make decisions about your care? If yes, how do they do that?
- Do you feel that care staff take into consideration your personal and individual needs and wishes?

### **Activities**

- How do care staff encourage you to take part in activities? Did you have planned activities during Covid?
- Do you think there are enough activities within the scheme? If not, what can be done to improve them?

### **Covid-19 and Visiting**

- Do you feel the scheme have put in place the right amount of effective infection control measures to prevent the spread of the virus, and were you updated of any changes? If so, what were they?
- Did your care change during the pandemic? If so, how did it change?
- Were you able to have any type of contact with your family and friends during lockdown and the following months or recently? Face to face or via telephone/video calls? If no, do you know why not?

### **General Environment**

- What do you think of the environment of the home? Is it homely enough? Is it safe enough?
- Can you choose when to get up or go to bed?
- Do you have any suggestions on how to improve the scheme service?

### **Complaints Procedure**

- Are you aware of the process to make a complaint?
- Have you shared your feedback or grievance with the scheme before? If yes, were you satisfied that your complaint was managed properly?

In addition to residents, we obtained feedback from families, plus front-line staff and management representatives.

## **3. Executive Summary of Findings**

During the visits of 22<sup>nd</sup> & 23<sup>rd</sup> June 2021, we engaged with 41 residents in total - 37 interviewed while on the premises, and 4 who completed a survey. We also obtained feedback from a relative, plus staff and management representatives.

This report is based on their collective feedback.

## Key Findings - Staffing and Support

### What has worked well?

- The vast majority of residents are treated with dignity and feel respected by staff. Feedback on empathy overall is 79% positive.

### What could be improved?

- Carers are time constrained, with some residents feeling rushed and uncomfortable as a result. Feedback on support overall is 58% positive.
- Training and awareness around Dementia, Learning and other Disabilities is not at a robust level.
- Some residents have 'no option' of replacing carers they are not comfortable with.
- There is a shortage of Key Workers and support is often lacking.
- On timing and responsiveness, half of feedback (50%) is negative overall. Commonly, residents say they are not always notified of delays.
- Staff are not always responsive to bell presses.
- Some residents say their contracted hours are often under-delivered.
- Younger or inexperienced staff members are more likely to be criticised - for a range of issues including training, awareness, and attitude.
- Unexpected utility bills have been received.

## Key Findings - User Involvement and Choice

### What has worked well?

- The majority of residents feel their wishes and decisions are respected. Feedback on user involvement overall is 63% positive.
- The vast majority of residents feel able to choose their bedtimes. Feedback on choice overall is 69% positive.

### What could be improved?

- Documented or verbal agreements are not always actioned.
- Staff can sometimes be insensitive towards personal needs or spaces.
- On continuity, many residents complain they rarely have the same carers day-to-day.

## Key Findings - General Environment

### What has worked well?

- Residents commonly report the environment to be homely, safe and secure. Feedback on the environment overall is 70% positive.
- Residents are clearly satisfied with security, with many feeling safe enough to leave their doors unlocked. Feedback on security overall is 86% positive.

### What could be improved?

- Maintenance and repair delays are reported.

## Key Findings - Complaints System

### What has worked well?

- Some residents feel comfortable enough to share their concerns, complaints and general feedback with care and administrative staff.

### What could be improved?

- Fewer than half of comments about complaints (43%) are positive.
- Many residents are unaware of how to formally make a complaint.
- Complainants say the process is unresponsive - with information on actions and outcomes lacking.

## Key Findings - Activities and Meals

### What has worked well?

- Some residents have felt encouraged to attend activities.

### What could be improved?

- A significantly larger number are unaware of any activities taking place. Feedback on activities overall is 88% negative.
- Those attending activities are generally disappointed with quality and choice.
- Residents would like meals to be of a better quality, greater quantity, cooked more often, and with more choice.

## Key Findings - Covid-19 and Visiting

### What has worked well?

- Staff are commonly observed to be cleaning the premises, washing hands, and wearing PPE (Personal, Protective Equipment). Feedback on infection control is 70% positive.
- Temperature checks and testing are routinely conducted.
- Hand sanitiser is widely available around the site.

### What could be improved?

- Hand sanitiser stations are not wheelchair accessible.
- With the lack of visiting and activities, some residents comment on feeling bored, lonely or isolated.

## 4. General Observations

The Authorised Representatives made the following general observations:

Before entering, you have to press the buzzer and there is CCTV. So, feels quite secure, that people couldn't just walk in/walk out. There is a sign-in book we all had to complete. Covid measures were in place such as hand sanitiser/filling out forms about Covid. We were all wearing masks. However, they didn't check our ID's or face. Also didn't ask for proof of a lateral flow test.

They had a dedicated staff member to show us around and knock on people's flat doors to see if they were in. After that, we took our own initiative and knocked on people's doors. People knew about the visit as they were sent our letter beforehand.

Edward the manager seemed quite nice, and he would occasionally check how we were getting on. It did seem that care staff were rushed off their feet. I met some whilst I was speaking with residents. They were polite.

Everyone's flat seemed to be in a clean state but there was one which had stacks of paperwork/random items around. But he said he put in a request for a domestic call to help with that.

## 5. Analysis of Feedback

We obtained feedback from 41 residents in total - 37 interviewed during the visits, and 4 who completed a survey.

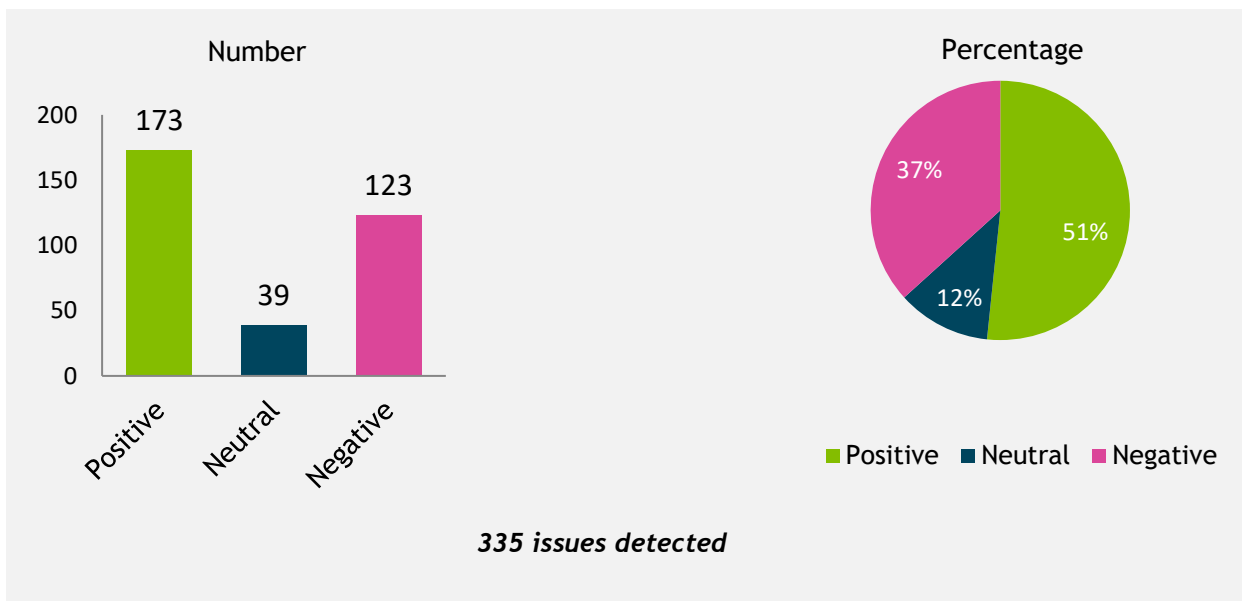
### 5.1 Top Level Analysis

To establish leading themes and issues we have reviewed the feedback thoroughly - comments have been coded, with sentiment (positive, neutral, negative) applied.

This method gives us the most accurate measure of satisfaction across service aspects, with a clear indication as to what works well, and what could be improved.

Feedback as a whole contained 335 individual issues, around half of which (51%) are positive and just over a third (37%) negative in nature.

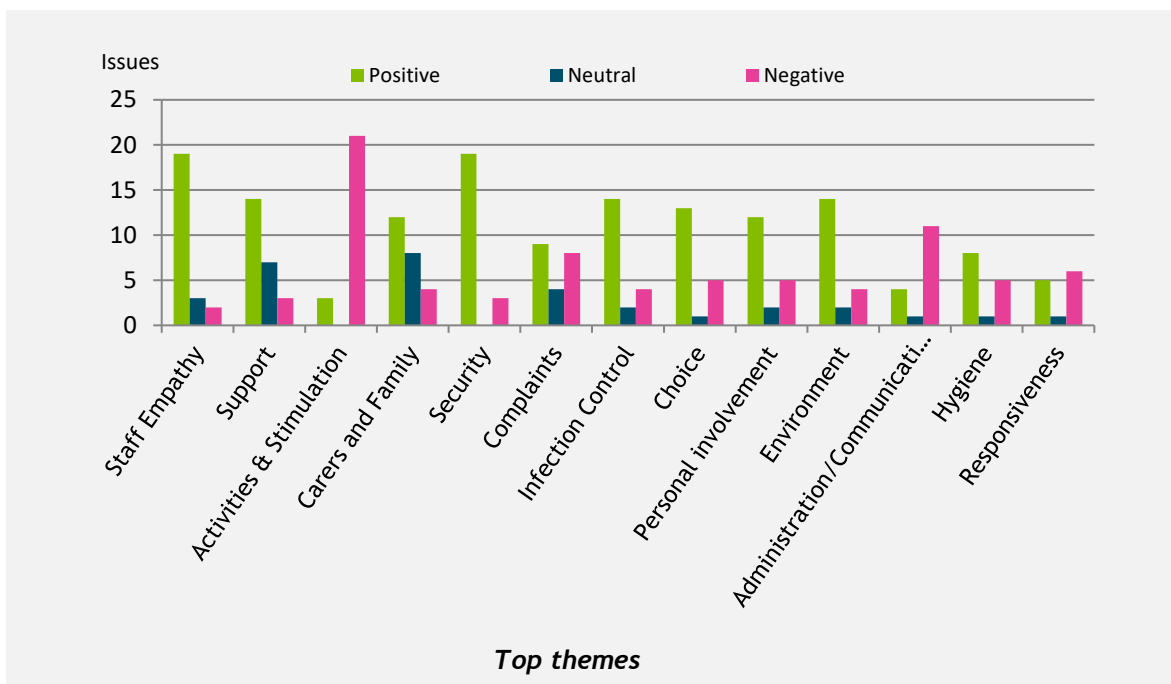
#### 5.1.1 Overall Satisfaction





When looking closer at satisfaction by theme, clear positive and negative trends are detected (more in sections 5.2 - 5.7).

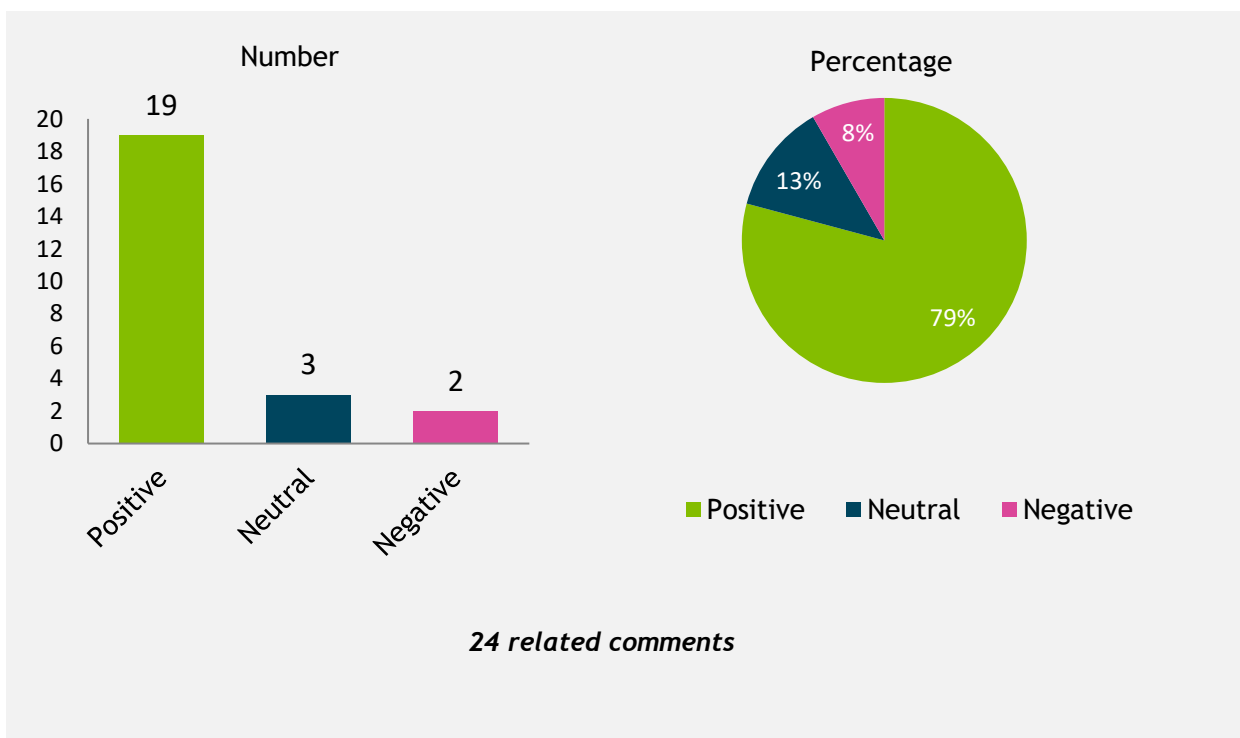
### 5.1.2 Satisfaction by Theme



## 5.2 Staffing and Support

This section examines feedback relating to staff empathy, levels of support, timing and responsiveness, administration, and communication.

### 5.2.1 Satisfaction, Staff Empathy



Over three quarters of respondents (79%) feel they are generally treated with dignity and respect by staff.

### 5.2.2 Feedback, Staff Empathy

Many positive accounts are received, and feedback includes instances of care staff exceeding their duty requirements.

Younger, or newer staff members are more likely to receive negative reviews, with inexperience and lack of training cited as issues. In one case, a resident says that management ‘insist’ on sending carers she is not comfortable with. Perceptions of carers and managers also differ.

#### Selected Feedback

##### Positives:

*“All care staff are lovely. They come in once a day to help with tea and coffee.”*

*“The care staff are nice enough to check on me, even though it’s not in my package.”*

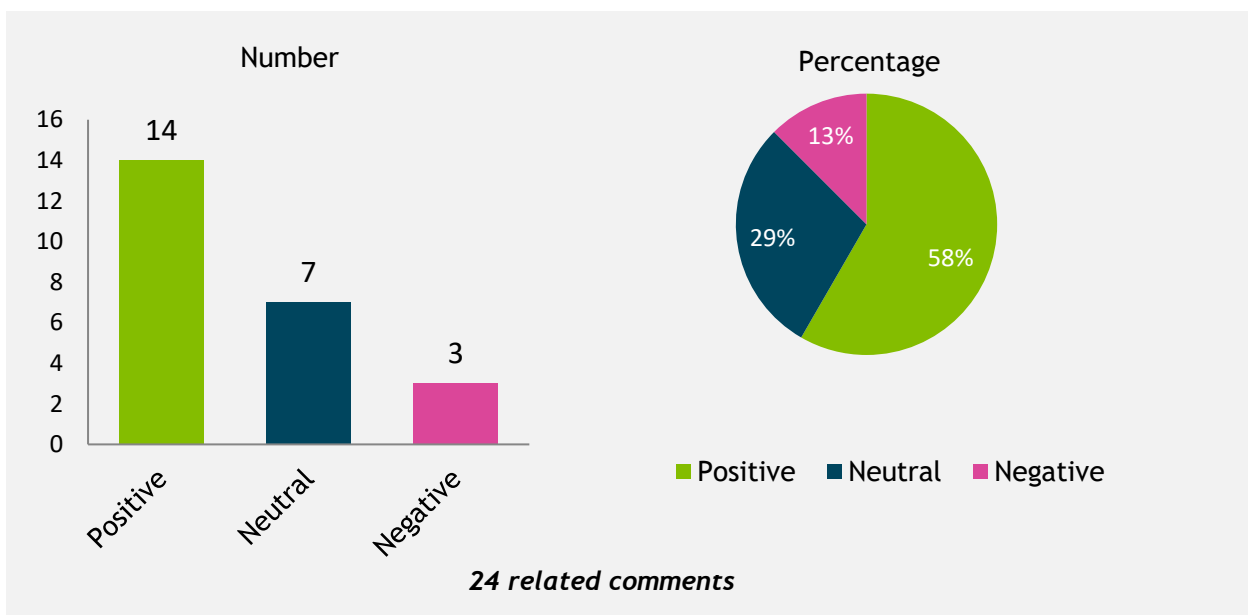
##### Negatives:

*“99% of the time, care staff go beyond what they have to do. The 1% tend to be younger or new care staff who require more training and guidance.”*

*“I have asked for some carers not to be allocated because we don’t get along. But, they insist on still selecting them! Some days, when I don’t feel comfortable, I refuse care.”*

*“I would rate the staff 8 out of 10, my only problem is with the management staff.”*

### 5.2.3 Satisfaction, Levels of Support



Just over half of respondents (58%) comment positively on the personal support received.

#### 5.2.4 Feedback, Levels of Support

While some examples of excellent support are given, those with negative experiences are much more vocal and detailed in their response.

It is reported that carers are often ‘in a rush’ and operate at a ‘basic level’, resulting in unease for both residents and staff, and inadequate levels of personal care - particularly for the most vulnerable, such as those with disabilities. Accounts include a lack of support with showering, toileting needs, dressing, taking breakfast, medication or health related exercises.

Again, younger care staff are most likely to be criticised.

Key Workers can be difficult to contact, making it a challenge to amend or follow up on care packages. Those receiving calls comment on a lack of overall commitment and support. Some are unsure whether they have a Key Worker, or not.

Many residents suspect a shortage of staff, of all categories, and reductions in staffing ratios are highlighted.

#### Selected Feedback

##### Positives:

*“I ran out of milk and one of the care staff went out on the same day and got it for me.”*

*“I get two visits a day for 30 minutes each time and am happy with that.”*

##### Negatives:

*“The staff rush too much, and work at a basic level. It makes us feel uncomfortable and they don’t do the job.”*

*“Some of the carers do spend enough time supporting me in my care but they could spend a little bit more time with the residents, especially those that need extra help.”*

*“I rely on my family member a great deal. On one particular day, they had gone out and I had to use the toilet and called for staff assistance. I was left unclean for almost 2 hours, eventually a member of staff came to help.”*

*“My legs are getting worse as I’m not assisted properly with my daily exercises.”*

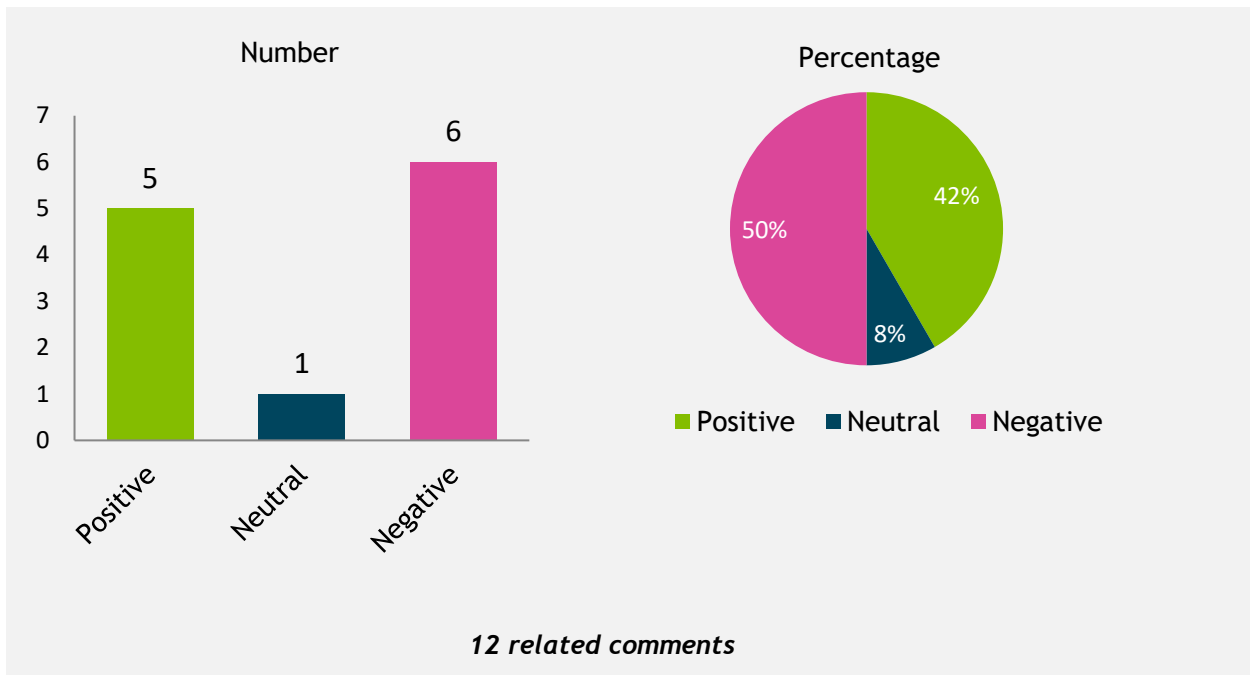
*“I have a meeting with my key worker every week, but I’d like this to be more often. I very rarely manage to get them on the phone. I need to make a change to my care plan!”*

*“I get a call from my key worker once a week, but it’s so brief I don’t feel it achieves anything.”*

*“They are always short staffed.”*

*“It’s nice to have a chat with the care staff. I used to have two but it’s just one now.”*

### 5.2.5 Satisfaction, Timing & Responsiveness



On the timing and responsiveness of care visits, half of comments (50%) are negative overall.

### 5.2.6 Feedback, Timing & Responsiveness

While some residents report a good level of punctuality, it is also commonly suggested that care staff may arrive late, in some cases at inconvenient or inappropriate times. One resident, who cites a shortage of staff says this is a particular issue at the weekends. A notable proportion of residents who experience late calls say they were not notified about this.

We also hear that staff are not always responsive when pressing the bell.

On length of stay, some residents are satisfied while others say that agreed and contracted hours have been undercut - in one such instance a complaint did bring a resolution.

#### Selected Feedback

##### Positives:

*“Most carers arrive on time and spend enough time with me.”*

*“They didn’t spend enough time with me in the mornings, but a complaint has sorted this out.”*

##### Negatives:

*“Some days they come on time, some days they don’t and no-one informs me if they’re running late. It’s a problem as I need help to go to the toilet and they only come for the care call. I’m getting pressure sores.”*

*“They came at the wrong time, I was naked when they came in.”*

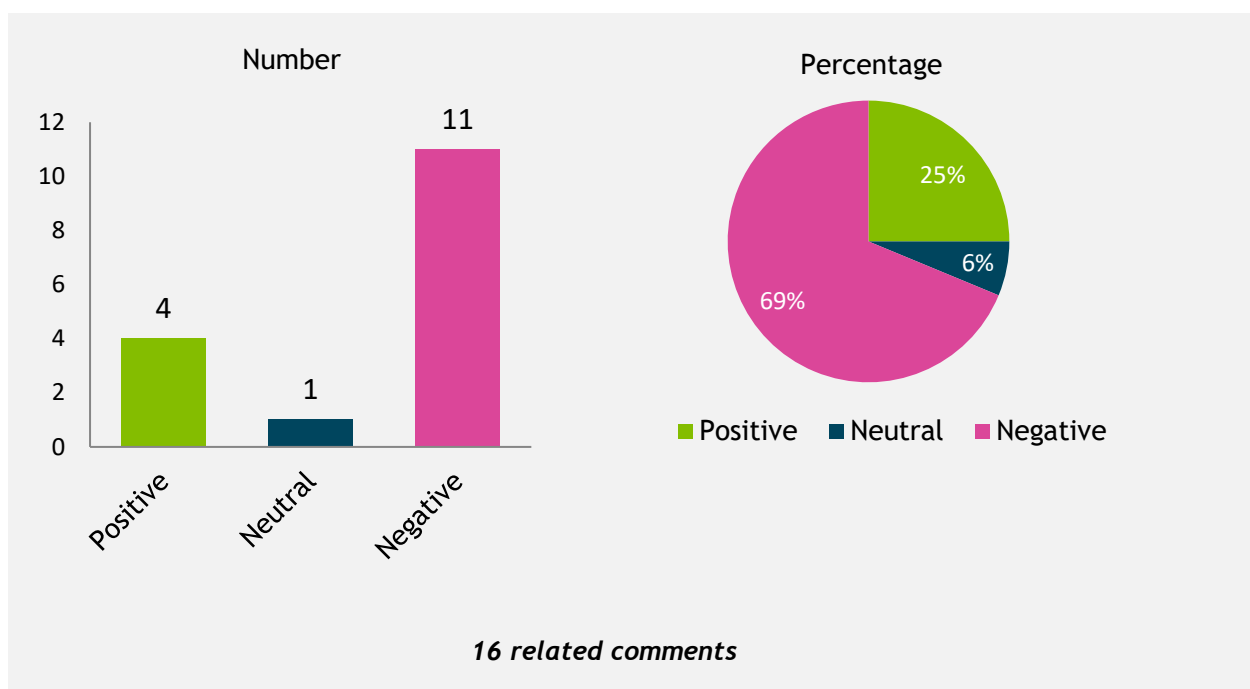
*“They keep thinking I need to go to work and wake me up early. I’m shattered!”*

*“They’re not on time at the weekends - management are forever short of staff.”*

*“When I press the bell they don’t attend to us on time.”*

*“I don’t get the full hour.”*

### 5.2.7 Satisfaction, Administration & Communication



Over two thirds of respondents (69%) comment negatively about communication. As indicated in the previous section, residents are often not informed of care visit delays.

### 5.2.8 Feedback, Administration & Communication

More than one resident was surprised to have received utility bills - there is an assumption, including on signing the contract, that this is packaged in with the rent. One person, who needed help with finances has found administrative staff to be unhelpful, while another suggests that the service could improve by providing an easy read system - especially for letters.

#### Selected Feedback

##### Negatives:

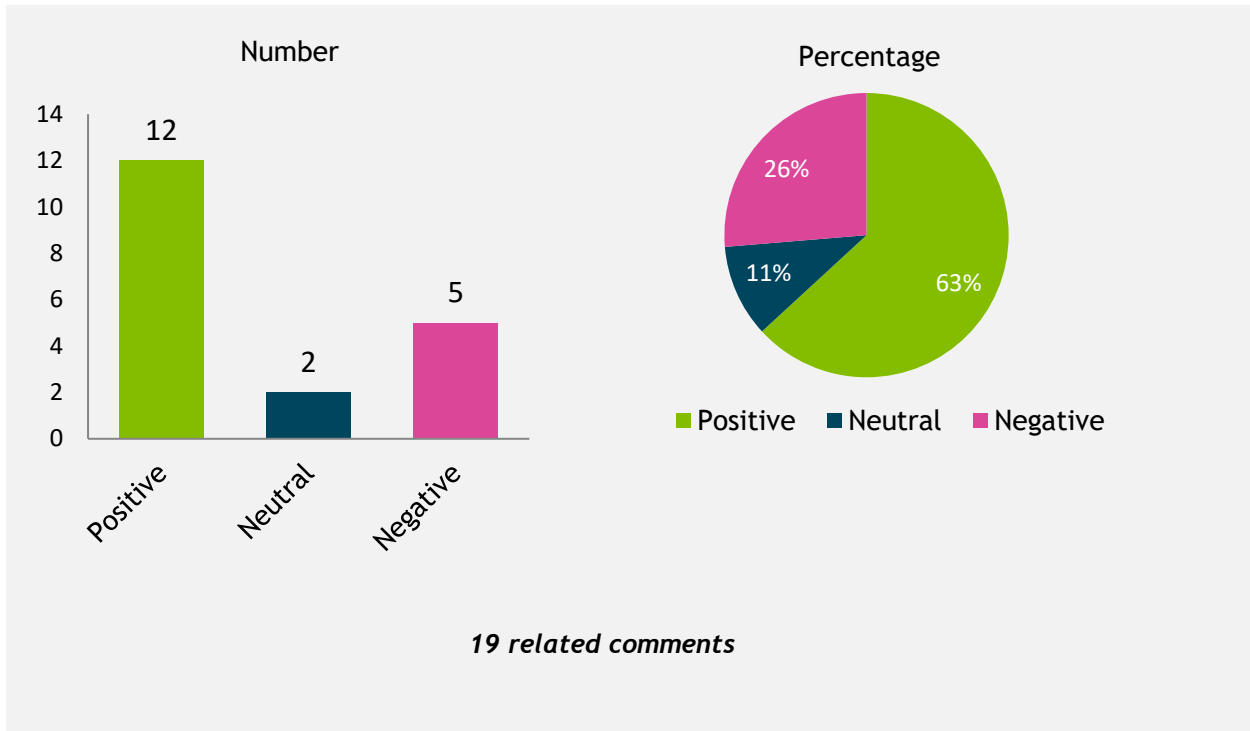
*“The administrative staff aren’t helpful. I’m often confused and need help with sorting out my finances - the staff don’t answer my questions.”*

*“A few days ago, I received bills for water and electricity. I was somewhat surprised as this wasn’t mentioned at all when signing the contract. I had assumed it was packaged in with the rent.”*

## 5.3 User Involvement & Choice

In this section, we explore levels of personal involvement, choice and continuity of care.

### 5.3.1 Satisfaction, User Involvement



Around two thirds of respondents (63%) feel involved and listened to by staff.

### 5.3.2 Feedback, User Involvement

The majority of residents are satisfied that their wishes and decisions are respected, including in care plans, however documented or verbal agreements are not always actioned.

Accounts suggest that staff can sometimes be insensitive towards personal needs or spaces. One resident, who fell and reported it to the office says that no follow up action or checks were taken, simply as they were not visibly distressed. Another has felt the need to put a poster on their wall - reminding staff that while they may be at work, they are also in a home.

It is noted that staff need greater awareness, and training, around different types of disability.

#### Selected Feedback

##### Positives:

*“Staff involve us in decisions and they do everything we would expect.”*

*“When I express my wishes the staff do listen.”*

#### **Negatives:**

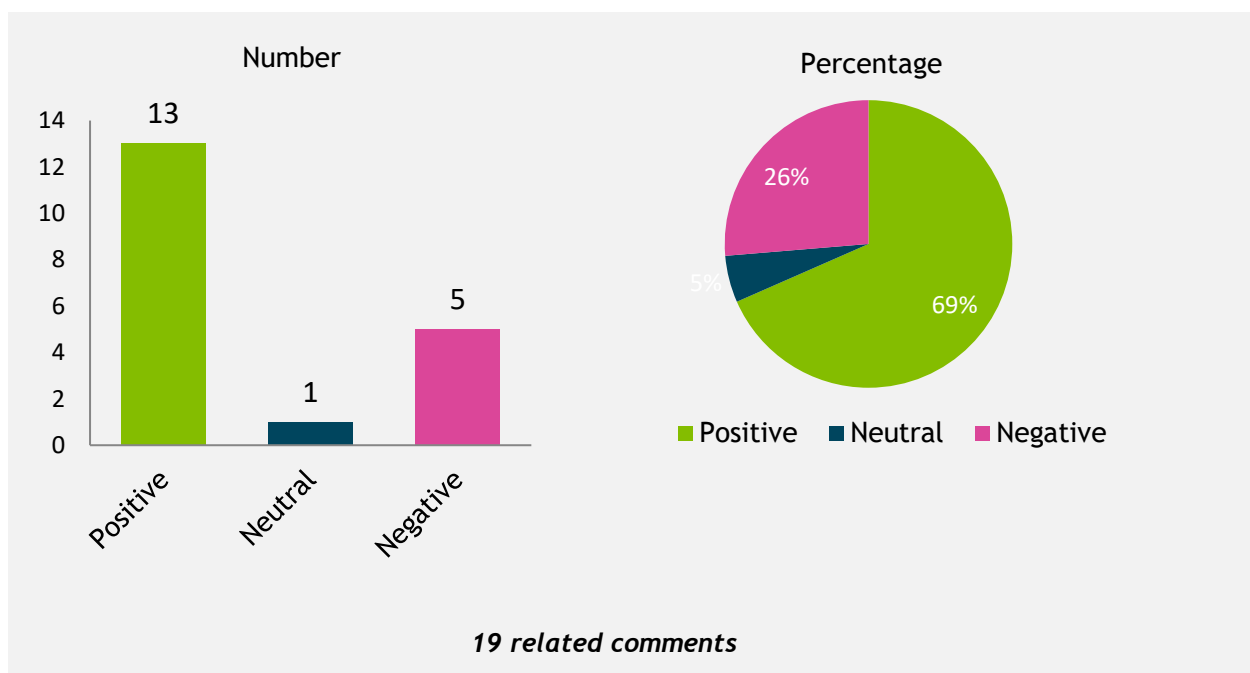
*“I do feel involved in care plan decisions but that doesn’t translate to the day to day.”*

*“When I have needs or concerns, the managers and staff do ask me what I want to do about it, but it feels like they’re not really listening. I’d like to change my visiting times but nothing has been done about it.”*

*“I had a fall and told someone in the office, but because I laughed it off, it wasn’t taken seriously and nobody came to check up on me.”*

*“I like the space that I have here and I’ve done a lot to make it feel homely. The carers could show a little more respect though, they don’t use the coasters and put drinks directly on the table. I’ve noticed stains on the tablecloth. My flat is my home - I have a poster on the wall with a list of things, just to remind staff to be respectful. They seem to ignore it.”*

### **5.3.3 Satisfaction, Continuity & Choice**



Over two thirds of respondents (69%) are satisfied with levels of choice.

### **5.3.4 Feedback, Continuity & Choice**

The vast majority of residents feel able to choose their bedtimes, however this has not been straightforward for one person, who says that a change in wishes took ‘over a year’ to implement. Others also note delays in responding to or actioning wishes.

On continuity, many residents complain that they rarely have the same carers day-to-day, thus minimising opportunities to build mutual relationships and trust.

## Selected Feedback

### Positives:

*“We have the flexibility to do what we like, and a lot of choice around bedtimes.”*

*“They give me a good level of autonomy.”*

### Negatives:

*“I wanted to change my bedtime and it took over a year to be actioned.”*

*“I’d like to adopt a cat but the response from some of the staff hasn’t been encouraging. No updates at all since I handed the form over to the management.”*

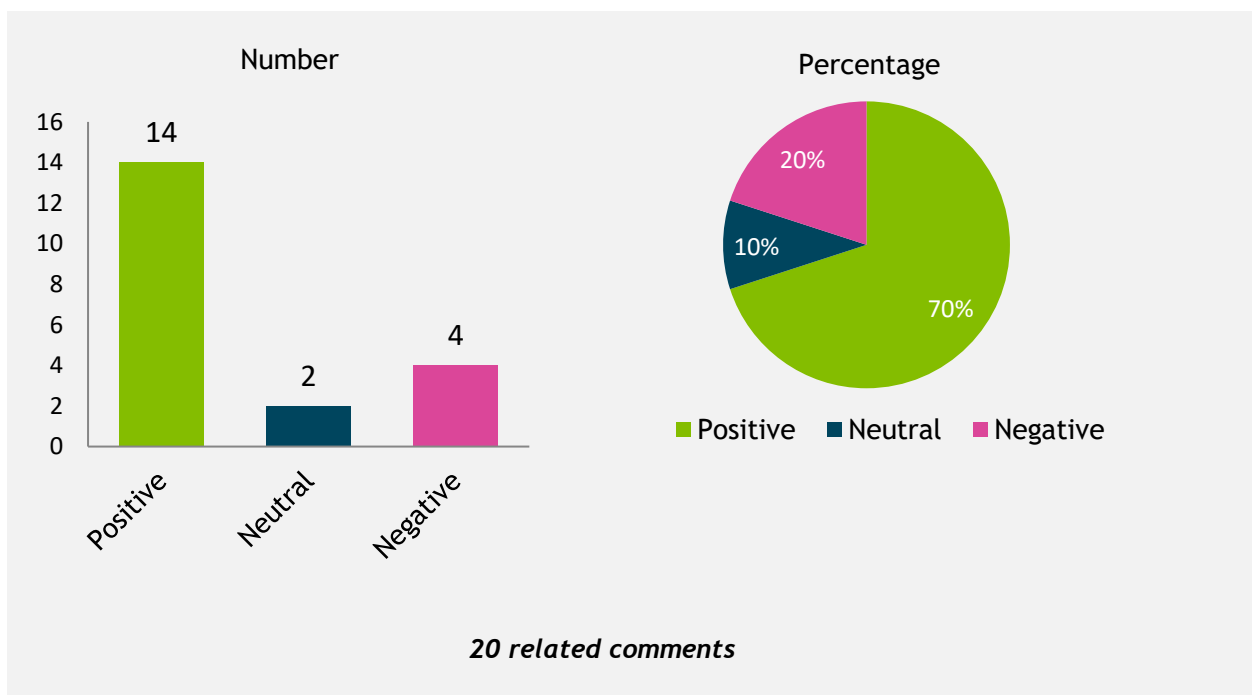
*“I’d like a regular carer - most days I seem to get a different person each time. The new ones don’t know how things work and I don’t like them.”*

*“The management keep changing the rota so the same people don’t really come any more.”*

## 5.4 Environment

This section explores the general living environment, facilities and security.

### 5.4.1 Satisfaction, General Environment





A broad majority of respondents (70%) comment positively on the general living environment.

#### 5.4.2 Feedback, General Environment

Residents on the whole consider the environment to be homely, safe and secure.

Some, who do not feel as comfortable say that more frequent and meaningful encounters with staff, and other residents would make them feel more at home.

Assistance with general decoration (such as putting pictures up) would also be welcomed.

One person complains of lights being left on overnight while another says that a misplaced knife presented a risk.

##### Selected Feedback

###### Positives:

*“It’s homely, safe and secure.”*

###### Negatives:

*“It feels more like a hospital than a home. They need to be better organised and speak to people more often.”*

*“We could use some help with a few things to make it feel more homely - we’d like to put up pictures and the clock.”*

*“Staff don’t turn the lights off, I woke up in the morning to find the kitchen light had been on all night.”*

*“Staff had placed a knife wrongly. I could have hurt myself.”*

#### Equipment and Maintenance

Looking separately at equipment and maintenance, one person says that their faulty heating has not been repaired - despite being investigated several times ‘over the course of a year’. Other residents also report lengthy maintenance delays, with examples including bathrooms and internet connection.

##### Selected Feedback

###### Negatives:

*“When we initially moved in the heating wasn’t working properly and we were living in the cold for most of the time. This has been ongoing for a year. The same person keeps coming to have a look, but nothing has been done.”*

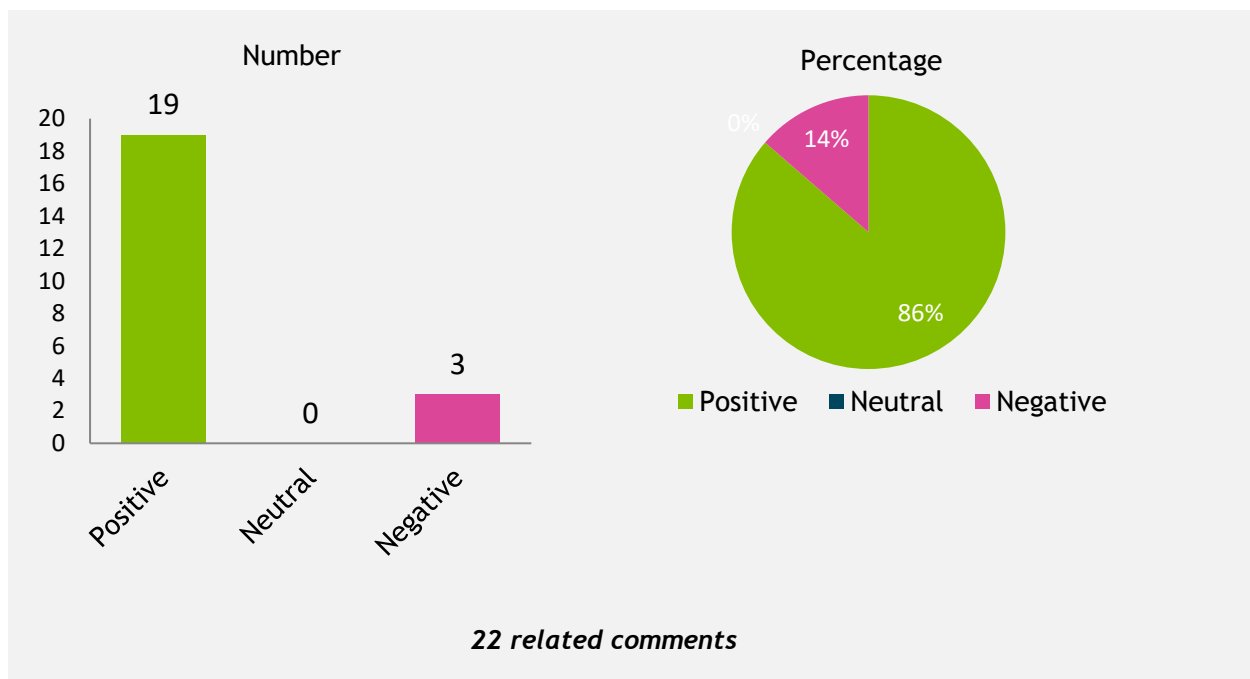
*“We have an issue with the bathroom, having difficulty in fixing it. Notified the office and we’re waiting for it to be repaired.”*

*“Staff have issues with the equipment (such as separators). I’ve had to make calls to my mum, who has had to explain it to staff several times now.”*

## Hygiene

Issues are also recorded around hygiene, with accounts including uncleaned toilet, lack of floor sweeping, and no response when seeking help with cleaning.

### 5.4.3 Satisfaction, Security



A clear majority of respondents (86%) say they feel safe and secure.

### 5.4.4 Feedback, Security

Compliments on the general security are common, with many residents feeling safe enough to leave their doors unlocked.

The few complaints received involve care staff, who in one case entered and left premises without the resident’s knowledge, and in another used the master key to enter, without good reason.

One resident says that a lack of call bells outside of rooms presents a risk.

#### Selected Feedback

##### Positives:

*“The place is homely, they have a very good security system and nobody can wander into the premises.”*

*“I feel I can leave my door open.”*

## Negatives:

*“I don’t feel safe, there are people coming in and out of the flat without me realising.”*

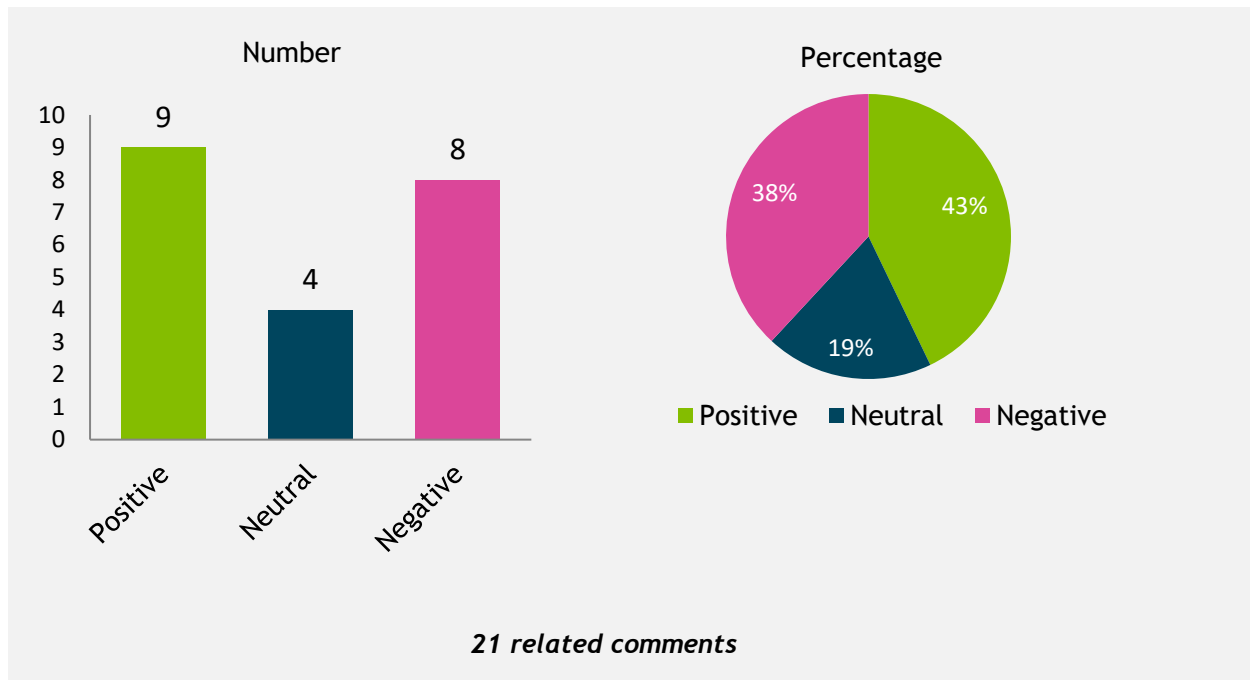
*“I’m not happy with the master key system, they’re supposed to be used in emergencies only but staff have opened my door when they shouldn’t have.”*

*“My flat is on the ground floor and there are animals (such as foxes) running around.”*

## 5.5 Complaints

In this section we gauge awareness and effectiveness of the complaints system.

### 5.5.1 Satisfaction, Complaints



Fewer than half of respondents (43%) give positive feedback about the complaints system.

### 5.5.2 Feedback, Complaints

Many residents are unaware of how to formally make a complaint.

Some with experience of the process say it is inaccessible (particularly the written requirement) and not responsive - with information on actions and outcomes lacking.

We also hear that some residents have felt comfortable enough to share their concerns, complaints and general feedback with care and administrative staff.

3 of the residents mentioned that they were affected by another resident’s behaviour, when asked if they have made a complaint, they responded they do not know if they should.

### Selected Feedback

#### Positives:

*“If I need to complain I’ll speak to staff, or someone at the office.”*

#### Negatives:

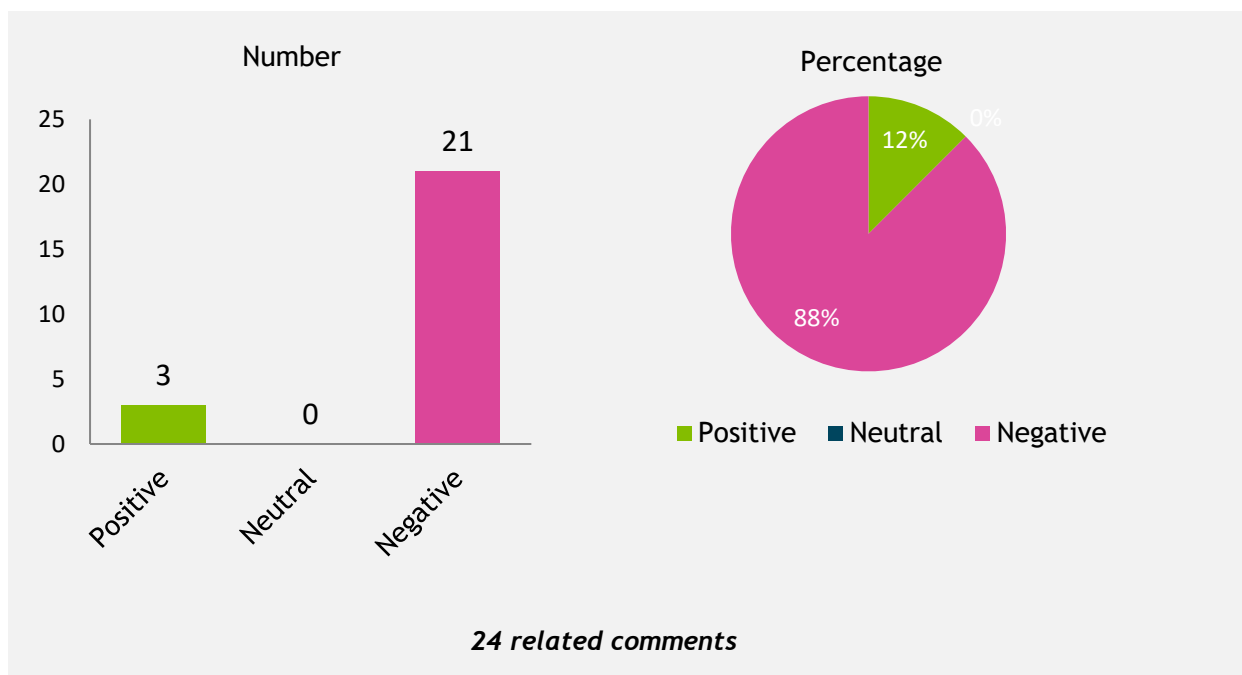
*“The only way to make a complaint is to put it in writing (a letter or email) and that’s not accessible for me. They need to listen more.”*

*“I know how to make a complaint but it’s fairly pointless as nothing ever gets done about it. I made a complaint about a staff member in the past but don’t really know what came of it.”*

## 5.6 Activities & Meals

This section explores experiences around activities and meals.

### 4.6.1 Satisfaction, Activities



A clear majority of respondents (88%) comment negatively about activities.

### 5.6.2 Feedback, Activities

Some residents have felt encouraged to attend activities, while a significantly larger number are unaware of any taking place. Those attending activities are generally disappointed with quality and choice, and some have lost interest.

While it is clear that lockdown has impacted on the activity programme, one resident suspects a shortage of staff is also a key factor in the lack of options.

When speaking with residents about activities generally, some express boredom, loneliness and isolation.

#### Selected Feedback

##### Positives:

*“There are enough activities and I do feel encouraged to join in.”*

##### Negatives:

*“I prefer to do my own thing as the activities are not that interesting - I find gardening and the games quite boring. But there should be a one-to-one session, so I can speak with someone confidentially when worried or stressed.”*

*“There were a lot of activities during lockdown - but not the ones promised (I was expecting some bus trips). I’ve kind of lost interest.”*

*“We haven’t taken part in any activities since moving in. An entertainment show would be nice!”*

*“I notice staff are under a lot of pressure, they may not have time for activities.”*

*“I’m not aware of any activities but would like to socialise.”*

*“I’ve been feeling quite isolated and haven’t seen anyone since lockdown. It would be nice to talk to someone.”*

### 5.6.3 Feedback, Meals

While there is not sufficient feedback to measure satisfaction as a whole, it is clear that many residents are not satisfied with the meals on offer.

Residents say they would like meals to be of a better quality, greater quantity, cooked more often, and with more choice. The administration of meals is also criticised - with one person repeatedly served ingredients they are known to dislike.

It is noted that the closure of the dining room has contributed towards isolation.

## Selected Feedback

### Positives:

*"I have pudding for lunch which I enjoy very much."*

### Negatives:

*"The food here is bad. Management say they will provide a two-course meal but it is so awful. Every time I eat it, I feel sick the next day so I make my own meals now. I have made complaints, but nothing has changed."*

*"Meals could be bigger and there's no cooked breakfast."*

*"The menu tends to stay the same - sometimes they change it slightly."*

*"We pay for dinners, but don't get vegetables or a dessert."*

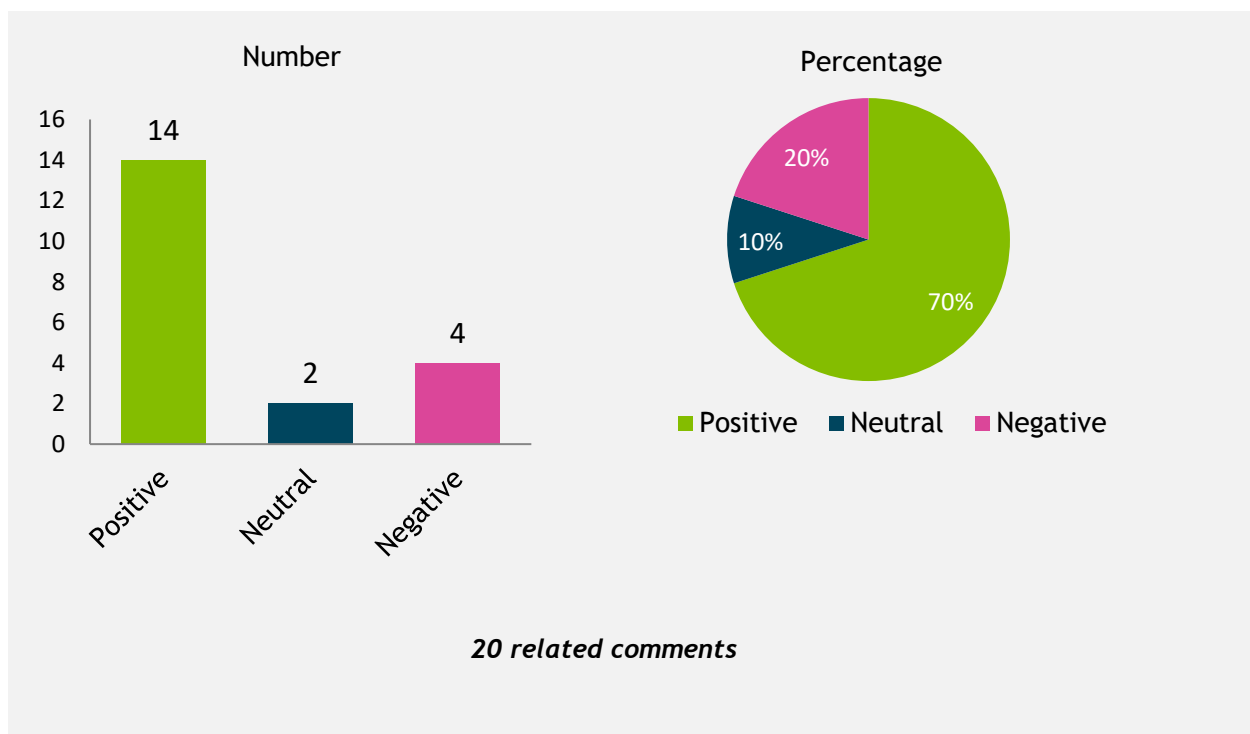
*"I don't like sausages but have repeatedly been served them."*

*"I used to eat in the dining room and now that has stopped. I feel quite lonely eating in my flat."*

## 5.7 Covid-19 and Visiting

This section examines infection control and the ability to interact with family and friends.

### 5.7.1 Satisfaction, Covid-19 Protocols



A broad majority of respondents (70%) comment positively about infection control measures.

## 5.7.2 Feedback, Covid-19 Protocols

Staff are commonly observed to be cleaning the premises, washing hands, and wearing PPE (Personal, Protective Equipment) and residents are assured that infection control has been adequately planned and implemented. Some also mentioned that from time to time they will receive temperature checks.

Hand sanitiser is reported to be widely available around the site, however one wheelchair user says it is not accessible to them.

It is also observed that a minority of staff have not taken the precautions, such as wearing a face mask, as seriously as others.

### Selected Feedback

#### Positives:

*"I think all the precautions and infection controls have been done well. They've been very careful."*

*"There are hand gels everywhere and staff do wear PPE. I want them to wear shoe protector but only the night staff do that."*

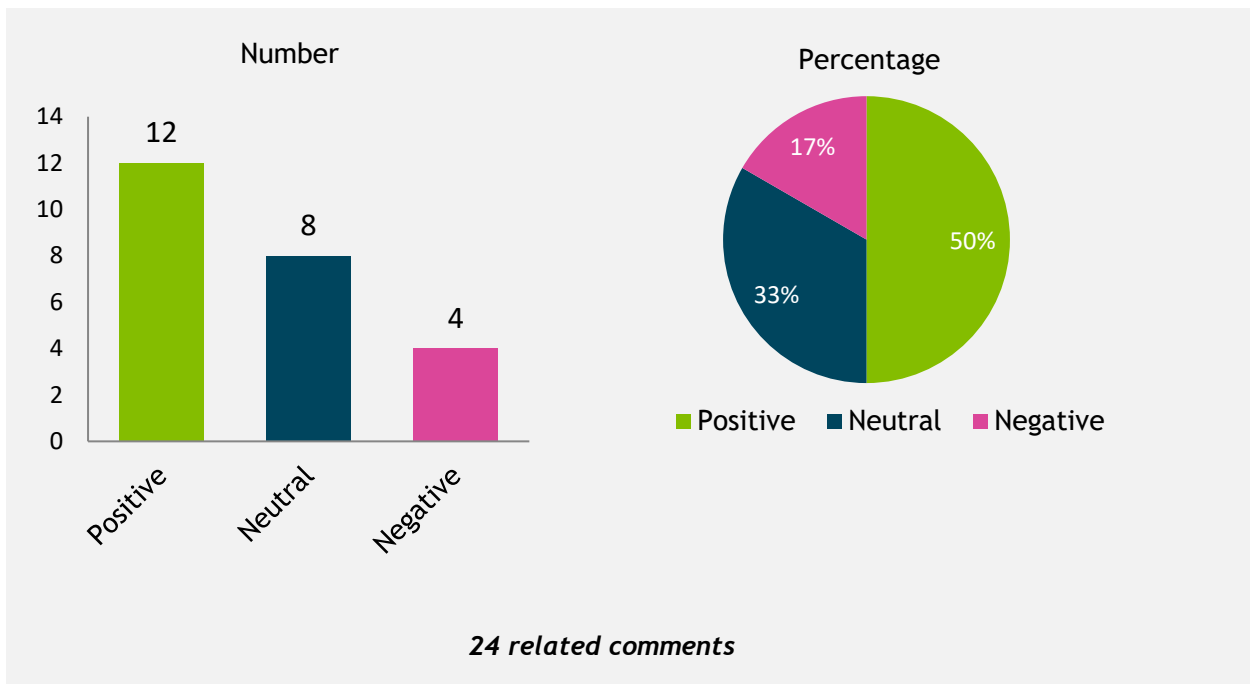
*"I notice the staff are constantly cleaning the building and wash their hands often. That said, I note a few of the care staff are a bit lazy with the infection control regiment."*

#### Negatives:

*"The hand sanitisers installed around aren't at wheelchair level, so not accessible to me. A few people passed away during the pandemic and I wasn't properly informed - I think this could have been handled better. Also, I did get Covid but this was only confirmed after I started to feel better."*

*"I note some of the staff do not wear masks properly."*

### 5.7.3 Satisfaction, Family, Friends and Visiting



Half of respondents (50%) comment positively on family, friends and visiting.

### 5.7.4 Feedback, Family, Friends and Visiting

Very few residents report personal visits from family or friends. The vast majority have stayed in touch remotely, with the phone and video calls (on computers or tablets) commonly mentioned. One person, who needed help in setting up a system did not find staff to be supportive.

With the lack of visiting and activities, some residents again comment on feeling bored or isolated.

#### Selected Feedback

##### Positives:

*“During lockdown my sister visited every five days, we met in the carpark, and I was able to receive homemade food.”*

##### Negatives:

*“I was able to make phone calls, but staff could have been a little more receptive when I needed help to set things up.”*

*“I’m on social media pretty much all the time, it’s the only way to keep myself occupied during lockdown.”*



## 6. Case Study - Family Interview

In a telephone interview, lasting around 45 minutes, we recorded the experiences and perceptions of a parent.

### **Suitability of Care Staff**

In general, the family member is happy and impressed by the care staff. However, mentioned that care is often rushed.

It was mentioned that some care staff are not trained to take into consideration the differing needs of residents. For example, the needs of a resident with learning difficulties. They mentioned that there is failure to ask basic questions, such as asking if residents need help with shopping and if they require a shopping list.

It was noted by the family member that staff may ask their child if their apartment requires cleaning. Care staff fail to take into consideration that a resident with learning difficulties does not have the mental capacity to make decisions. The family member mentioned that staff should inspect the apartment and observe whether it requires cleaning rather than simply asking the resident.

### **Administrative Staff**

It was mentioned that there is failure from staff to provide clear and accurate information.

The family member gave an example of different information being provided in relation to a problem with the tenancy agreement. They mentioned having to wait a long period of time on the phone to get matters resolved.

### **Management**

It was mentioned that there was clear communication from management, they are happy to schedule meetings when requested by family/friends. However, mentioned from their experience they generally need to contact management to be kept informed.

### **Tenancy Agreement**

It was mentioned that it was concerning that there were no figures for rent stated in the tenancy agreement.

### **Care Plans**

It was mentioned that it would be beneficial if care plans stated a set of small targets for their child. This way they can accurately measure their progress. For example, instead of stating that they are now able to cook. It should state how many meals they can cook.

### **Meals**

The family member was not impressed with the meals provided as they noted that a staff member heated a meal in the microwave and served it with no vegetables. Meals do not provide an adequate amount of nutrition.

### **Covid-19**

It was mentioned that there were effective infection control measures in place, however they noted that when signing in to visit their child, all visitors use the same pen to sign in.

## Suggestions for Improvement

- To Implement a buddy scheme as way of making residents feel valued.
- It would be beneficial for residents if they socialise with someone for at least 15 minutes a day.
- Provide healthier meals so that residents can receive an adequate amount of nutrition.
- Management should create a comprehensive plan to identify the needs of residents.

## 7. Staff Interviews

In total there are 82 care staff, the majority of which are aged 20-30.

We interviewed 4 staff members, with length of employment ranging from 8 months to 1 and a half years.

We look separately at what has worked well, and what could have worked better.

### 7.1 What has worked well?

#### 7.1.1 Quality, Effectiveness and Treatment of Care: Positives

##### Supporting Residents

- They have a rota and tend to see the same residents.
- They monitor residents' progress by checking daily on them.
- To 'empower the residents voice' they use the comms book to write anything down.
- They check the logbook and care plan to identify residents needs and to find out how to support them. They also check with the office.
- On accessing health and care services, they pass all the relevant information to such services and management mainly liaise with Social Services.

##### Engaging Residents to Provide Feedback

- They actively ask residents questions to gain feedback.

##### Monitoring Residents Progress

- They monitor residents progress through logging it in the logbook as well as flagging concerns with managers.

##### Empowering and Encouraging Residents

- They encourage and empower residents by openly talking to them and updating them about weekly schedules to take part in activities such as chair aerobics, gardening, and cooking

##### Process for Running Late and Handover

- They would call residents to let them know.

- When they run late, they have to call the shift phones (office).
- Handover process includes noting any issues in the comms book or letting the office know about any issues.

### 7.1.2 Staff Experience: Positives

#### Support from Management

- Management is changing, and it has improved a great deal as there are better procedures in place.
- The current management try to support them.
- They attend regular meetings with management.

### 7.1.3 Infection Control and Pandemic: Positives

#### Safety During Early Stages

- They felt safe at the early stages of the pandemic and felt they had enough of PPE.

#### Infection Control Measures

- They wash their hands, wear PPE and take Covid tests twice a week.
- Trying to be more cautious now not infect residents as previously there was a Coronavirus outbreak at Bristol court.

## 7.2 What could have worked better?

### 7.2.1 Quality, Effectiveness and Treatment of Care: Negatives

#### Supporting Residents

- They do not have a set cohort of residents they offer support to, but it is something they have been working on.
- They feel they do not have enough skills to support those with Dementia or Learning Disabilities.
- Access to healthcare - they said has been an issue (examples, podiatrist takes 'forever' to come and when it comes to hospital appointments there isn't usually anyone to attend).

#### Engaging Residents to Provide Feedback

- Unsure if residents are aware of how to provide feedback, though information is available.

#### Process for Running Late and Handover

- There is an issue with lateness.
- If running late they usually knock on the door (no consistency in approach).
- The handover period could be more organised and can often feel rushed.

## 7.2.2 Staff Experience: Negatives

### Training and Induction Period

- Induction period including training lasted 5 days. They found training useful but felt there was a lot of information covered in a short period of time. It would be useful to condense training sessions into shorter, more frequent days, as it can be difficult to grasp and retain a great deal of information.
- Safeguarding training was mainly online.

### Breaks

- Breaks do not last very long. For a 7-8-hour shift, breaks are usually 20 minutes long. This is not long enough.

## 7.2.3 Infection Control and Pandemic: Negatives

### Safety During Early Stages

- Confused in the early stages of the virus.
- There was a lack of staff (6 staff on one floor). They used the traffic light system - to only prioritise those in most need and medication needs. Many residents were neglected during the early stage.
- They were concerned about spreading the virus to family, friends, and residents.

### General

- Have found it difficult to help residents to not feel isolated.
- The pandemic has been tough as they have not been able to see family and friends.
- During the pandemic, if staff were sick, they just had to pick up the duties themselves.
- They lost almost 10 residents which was 'sad'.

## 7. Senior Staff Interview

We interviewed 2 senior staff members.

### **Overview of service and care staff**

It was noted that during the daytime there are 14 carers accompanied by 3 senior staff and 13 carers during the evening. Both respondents mentioned that there is a diverse care staff team, and many speak different languages such as Spanish and Romanian.

### **Meeting cultural and religious needs**

Respondents mentioned that they make sure to respect all residents and note down what is permissible for them to eat. They also allow residents to visit Church every Sunday (before lockdown) and consider religious festivals such as Diwali. It was also mentioned that care plans and documents are often translated into different languages for residents who do not speak English as a first language.

### **Residents' needs and quality of care**

Residents are supported with needs such as feeding, using the toilet and support is offered to those who are bed bound. It was also mentioned that attention is placed on those with Dementia to make sure care is provided at a set time. When residents move in, they have a meeting with family members to discuss any issues in relation to allergies and medication.

### **Activities and residents' preferences**

It was mentioned that residents are supported with cooking and elderly residents are encouraged to observe and ask questions. It was also mentioned that residents are encouraged to make their own meals and Bristol Court always try to promote independence.

Activities are arranged and scheduled by an outsourced employee. Activities are planned ahead of time and include board games, chair aerobics, cooking. However, there are a lack of activities due to restrictive measures.

Residents' history preferences, likes and dislikes are recorded in care plans and by having a conversation about what they prefer. Residents who experience barriers with physical access are often hoisted to other rooms.

It was mentioned that some residents prefer doing their own activity, but they continue to encourage everyone to take part in activities. One of the senior staff members mentioned the residents had lost confidence in management as managers have changed frequently over the course of 2 years.

### **Care staff needs and training**

Respondents mentioned that care staff are aware of how to make a safeguarding alert and information is easily accessible to them. They make sure to listen to care staff, empathise with them and hold regular meetings every week.

Staff are offered an employee discount scheme provided by Lifeworks. It was also mentioned that care staff are given care awards as a form of recognition. Care staff are also entitled to visit a counsellor to help maintain their mental health.

## **Covid-19**

It was mentioned that there is effective infection control as staff recognise the importance of wearing PPE and washing their hands regularly. There is also a traffic light system in place which identifies residents who require more support and are at a higher risk of infection.

## **Feedback**

Feedback is circulated to family and friends through informing them via phone calls and feedback forms. At the moment there are no family/friends who attend care staff meetings.

## **Safeguarding/ Emergency**

Safeguarding concerns are often raised 2-3 times a month. However, it can vary.

One of the staff members highlighted that every resident in Bristol Court has been given a pendant which alerts staff members if a resident requires immediate attention and is used in case of an emergency. It was mentioned that it can be difficult for care staff and management as some residents use the pendant for issues that are not related to emergencies, which can cause unnecessary panic.

# **8. Case Study - Senior Manager Interview**

We also interviewed a senior manager.

## **Diversity**

The staff team is diverse, and this is encouraged. The manager said she had no access to the ethnic breakdown of the team at the time we spoke.

## **Covid-19 Protocols**

The system in place to curtail the risk of Covid is that staff have to do two tests a week, on Mondays they do a lateral flow test and on Thursdays they do a lateral flow test and a PCR test. If staff members aren't on site, they take a test at home and everyone registers the results.

In response to approaches to reassign duties to lessen the risk of contracting the virus - the staff that test positive are not allowed to be back until at least 10 days; if a member of staff has come into contact with any resident, then all the service users get tested. They had to do this last week and all the service users were tested and none of them tested positive. Also no one is allowed in the building unless they've had a lateral flow test at least within 3 days. If they haven't done a test, then they do one on site and they're not allowed in until their test comes out as negative.

## **User Involvement and Choice**

When asked if residents can choose what time they go to bed, the manager replied yes. In regards to residents' cultural and religious needs being met, the manager responded that they have a resident that is Muslim and all their dietary needs are met. She also gave another example of an elderly resident who has Dementia whose family has asked for the resident's scarf to be kept on when she is outside her flat.

When asked about the residents' needs being met if they don't speak English, the manager responded that they have several staff who speak multiple languages, and they always match the residents with staff that speak their language. She also gave an example of a resident who they can't communicate with, so they involved the family to create a means of communication and they call the family if they need a translation. When asked about the support they give to

the resident, the manager responded that they support the residents to go to hospitals, to go shopping, medicine calls and those that need extra help with things like cleaning.

### **Meals**

The manager explained that residents can eat their meals where they want. When I asked about the menu planning the manager explained that the menu is put together between the residents and the housing department.

### **Activities**

In regards to the activities, the manager explained that they print and deliver the activities plan for the month to each resident's flat. They initially weren't providing activities in the lockdown but now that lockdown has been eased, they encourage the residents to participate in activities that can be done outdoors or with social distancing maintained; like gardening, outdoor games (weather permitting), and computer classes. The carers are told to prompt the residents about the activities during the care visits. The manager also added that the activities they offer are tailored to the residents' needs, for residents who don't want to or can't participate with the group activities they provide those residents with one-on-one sessions, such as taking them for a walk or playing games in their rooms.

### **Specific Needs**

When asked about how they find out about a resident's preferences or specific needs, she explained that the RLA from the local authority, compiled by the social worker, has all the information they need to know about the resident. Based on that information an assessment is made of the resident's needs and how the scheme will meet the needs, following this a care plan is put together which is updated after 12 months or after any incident that affects the resident occurs.

### **Management and Staff Relationship**

In regards to the manager having a good relationship with the care staff, the manager says "I would like to think so, as I wouldn't ask them to do anything I wouldn't do". To foster a good relationship she explained that she talks to the carers regularly and if she notices something is off she calls them to the side to find out what may be wrong with them. The manager explained that the carers do not have a reward programme yet but they are putting a carer of the month reward in place. In regards to support for the carers in maintaining their physical and mental health, the manager explained that the carers have all been informed about a website where they can get varying support for their needs called Lifeworks. She also mentioned another site called Proud to Care.

### **Safeguarding**

The manager explained that the care staff are aware of safeguarding information and she acknowledged that the staff are best placed to notice when an issue arises. She further explained that they have multiple concerns raised and they always go through the required process each time.

### **Forward Planning**

Going forward the manager explained that the use of masks and PPE is an improvement that has been identified since the lockdown and she thinks it would be good practice to continue even after the pandemic is over. Adding to this she said the majority of the staff have taken the vaccine and she is really looking forward to the residents being able to make proper use of all the amenities in the scheme, explaining that the scheme hadn't been open for too long before the lockdown, so most residents haven't had the opportunity to really enjoy being there.

## 9. Recommendations

Based on the analysis of all feedback obtained, Healthwatch Hounslow would like to make the following recommendations.

We make 9 recommendations on personal care.

### 9.1 Personal Care

9.1.1: It is observed that the younger carers are most likely to receive criticism - for a range of issues including levels of training and experience, general attitude and ability to effectively engage with residents.

*We recommend that younger care staff have opportunities to learn from their more established colleagues, this could include work shadowing, shared responsibilities, targeted supervision/interventions, or topical sessions.*

9.1.2: In cases where residents and staff do not get along, there appears to be no option to provide alternative personnel. For some residents, this has resulted in discomfort and distress.

*These situations are clearly uncomfortable for residents and staff. If possible, the rota (staff allocation) system should be able to acknowledge and act on preferences.*

9.1.3 It is reported that carers are often 'in a rush' and operate at a 'basic level', resulting in unease for both residents and staff, and inadequate levels of personal care - particularly for the most vulnerable, such as those with disabilities. Accounts include a lack of support with showering, toileting needs, dressing, taking breakfast, medication or health related exercises.

*Nobody should be left unsupported. While we acknowledge there are staff shortages and associated pressures, simply having a 'how are you today' conversation, and basic check on welfare should be entirely possible within the constraints. Residents and families also underscore the importance of disability awareness and training. A clear route to report unsupported needs should also be available.*

9.1.4 Key Workers can be difficult to contact, making it a challenge to amend or follow up on care packages. Those receiving calls comment on a lack of overall commitment and support.

*A shortage of key workers is reported, and this may make it difficult to effectively manage caseloads. Ideally, residents and families need a pathway to report outstanding actions (such as a care package change) and should be encouraged to get in touch with management, without feeling like a burden, in the event of unresponsiveness or delays.*

9.1.5 On the timing of visits, while some residents report a good level of punctuality, it is also commonly suggested that care staff may arrive late, in some



cases at inconvenient or inappropriate times. A notable proportion of residents who experience late calls say they were not notified about this.

*While lateness is often unavoidable, it should always be communicated to the office, and to the residents - preferably in a way that is consistently recognised (currently there are differing methods, such as phone calls or knocks on the door).*

9.1.6 Some residents suggest that agreed or contracted hours are under-delivered, with visits cut short.

*Residents are entitled to receive their contracted care packages. If arrival and departure times are officially logged, this could be scrutinised centrally to see if particular staff members, or residents have particular issues. Also, residents should be encouraged and supported to report poor quality provision.*

9.1.7 The majority of residents are satisfied that their wishes and decisions are respected, including in care plans, however documented or verbal agreements are not always actioned.

*Care plans need to be regularly reviewed, and in doing so, have a mechanism for detecting agreed support that was not actually delivered.*

9.1.8 Accounts suggest that staff can sometimes be insensitive towards personal needs or spaces. One resident felt the need to put a poster on their wall - reminding staff that while they may be at work, they are also in a home.

*Sensitivity and respect are core elements of any care work and staff, at times, may need a little 'prompt' to remember they are in residents' personal space. Perhaps a buzzword, or badge, as a reminder would help.*

9.1.9 Many residents complain that they rarely have the same carers day-to-day, thus minimising opportunities to build mutual relationships and trust.

*A lack of continuity means residents are unable to build a rapport, this affects the progress of those especially with learning difficulties and may affect those with dementia. Staff say they tend to 'visit the same residents' but clearly this is not always the case.*

We make 3 recommendations on the general environment.

## 9.2 Environment

9.2.1 One person says that their faulty heating has not been repaired - despite being investigated several times 'over the course of a year'. Other residents also report lengthy maintenance delays, with examples including bathrooms and internet connection.

*For maintenance related requests, perhaps allocation of 'job numbers', with a process for checking on completion could assist.*

9.2.2 Compliments on the general security are common, with many residents feeling safe enough to leave their doors unlocked. The few complaints received involve care staff, who in one case entered and left premises without the resident's knowledge, and in another used the master key to enter, without good reason.

*This may relate to recommendation 9.1.8, with staff reminded to uphold sensitivity and respect. Any misuse of the master key should ideally be reported and documented.*

9.2.3 One resident says that a lack of call bells outside of rooms presents a risk.

*While residents do have personal alarms, the absence of call bells on the general grounds deters some from going out often. Perhaps a consultation with residents could resolve this issue.*

We make 5 recommendations on complaints processes and administration.

### 9.3 Complaints Process and Administration

9.3.1 Many residents are unaware of how to formally make a complaint.

*Complaints are always a good thing, enabling services to act on individual issues, and also detect and learn from wider trends. Therefore, it is essential that residents have clear information on the complaints policy and process. If the service was to be revisited in the future, we would certainly assess awareness, and expect it to be at a better level.*

9.3.2 Some residents with experience of the process say it is inaccessible (particularly the written requirement).

*Any complaints process should not exclude people, therefore if a verbal option is not presently available, it perhaps should be.*

9.3.3 Three of the residents mentioned that they were affected by another resident's behaviour, when asked if they have made a complaint, they responded they do not know if they should.

*Complaints should always be encouraged, and residents and families assured that the process is impartial and in no way impacts on them, and their care.*

9.3.4 It is also reported that after making a complaint, residents have not heard back about actions, progress or outcomes.

*This suggests there is no formal follow up, which is somewhat surprising in any care setting. Complaints should be formally numbered, with a clear process in place to ensure they are actioned, within a reasonable time frame, and that complainants are aware of any actions or outcomes. If residents do not trust the system, they will be less likely to lodge future complaints.*

9.1.5 More than one resident was surprised to have received utility bills - there is an assumption, including on signing the contract, that this is packaged in with the rent. One person, who needed help with finances has found administrative staff to be unhelpful.

*This information should be clearer, and nobody should be signing a contract without a good understanding of responsibilities or commitments. One resident says that easy read letters or information would help.*

We make 3 recommendations on activities and meals.

## 9.4 Activities and Meals

9.4.1 Some residents have felt encouraged to attend activities, while a significantly larger number are unaware of any taking place.

*As one resident puts it, 'any activity is better than no activity at all' and there is clearly a need to get residents out and about, and active. While staff have been good at encouraging some residents, the reach needs to be much greater to reduce levels of inactivity and isolation.*

9.4.2 Those attending activities are generally disappointed with quality and choice, and some have lost interest.

*Now that some restrictions have ended, there is an opportunity to revisit provision and provide the choice and appeal that residents want.*

9.4.3 While we don't have a large volume of feedback on meals, those commenting are clearly unsatisfied.

*Residents say they would like meals to be more nutritious, of a better quality, greater quantity, cooked more often, and offer more choice. Those providing the food would certainly benefit from residents' feedback.*

We make 2 recommendations on Covid-19, family, friends and visiting.

## 9.5 Covid-19, Family, Friends and Visiting

9.5.1 The vast majority of residents have stayed in touch remotely, with the phone and video calls (on computers or tablets) commonly mentioned. One person, who needed help in setting up a system did not find staff to be supportive.

*Given that keeping in touch is so important, we would urge a good level of support and response to similar requests.*

9.5.2 With the lack of visiting and activities, some residents comment on feeling bored, lonely or isolated.

*One relative, whose resident son has a learning disability, suggests a ‘buddy scheme’ as a way of making people feel valued. The same person also says it would be beneficial for residents if they socialise with someone for at least 15 minutes a day.*

We make 2 recommendations on management and staffing.

## 9.6 Management and Staffing

9.6.1 While staff have found induction training to be useful, it is felt there was ‘a lot of information covered in a short period of time’.

*Staff say it would be useful to condense training - shorter sessions over a longer period of days.*

9.6.2 For a 7-8 hour shift, breaks are usually 20 minutes long. Staff say this is not long enough.

*We suggest a consultation with staff, to ensure that breaks are adequate and meet general expectations.*

## 10. Glossary of Terms

CQC	Care Quality Commission
PCR Test	Polymerase Chain Reaction Test
PPE	Personal Protective Equipment

## 11. Distribution and Comment

This report is available to the general public and is shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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