

# **AN EVALUATION OF GREENROD PLACE & PARK LODGE HOUSE IN HOUNSLOW**

**By  
HEALTHWATCH HOUNSLOW**

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## **EXECUTIVE SUMMARY**

Extra care housing provides care primarily for older people who have specific tenure rights to occupy self-contained dwellings, with agreements that cover the provision of care, support, domestic, social, and community, or other services. The aim of this evaluation was to revisit Greenrod Place to find out how services had progressed between HWH's earlier review (carried out in 2015), and the present time; and also to examine service provision at Park Lodge House by making it the focus of a review by HWH for the first time.

The aim of this evaluation is to understand how the two centres function as Extra Care services, whilst catering to the needs of their residents in Hounslow. This was achieved by capturing the views and impressions of the services, care and support being provided to residents at Greenrod Place and Park Lodge House respectively, through interviews with residents, their family members and some of the staff.

### **The Methodology and Aims**

The broad areas that we wanted to explore through our evaluation of services in both centres were:

1. What residents think of the care and support provided to them?
2. Are there areas of care and support services that are particularly positive and that represent good practice?
3. What is not working well? What, if anything at all, would they like to have changed in the care and support that they receive?
4. Do they think that the range of activities provided to residents is adequate? Would they like other activities? If so, what activities would they like to suggest?
5. How would they rate the organisation that is providing them care and support?
6. Would they like to choose a different organisation to provide them with care and support?
7. Would they recommend the place that they were residing in to their family and friends?

### **Greenrod Place**

The majority of residents and their family members were positive about Greenrod Places' care/ support services. Some of the residents felt that care workers had too much work to do with too little time to complete this work. Some also felt that they were short staffed and that this was partly due to care workers receiving low wages. Most of the residents were satisfied with the range of activities on offer. Some of the areas mentioned as requiring work were things like heating; care workers being under

pressure; turnover of senior staff; finance cuts; too many regulations; and service plans needing to be accurately completed. The views held by staff echoed those views of the residents. Transport availability and better prepared, healthier meals were two of the main areas requiring work within Greenrod Place.

### **Park Lodge House**

The residents, their family members and the staff were very positive about Park lodge house and the services provided there. Again, the overwork of care workers was highlighted together with the need for healthier meal alternatives. An area for concern was the fact that alarm buttons did not function properly and therefore residents were not attended to fast enough when they raised alarm. The training needs of staff need to be reassessed, together with ensuring that activities are provided to residents that cater to their needs and wants.

### **Conclusion**

From the evaluation of the responses received, Park Lodge was seen to be more inviting and better run, whereas Greenrod Place had a more isolated feel to it. Park Lodge staff were described as being highly motivated and the differences between the two places meant that the opinion held was that Greenrod Place required the most amount of improvements. However by emulating the success and changes implemented in Park Lodge, Greenrod Place would be able to improve to the same standards.

As a spacious, well laid out, new purpose built development in the middle of a residential area of the borough, Park Lodge House looks attractive, bright and lively. The local people had protested against its construction but from the residents' point of view, it is good that Park Lodge House is set in pleasant surroundings. The management and staff look highly motivated; they interact, socialise and mix freely with residents and also seem to be open to ideas and suggestions from them.

Greenrod Place, on the other hand has a totally different feel. Although refurbished, neat and tidy, it seems isolated, quieter and far less vibrant than Park Lodge, and the senior staff appear to be demotivated. Though residents are able to approach staff/management with issues and concerns, it seems that they might go unheard (as is evident from the heating and plumbing issues remaining unresolved). It is also clear that there is scope for empowering residents by involving them in staff recruitment, actively listening to them and being proactive in catering for their needs. Good examples would be: having readily available lists of affordable transport options for residents and making sure that price of kitchen food does not make it unaffordable for those residents on benefits. There is also a clear need for more interaction between staff/management and residents on a social level.

## INTRODUCTION

Extra care housing provides care primarily for older people who have specific tenure rights to occupy self-contained dwellings, with agreements that cover the provision of care, support, domestic, social, and community, or other services. Unlike people living in residential care homes, extra care residents are not obliged to obtain their care services from a specific provider, though other services (such as some domestic services, costs for communal areas including a catering kitchen, and in some cases some meals) might be built into the charges that the residents pay.

The understanding by commissioners, designers, developers, providers, planners and other stakeholders of the position that purpose-built extra care housing occupies in terms of models of housing, care and support for older and disabled people, has changed and become more nuanced.

From a housing perspective, extra care is regarded as an important response to the diverse needs and wishes of an older population and to the needs of local communities. Rather than being viewed as a means to an end, we view extra care in the context of modern thinking on age friendly and lifetime neighbourhoods, towns and cities based on the premise that being age-friendly benefits everyone.

For would-be consumers and their families, the growth of extra care housing has provided them with more choice, although as a concept and product (outside adult social care commissioning and specialist affordable housing) it is still not extensively known, or understood, in the market place. In recent years, there has been a subtle shift in the customers that extra care housing is aimed at. While it is still predominantly aimed at older people, extra care housing is also increasingly becoming more aimed towards other groups such as adults with disabilities, often as a result of the availability of public capital funding streams. For example, the Department of Health's Care and Support Specialised Housing Fund.

In addition, there is a growing interest in facilitating the maintenance of independence in older and younger people suffering from dementia, as well as people with sight loss. Extra care has begun to respond to these challenges.

Extra care housing is becoming better known amongst older people as a housing choice, as well as a possible alternative to residential care. Yet, it is vital for commissioners, designers, developers, providers and planners to better understand the extra care housing offer for today's generation of older people, and for future generations.

Extra care housing is expanding and is now being offered by local authorities, housing associations and private providers. There are now approximately 60,000 units of extra care housing in England.

At the start of 2016, Healthwatch Hounslow (HWH) commenced an evaluation of the service provision in two Extra Care Housing centres in Hounslow – Greenrod Place in Brentford and Park Lodge House, a brand new, purpose built Extra Care complex with flats for both residents and any of their family/friends, located on Sutton Lane.

The evaluation was commissioned to:

(1) revisit Greenrod Place<sup>1</sup> to find out how services had progressed between HWH's earlier review (carried out in 2015), and the present time; and

(2) to examine service provision at Park Lodge House<sup>2</sup> by making it the focus of a review by HWH for the first time.

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<sup>1</sup> On their website Greenrod is described as follows: "Greenrod Place is a new 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 a theatre and cinema as well being 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.housingcare.org/housing-care/facility-info-116783-greenrod-place-brentford-england.aspx>)

<sup>2</sup> On their website Park Lodge House is described as follows: "Park Lodge House offers 36 flats (33 one-bedroom and 3 two-bedroom) on site. Each flat has its own bedroom, accessible shower room and lounge and modern fitted kitchen including fridge/freezer, hob and oven and space for your own washing machine.

*Residents also have use of a shared lounge, kitchen, laundry and a good sized landscape secure garden. The home is set within a popular residential area, within easy reach of local shops, cafes, pubs, a post office, places of worship, a chemist, a GP surgery and public transport links. We encourage every resident to live as independently as possible and make sure that the care and support we provide is tailored to each person's individual needs. Our building has been specifically designed to meet the needs of older people and is fully wheelchair-accessible.*

*Our care team is on-site day and night, every day of the year, so you will always have access to the support you need. Tasks that we can help you with include personal care, preparing and cooking meals, shopping, cleaning, laundry and organising repairs to your home." (See: [http://www.octaviasupport.org.uk/contact/our\\_scheme\\_locations/138\\_park\\_lodge\\_house](http://www.octaviasupport.org.uk/contact/our_scheme_locations/138_park_lodge_house))*

## **AIMS OF OUR EVALUATION**

The aim of this evaluation is to understand how the two centres function as Extra Care services, whilst catering to the needs of their residents, in Hounslow. We did this by capturing the views and impressions of the services, care and support being provided to residents at Greenrod Place and Park Lodge House respectively, through interviews with a sample or cross section of its residents together with some of their family/friends. To get a more detailed picture, we also felt it would be useful to talk to some of the key staff members in both of the Extra Care centres under review.

The broad areas that we wanted to explore through our evaluation of services in both centres were:

1. What residents think of the care and support provided to them?
2. Are there areas of care and support services that are particularly positive and that represent good practice?
3. What is not working well? What, if anything at all, would they like to have changed in the care and support that they receive?
4. Do they think that the range of activities provided to residents is adequate? Would they like other activities? If so, what activities would they like to suggest?
5. How would they rate the organisation that is providing them care and support?
6. Would they like to choose a different organisation to provide them with care and support?
7. Would they recommend the place that they were residing in to their family and friends?

## **METHODOLOGY**

As in our earlier evaluation, a member of HWH staff was responsible for carrying out the reviews, analysing the data and writing the report. It was agreed that this staff member would meet with approximately 10-12 residents in each Extra Care centre. As far as possible, we decided to meet and talk to each resident in their flat to ensure privacy and confidentiality. To get a fuller picture, it was also decided that we would contact and gather the views of some family/friends of as many residents as possible.

Although the broad area covered by the questions for Extra Care residents and for their family/friends were the same, we still prepared 2 sets of questions – one for residents and another for the family/friends of residents.

All of the interviewees within each category were asked the same questions in the same sequence or order. *(For all our questionnaires, please see Appendix at the end of our Report).*

Another set of questionnaires was then prepared for key staff members of Greenrod Place and Park Lodge House. However, the questionnaire for Greenrod Place staff differed slightly from that for Park Lodge staff. This was for 2 main reasons:

(1) We wanted to ask some specific questions about how Greenrod Place had progressed since our 2015 evaluation; and

(2) We wanted to ask Greenrod Place some further questions about their response to the 2015 CQC Report on their services.

In addition to using our questionnaires, we also arranged 2 meetings with Greenrod Place staff in their premises so as to elicit information and to gain clarity. Additional email exchanges with the manager of Greenrod Place, Jenny Havard (JH), after these meetings was another very helpful way to get further details and clarity regarding some points that had been discussed during the face to face exchanges.

We planned our visits, interviews and survey for February 2016 so as to enable completion of data collection and analysis within the month and to then commence report writing and submission within our deadline of the end of March 2016.

## **PREPARING THE GROUNDWORK**

After contacting Greenrod Place and its manager, we had an initial meeting with her and another staff member, Lilliana Ciocirlan (LC). Thereafter, JH provided us with a list of residents who were willing to take part in the survey. Next, LC provided us with a list of family members of residents who had expressed their willingness to also take part in our survey. Dates and times for meeting residents were discussed and agreed upon. JH also agreed a time for another meeting where she and her colleague LC provided further details about the services and the way Greenrod Place was being run.

It came to light that JH had taken over as the new manager at the end of November 2015 and had, therefore, not been in post when the CQC examined the services and wrote their report towards the end of 2015. Between our meeting with JH in January 2016 and the completion of this report, JH left the organisation. Considering that her immediate predecessor, Sue Crosby-Dyas, served as the manager for only about a year, the rapid staff turnover at Greenrod Place and its impact on services for residents is an area that needs to be looked into further.

With regards to Park Lodge House, we liaised with the manager, Martha Moran, after LBH provided us with contact details for relevant staff there. After some initial delay,



we managed to get dates fixed for visits to Park Lodge House in the second half of February 2016

## **GREENROD PLACE’S RESPONSE TO 10 AREAS LISTED IN OUR EARLIER REPORT (2015)**

Before moving to our present evaluation, we would like to: (1) highlight the responses we received from the manager of Greenrod Place when asked if, and how, the management had addressed the following 10 areas we had listed in our earlier Greenrod Place Report of 2015; and (2) also present our responses to them.

These are summarised in the chart below:

<b>POINTS WE RAISED IN 2015</b>	<b>REPLIES GIVEN BY GREENROD</b>	<b>OUR PRESENT RESPONSES</b>
<p><b>1.</b> Care staff are on Zero hour contracts and overburdened with work that impacts on the care of residents</p>	<p>Waiting for a contract that will give more staff contracted hours. Some staff are currently on contracted hours.</p>	<p>Resident responses show that over 30% of them feel that care staff are overburdened with work and are generally rushing and fighting against time so as to complete their responsibilities. HWH would therefore recommend looking into the staffing issue.</p>
<p><b>2.</b> Unevenness of care that could be addressed through better practice/training for providers of care services</p>	<p>We have Spot Checks and observations. All training completed.</p>	<p>Though generally appreciative and supportive of care workers, there is some feedback this time that some male care workers could do with some basic training in cooking fresh meals instead of just microwaving pre-cooked meals.</p>
<p><b>3.</b> There is no resident occupational therapist/physiotherapist despite the need for one</p>	<p>Not needed at Greenrod Place, an Extra Care place.</p>	<p>Would a joined up approach with regular onsite provisions reduce possible hospital admission?</p>

<p><b>4.</b> Extend opening hours for your Kitchen to facilitate socialising for residents</p>	<p>Residents do not use the services except during lunch time. Extended hours of opening aren't financially viable.</p>	<ol style="list-style-type: none"> <li>1. Do Extra Care places generally have only limited opening hours for their kitchens? Is LBH happy with this response?</li> <li>2. Residents did not raise this issue this time. Either it is not an issue any more or they feel disempowered and have given up.</li> <li>3. It was reported that those residents who could afford the kitchen are generally happy with its services. HWH is concerned that there might be a pricing plan in place to use the kitchen but that has not taken into consideration the limited income of some residents.</li> </ol>
<p><b>5.</b> There is an absence of Greenrod staff on weekends for monitoring care and sorting any emerging issues for residents</p>	<p>We are Extra Care- Any issues that might arise are reported to those On call.</p>	<p>Do Extra Care places generally dispense with staff on weekends and have staff on call only?</p>
<p><b>6.</b> There is a lack of affordable transport for residents who are on sparse welfare benefits</p>	<p>We do not provide transport but do arrange for transport for residents able to pay for their transport.</p>	<p>Is this the usual practice? If so, aren't there any affordable or free transport options available for those on meagre welfare benefits?</p>

<p><b>7.</b> There is lack of a closer relationship between the residents and the top management</p>	<p>We have engagement meetings.</p>	<p>Though residents said that they felt free to talk about their concerns to management and staff, some felt that there wasn't enough communication, especially on a human level, between residents and management.</p>
<p><b>8.</b> There is a lack of informed user involvement especially in staff recruitment</p>	<p>No response</p>	<p>There is apparently no change although it would be relevant and beneficial to have some user involvement in staff recruitment, as suggested earlier.</p>
<p><b>9.</b> There seems to be a need to look into the care/support needs of residents with Dementia.</p>	<p>Care Plans of residents are reviewed regularly. Also have team meetings.</p>	<p>Are these reviews communicated to LBH? If not, are they happy with this response?</p>
<p><b>10.</b> There is need for Security to be improved</p>	<p>Have FOB access for all our buildings.</p>	<p>The security seems to be better now as there are clear instructions for visitors and staff, who are now positioned close to the main entrance and who were alert and were also responding promptly.</p>

## A. GREENROD PLACE EVALUATION, 2016

The first set of interviews with Greenrod Place residents that we have included in our evaluation, were carried out in early February 2016. Thereafter, we interacted with a smaller number of Greenrod residents a little later on in the month.

Ultimately, we were unable to speak to all of the residents on the list provided to us. This was because 2 of those on the list provided to us, did not agree to talk to us. The total number of Greenrod respondents was 13.



The age of the Greenrod Place residents we spoke to ranged from about 50 to 80+ years. With the exception of just 1, all of our Greenrod respondents were white. There were 8 female and 5 male respondents. The following table is presented so as to convey a general idea of the range of residents that we interacted with:

Approximate Age	Sex	Ethnicity	Approximate duration of stay at Greenrod Place	Any other details
1. 50-60	Male	White	5 years	Mobile.
2. 70	Male	White	1.5 years	N/A
3. 50+	Male	White (Irish origin)	7 years	Regular wheelchair user suffering from obesity and mobility issues. Very sociable.

4. 60	Male	White	1.5 years	N/A
5. 80+	Female	White (Irish origin)	13 months	Elderly and frail.
6. 80+	Male	White	13 months	Elderly, frail and a wheelchair user.
7. 80+	Female	White	Over 1 year	Frail but sociable.
8. 50	Female	White	3 years	Wheelchair user with severe mobility issues, obesity and asthma. Very sociable.
9. 70+	Female	White	4 years	Mobile and quite independent.
10. 70+	Female	White	Not sure	N/A
11. 70+	Female	Asian (Pakistani origin)	2.5 years	Wheelchair user.
12. 80+	Female	White	Over 1 year	N/A
13. 60+	Male	White	1 year	N/A

## Limitations of the sample

At the outset, it needs to be stated that every effort was made so as to obtain user or resident experience/feedback by ensuring that the privacy and confidentiality of all of them was maintained, and in doing so those viewing this report need to be aware of some of its inherent limitations. These limitations are listed below:

- (1) The views of a cross section of Greenrod Place residents were gathered;
- (2) Some respondents, due to their health condition and/or their advanced age, tended to be more accepting of the services, care and activities provided to them.

They also tended to be less demanding and less inclined to opt for a change of place;

- (3) Similarly, another factor that needs to be taken into consideration whilst looking at the data collected is that the disabilities affecting some of the interviewees renders them both less communicative and less aware of their situation and rights than they may have been otherwise.
- (4) We were able to interview only 1 non-white resident. Upon requesting access to other non-white/BME residents, we were informed by the manager that the only other non-white resident had been contacted but that they had expressed disinterest in participating in our review.

### **Location and some details of the interaction with Greenrod Place residents**

The majority of Greenrod Place respondents spoke to us in their house and only 2 respondents spoke to us outside of their flats. Of these respondents, one spoke to us in Greenrod Place’s lounge and the other in the corridor near to the main entrance.

In all instances, we took care to ensure that our communication with residents took place in a calm and relaxed manner. We gave them adequate time to express whatever they wanted to say and took care not to make them feel pushed or pressured to talk to us. *(For details of location of our communication with residents, please see the table below):*

<b>No. of interviews in a Greenrod Place lounge</b>	<b>No. of interviews in Greenrod Place corridor</b>	<b>No. of interviews in Resident’s flats</b>
1	1	11

At this point, it will also be relevant to add that the change of venue for our interaction with Greenrod Place residents 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 to, any authority figures such as Greenrod Place staff, social workers or care workers. The presence or proximity of these people may have affected their responses or made them feel threatened or inhibited. There was only one instance in which a care worker was near to a resident but this did not create any interference. In fact, the care worker was supportive of the resident and did not silence or dominate her in any manner whatsoever.

## Interviews with family/ friends of Greenrod Place residents

The last and final phase of our Greenrod Place review was when we tried to talk to relatives of some of the residents so as to gain an insight into service provisions from their point of view. The staff at Greenrod Place were able to find only 2 relatives of residents with whom we could talk under this category.<sup>3</sup> As agreed with JH, we were given the contact numbers of these individuals so as to enable us to complete our questionnaires via telephone/mobile interviews. Both the respondents were white female relatives of residents.

Though our sample was very small, the exercise of contacting them proved to be productive. This was because both of the relatives proved to be articulate, cooperative and forthright. These qualities helped us to gain a fair insight into the perspective of how relatives of residents view the services, care and support offered to residents.

## SUMMARY OF RESPONSES COLLATED FROM GREENROD PLACE RESIDENTS

All responses to our evaluation as received from Greenrod Place residents have been presented in the table below:

Opinions/ Score	Meeting needs/ Changes?	Do you feel cared for? /Any changes?	Are you satisfied with activities? <sup>4</sup> / changes?	Do you feel that you are heard?	Would you like to move?	Would you recommend?
3/10	Sometimes/ None suggested	Sometime/N one suggested	Yes/ participates in weekly exercise sessions	Sometimes	No	No reply given.
Positive 8/10	Yes/None	Yes/None	Not suitable. I am supported by my family	Yes	No	Yes.
0/10 or 1/10 for their effort.	Not met fully; along with managers, the place	Not really cared for and would like befriender to	There are activities but no discussion groups, no current affairs	There are delays and they seem to tend to forget.	Yes. I'd leave tomorrow if I could	Definitely not.

<sup>3</sup> The small number of people on the list of family/ friends is perhaps assignable to a remark made by JH, manager of Greenrod Place, that the residents were often isolated from their families.

<sup>4</sup> JH of Greenrod Place reported that they have a range of regular activities for residents and also produce a newsletter but do not keep any activities log in their premises. A Greenrod Place Newsletter (dated January 2016) mentions activities arranged for residents such as: Tea and Cakes/Arts & Crafts, Computer classes, Chair Yoga. Some residents mentioned Bingo with considerable animation.

	should be run by a Residents' Cooperative	play board games	groups and only limited newspapers.			
Very Positive 10/10	Yes/ Have no complaints.	Yes	Would like to be able to go for more walks and outings.	Yes.	Could consider	Yes
Positive 8/10	Yes	Yes	Yes. I do join occasional activities.	Yes.	No. It's fine here.	Yes.
Positive. 7/10	Yes	Yes, but would like to be given medication at an earlier time.	Activities are good but I don't join in in them.	Yes.	No. It's okay here.	Yes, I would.
Positive. 8/10	Yes/ No change.	Yes. They are very caring.	Yes there are many activities, but we could do with a few more.	Yes.	No. I am very happy and comfortable here.	Yes, I would.
5/10 - to managers and 8/10 to care workers	Yes, they (i.e. the care workers) try hard. But, higher managers should engage with residents more.	Yes, though some male care workers could do with some basic training in cooking. They don't use cookers and only use microwaves.	I am unable to join as I have access problems caused by health conditions and a wheelchair.	Yes. Can communicate with staff who try hard to sort out any issues. Also able to liaise with social worker.	Yes, I wanted to but didn't succeed.	Will depend on what they were looking for.
Positive 8/10	Yes	Yes	Bingo	No	No	Yes
6/10	Yes/ Can't think of anything	Could improve – we are short staffed	Don't join in activities/ No suggestions	Yes.	Perhaps.	Yes, I think I will.



7/10	Yes.	Yes.	Yes, but many don't mix with others.	Perhaps.	Maybe.	Yes
4/10	Yes.	Yes, though there is need for more staff.	No/ No ideas.	No.	No.	Yes

## ANALYSIS OF RESPONSES COLLATED FROM RESIDENTS

- The majority of residents were positive about Greenrod Places' care/support services.
- Their average rating of care/ support services at Greenrod was good and classed as 7/10.
- Most of the residents felt that care workers were good.
- Some of the residents felt that carer workers had too much work to do with too little time to complete their work. Some also felt that they were short staffed. And that care workers were receiving low wages.
- Some also said that the paucity of time available for care workers to carry out their care/support responsibilities impacted adversely on the services and care provision to residents. While some blamed government cuts for the lack of time for care workers, another resident blamed the management when they said: *"The makeover at Greenrod Place is very positive but it would seem that the organisation places profits before people."*
- Though some residents were content with the range of activities on offer, there were some who said that they did not participate in them. Others said that they would like opportunities to go out. One resident said that they had severe mobility issues and not being placed on the ground floor was not helpful.
- The majority of residents felt that they could liaise with staff and their issues/complaints were well received.
- The majority of residents said that they would like to stay in Greenrod Place.
- Almost all of the residents said that they would recommend Greenrod Place to their family and friends.

## SUMMARY OF RESPONSES COLLATED FROM FAMILY/FRIENDS OF RESIDENTS OF GREENROD PLACE

Because interviews were carried out with a limited sample of family members 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 their responses is presented below so as to add richness to the findings of our consultation:

- They felt that the care and support services presently provided at Greenrod Place were satisfactory.
- They felt happy that their family member was in a safe place.
- They felt that their family member was being generally well cared for.
- They felt that there were various activities available but their family member did not regularly take part in them; another felt that having scope for some more outings for residents would be beneficial.
- They felt that care workers worked hard but have little time to complete their work especially when having to cope with a resident who might be difficult or withdrawn.
- They said that they were happy with the services provided at Greenrod Place as their family member was “*much happier there*” [than when they were on their own earlier] and they seemed to be “*doing fine*”.
- They said that they felt relieved after their family member had been moved to Greenrod. One of them said that they would not like to be critical of services.

## CONCLUSIONS REGARDING GREENROD PLACE

### 1. GENERAL COMMENTS ABOUT GREENROD PLACE CARE/SUPPORT SERVICES

The majority of our respondents said that they were happy with the services being provided. The general response of both residents and their family members was that the level of care and support at Greenrod Place was good. In consonance with the positive views about care/support services expressed by family members of residents (already mentioned above), residents who took part in our evaluation also generally spoke well of the care/support they received at Greenrod Place. For instance, one of them said: “*My feeling is that this place is run 100% as it should be*”; and another remarked:

***“I like it a lot here. I’m very happy. I feel most comfortable here - am never pushed into anything and am helped whenever I need it.*”**

The positivity of residents and family members of residents is perhaps connected to the efforts that some of the staff members said that they had made to improve service provision and the experience of residents. For instance, they said that despite financial constraints, they still did their best to keep residents happy but sometimes were stretching themselves in order to provide compassionate care. The manager, for instance, said that she once paid a resident £60 from her own pocket so that the resident could commute to the council to claim an allowance for her conveyance/mobility. This was because the council official had insisted that they would give the allowance to her only if the resident came down in person to the Civic Centre. Had the

manager not helped out, the resident would not have been able to move out due to lack of finances and would have lost out on getting her allowance from the Council.

Another staff member mentioned how she often helped some residents with shopping even when it meant spending a few hours of her own time in the knowledge that she will not receive any additional remuneration for this kind of assistance/care.

## **2. RATING OF GREENROD PLACE CARE/SUPPORT SERVICES**

Family members of residents were not asked to rate services, but all the residents we spoke to were asked to do so. Assuming that a score of 6/10 and above is indicative of a good, or a relatively high level of satisfaction with services; a score of 5/10 to mean that services/care were considered to be satisfactory and a score below 5 to be indicative of services that are considered fair, unsatisfactory or poor. Based on these, it can be said that the majority (69%) of Greenrod Place residents, who participated on our evaluation, gave its services a high rating of between 6/10 and 10/10. In our sample of residents, only 8% gave a score of 5/10, whilst 23% believed that the services that they received deserved a score that ranged from 4/10 or lower. Interestingly, there were considerable variations in the scores of those who gave Greenrod Place a low rating. This is evident from the fact that their scores ranged from 4/10 to 0/10.

Those residents who gave low scores did so because it seemed that they were in Greenrod Place not because it was their chosen abode or because they liked the place, but simply because they happened to be there and felt they had little or no choice in the matter.

## **3. COMMENTS ON CARE WORKERS**

With the exception of one resident who said that the quality of care workers varied and that some were good and others useless, none of the other residents made any negative comments about care workers.

There were, however, some residents who were highly appreciative of care workers and openly expressed their positive views about them. Their sympathetic attitude was evident from remarks that they made, which included the following:

- ***“We are short-staffed here”;***
- ***“Care Workers aren’t well paid”;***
- ***“They need to be better paid”;***
- ***“They do a great job, they should be valued much more, but they aren’t valued”***

One resident even went so far as to give separate scores to care workers and to the management. Expressing deep appreciation and a very high level of empathy for Care Workers, this respondent said that they would give care workers a very high score of 8/10 as they “*work hard to do a good job*” and a mediocre score of only 5/10 to the management.

#### **4. COMMENTS ON ACTIVITIES**

Though there are activities for residents and a few respondents said that they took part in them and found them to be beneficial, many respondents either said that they did not join due to mobility issues or a general lack of interest, or else expressed interest in other activities that were not available.

### **AREAS OF CONCERN**

Despite the generally positive rating that the care and support services received from some residents, together with the positive feedback received from family members, there are some areas of concern that emerged and therefore, need to be looked into. Besides using feedback from residents and family members of residents, information provided by Greenrod staff has also been taken into account for preparing the points mentioned below:

- **HEATING AND PLUMBING – TWO ONGOING PROBLEMS IN GREENROD PLACE THAT NEED TO BE ADDRESSED**

Some residents mentioned an ongoing problem at Greenrod Place with the heating and the plumbing. Residents indicated that the building was badly and cheaply constructed. One resident said that the place tended to become too hot and sweaty sometimes. Incidentally, this point had also been raised by some respondents in our earlier survey.

Criticising the plumbing, another unhappy resident pointed out: “*hot water is paramount. But the water here isn’t right. It’s cold or tepid.*” The resident also said that nothing had been done to rectify the problem by the previous manager though they had talked about changes and prepared many lists. Lamenting the inaction despite repeated complaints, the respondent said:

***“Managers come and go but the water problem still remains the same!”***

- **CARE WORKERS UNDER INTENSE PRESSURE AND ALSO UNDERPAID**

As during our earlier evaluation, some residents (31% of those who participated in our evaluation) clearly said that care workers in Greenrod Place had too little time to carry out their work of looking after residents. One such resident who felt isolated described their situation as follows:

***“Not all of us could do their job [i.e. the work of Care Workers]. They are rushed. They are underpaid, they’re overworked. They’ve too little pay and too much responsibility. They are very limited to the time they have”; “We now have fewer carers on duty ... The level of care is falling. Carers have no time to spend with us.”***

This resident added that they had raised this as an important issue during the CQC inspection.

Greenrod staff corroborated the view that care workers were under intense time pressures. They said that the time that they are able to allot to care workers for looking after their residents was so limited that they (i.e. care workers) were unable to do their work properly. Staff also pointed out that their time to cater for the needs of residents was so limited that it had a negative impact on residents’ health interests.

Explaining the situation they said that they were expected to provide healthy meals to their residents. However, they had so little time at their disposal to give to their care duties that they were unable to prepare a fresh meal for residents in the time allotted to them. Consequently, they ended up simply providing ready meals heated in a microwave, instead of freshly cooked meals on a cooker. Residents too said that they had no choice because buying a fresh hot meal cost them at least £5, even when at a discounted rate, which seems unaffordable as they generally have very limited incomes.

Explaining how their hands were tied, they said that they have no floating support and when they asked LBH for additional time for care workers to look after residents, they disallowed it and told them to ask residents to pay for extra time. The residents, however, weren’t able to afford this as they had limited means due to them being on benefits.

What Greenrod staff said about the low wages paid to care workers also tallied with what was conveyed to us by some residents. They mentioned that their care workers received lower wages than those providing similar services at another Extra Care place. They added that they were not given the London Living Wage.

***“In Park Lodge they are paid more. We find it difficult to find the right kind of Care Workers. Our Care Workers deserve better pay as they do a very difficult job. But they aren’t paid well and we are not able to help them.”***

- **TOO MANY CUTS/ FINANCIAL CONSTRAINTS**

Greenrod Place staff also mentioned the negative impact of the prevailing regime of intense financial cuts. Bemoaning the current state of affairs, they summed up their feelings in the following words: *“It’s unrealistic. There are too many financial cuts, yet the demands, responsibilities and expectations of us, as the providers, remains very high. We are expected to be person-centred, but it’s all budget-centred. It’s the budget*

*that governs and dictates to us the limit of our activities. Care has become a commodity.”*

- **TOO MANY REGULATIONS THAT ADD TO THE WORKLOAD**

Greenrod Place staff also added that they now have so many more regulations to follow and need to complete more training and have so many boxes to tick or complete, that they have less time available to give to their residents. They felt that a job in the care sector doesn't seem to be about caring for others anymore because *“the personal touch seems to be vanishing from Social Care.”*

One resident also remarked about this when they said:

*“There was a [time last year, when there was a] whirlwind of training here.”*

- **QUICK TURNOVER OF SENIOR STAFF**

During the course of our evaluation it became evident that the organisation seems unable to retain their senior staff. The Manager with whom we established contact in January had just taken over from the previous incumbent who had perhaps stayed for about a year. When we spoke to residents, one of them had remarked:

*“Seven Managers have changed at Greenrod Place in 8 years and I hear the new Manager might also be leaving!”*

This prediction came true when we contacted JM in March this year and were told that she had already left the position.

- **EXTRA CARE NEEDS TO BE BETTER UNDERSTOOD BY SOCIAL WORKERS**

Staff mentioned that social workers sometimes do not understand what Extra Care is and have an inaccurate perception of Extra Care. Explaining this, they added that, although they can cater for people who are able to live independently with a moderate level of care/support, they are not suitable for those with high levels of care/support.

- **SUPPORT PLANS FROM SOCIAL CARE WORKERS NEED TO BE FULLER AND WITHOUT VITAL INFORMATION GAPS**

Greenrod Place acknowledged that they selected and accepted residents. However, (either knowingly or unknowingly) they added that Social Workers sometimes do not provide all of the requisite information (positive and negative) about potential residents in their support plans. As a result, sometimes they might not provide some critical information and this can create problems at a later stage. For example, they might not reveal in their support plan that a potential resident with dementia has high care needs and therefore they may be accepted by Greenrod under the impression that their care needs are low. It could then transpire that the resident has much higher care needs – perhaps they tend to wander off the

premises and can't manage to look after their personal care needs. This might make them unsuitable for Extra Care.

At other times, it might not be evident from a social worker's support plan that a particular resident might be incompatible, or unable to fit in, with other residents at Greenrod Place because some important characteristics about the resident hadn't been revealed/mentioned in their support plan. This could make it problematic for Greenrod Place to provide them with the care that they need. For instance, some residents aren't able to get on with others whilst some are able to do so easily.

Clarifying what they meant, they mentioned that at present, about 15 residents were being reviewed. Some were unsuited for being in Extra Care from the very beginning, some had become unfit due to the deterioration of their condition over time and others have developed safeguarding issues. In comparison to Park Lodge the resident group at Greenrod Place does appear to have an overall higher level of care and support needs.

- **COMMISSIONERS AND PROVIDERS OF EXTRA CARE SERVICES NEED A JOINT PROTOCOL**

We were told that the Local Authority is required to have a protocol, but that they don't seem to have any about Extra Care. Regarding knowledge about what Extra Care is, one staff member added:

***“It would seem that this is a grey area; there are different ideas of what Extra Care is. There needs to be a joint protocol with the providers and commissioners”***

- **UNPREPARED FOR EMERGENCIES**

A resident mentioned that Greenrod Place was not prepared for emergencies: *“They are just blundering their way through!”* was their remark. When asked to provide an example, the respondent said that there was a resident who had been in hospital for many weeks due to a stroke. The management knew that they would need a hoist when they returned. Despite this, they were unprepared. Although they obtained a hoist before the resident's return, they had not managed to identify training on how to use it.

- **SOME RESIDENTS LEFT WAITING FOR ACCOMMODATION ON THE GROUND FLOOR**

Some elderly residents or those with mobility issues, and their family members, mentioned that getting moved to a ground floor flat might make life easier f, but despite having requested this, they were still waiting to be moved.

## GREENROD PLACE STAFF RESPONSE TO THE CARE QUALITY COMMISSION REPORT, 2015

Finally, we asked Greenrod staff to respond to three areas where the CQC had said that the organisation needed improvement, mainly:

- Safety,
- Responsiveness; and
- Being Well-led.

The Manager's response was: *"It is not for me agree or disagree with their findings as I was not here when the report was done."*

As regards to our question about what Greenrod Place had done; is doing; or plans to do, to address these three areas, her reply was:

***"[An] Action plan is in place, all support plans and risk assessments [have been] reassessed. Training and supervisions are up to date."***

### SUMMARY OF GREENROD PLACE STAFF VIEWS

- The regime of intense financial cuts and constraints under which they are presently functioning, is impacting negatively on the care/support that is being provided to residents.
- Fulfilling high expectations and maintaining standards whilst having to face financial cuts/constraints, is stressful and is making the situation extremely difficult for them to manage.
- To ease the time pressure on their care workers and to provide a good standard of care to residents they require additional time which LBH has so far disallowed as they prefer residents to bear the additional cost.
- To pay better wages to their care workers but, due to financial constraints, they are unable to do so.
- Social workers need to appreciate that in Extra Care they are able to look after residents with a moderate level of care/support needs but not for those high levels of dependence and care/support needs. To resolve this, they suggested that commissioners and providers of Extra Care need to develop a joint protocol.



- Social workers need to provide full and detailed information about potential residents in their support plans so that problems do not arise for residents at a later stage.
- Care workers were under intense pressure due to the shortage of time to complete their responsibilities regarding the residents in their care. They are therefore unable to do their work properly (e.g. they are unable to prepare freshly cooked meals) and this is contrary to the health interests of the residents.

The essential requirement to follow various regulations and to undergo training is an additional burden on staff and also takes up their time

## OUR RECOMMENDATIONS REGARDING GREENROD PLACE

### SERVICE PROVISION

- **ADDRESSING IMPORTANT ISSUES: (a) HEATING & PLUMBING (b) PREPAREDNESS FOR EMERGENCIES and (c) RESPONDING FASTER TO REQUESTS FOR GROUND FLOOR ACCOMMODATION FOR SOME RESIDENTS WITH INTENSE MOBILITY PROBLEMS:** These are issues with serious health implications, and Greenrod Place needs to be urged to investigate all of these promptly. As regards to (a) there is a pressing need to make sure Greenrod Place management finds a permanent, expeditious solution to this persistent problem affecting all residents.
- **SITUATION OF CARE WORKERS:** As issues concerning the high pressure of work on care workers together with the fact that they are underpaid, and the impact these factors have on the quality of services received by residents, were raised by both residents and staff. It will be important to ensure that Greenrod Place is not understaffed and that its care workers have reasonable time in which to carry out their care and support responsibilities both efficiently and fully. Despite financial cuts, it will also be important to improve their morale by ensuring that they are paid reasonable wages.
- **ACTIVITIES FOR RESIDENTS:** need to be made more inclusive so that the wishes of both those residents with mobility issues and those with greater mental agility are catered for and not made to feel excluded or isolated. As mentioned last time, activities involving schools in reminiscence projects, for example, will help to build bridges across generations and ultimately to benefit all. As in Park Lodge, staff needs to be more proactive in gently encouraging residents to join activities, especially those from BME communities. As leisure activities impact on wellbeing, they must be taken seriously.

## MANAGEMENT

- **RAPID STAFF TURNOVER:** is an area that needs to be examined. Staff morale also seemed very low as is evident from the sense of helplessness generated by intense financial cuts together with the pressures created by high expectations from funders despite this reduced funding, and the intense regime of more regulations and training requirements.

## PROVIDER/REFERRER INTERFACE

- **IMPROVING UNDERSTANDING OF EXTRA CARE RESIDENCES AMONG SOCIAL WORKERS:** identifying a clear referral pathway and a thorough understanding of Extra Care would be conducive towards the provision of better care and support for residents, and might also help to prevent inappropriate residents from being admitted into Extra Care places on the basis of incomplete support plans prepared by social workers.
- **DEVELOPING A JOINT PROTOCOL FOR COMMISSIONERS AND PROVIDERS OF EXTRA CARE SERVICES:** this could help to build mutual understanding between, and clarify responsibilities of, Extra Care providers and the consequent expectations of commissioners of services.

## ADDITIONAL RECOMMENDATIONS REGARDING SOME POINTS RAISED IN HWH'S EARLIER REPORT

As in our 2015 report, we would like to recommend the following:

- **TRAINING FOR MALE CARE WORKERS** so that they are able to prepare fresh healthy meals for residents instead of heating up pre-cooked food in their microwaves.
- **STAFFING: (a) RESIDENT OCCUPATIONAL THERAPIST/OCCUPATIONAL THERAPIST AND (b) STAFF ON DUTY ON WEEKENDS:** Considering that service of (a) is a recurrent need of many residents in Greenrod Place on an ongoing basis, and that of (b) could be linked to the safety of vulnerable adults, it might be useful for LBH to investigate whether Extra Care places have residential physiotherapists / occupational therapists and staff at weekends and if not to then take appropriate action. Even more importantly, having resident therapists might be conducive to helping to reduce the hospitalisation of residents.

- **EXTENDED OPENING HOURS FOR THE KITCHEN:** Since none of our respondents made this demand, it may be that either it is no longer an issue or that they feel disempowered and have consequently given it up. It might, therefore, be useful for LBH to find out the opening hours of kitchens in other Extra Care places and to then act accordingly. More importantly, since some residents said that not everyone in Greenrod Place can afford the kitchen, HWH is investigating the affordability of the kitchen in Greenrod Place for those on meagre state benefits.
- **TRANSPORT FOR RESIDENTS:** Although Greenrod Place might not be in a position to provide transport to residents and although they said that they do help residents by arranging taxis for them so long as the residents pay for them, they need to be provided with lists of various voluntary/community organisations that provide free or affordable transport to the elderly and to people with disabilities.
- **LACK OF RAPPORT BETWEEN RESIDENTS AND GREENROD PLACE MANAGEMENT:** The Greenrod Place Manager's response was that they have staff meetings with residents. However, some residents, as mentioned earlier, said that they felt isolated and that there was a lack of communication between residents and management. Moreover, considering that during their interaction with us, there was mention by the residents of possibly a Residents' Cooperative running alongside the managers, it is very clear that there is room for considerable improvement in this area and we would like LBH to pursue this.
- **LACK OF RESIDENT INVOLVEMENT IN STAFF RECRUITMENT:** Despite the value of this recommendation in which residents have an interest, there has been no progress in this area. The manager was silent and did not give any response to this point. This is disappointing considering that some residents, as mentioned in our earlier report, have both the ability and the desire to have an input in staff recruitment. Moreover, providing residents with opportunities in staff recruitment would help to bring residents, management and staff together on an equal footing and therefore working together in the interest of both residents and the organisation. We would like LBH to pursue this matter as it will help to empower residents and also help to improve service provision.
- **NEED TO LOOK INTO CARE OF RESIDENTS WITH DEMENTIA:** Though the management said that Care Plans of residents were reviewed regularly, we would like to make sure that in the interest of residents, they are conveyed and discussed with LBH and related staff.

## B. PARK LODGE HOUSE EVALUATION

The first set of interactions was carried out with a cross section of eight residents of Park Lodge House who agreed to take part in our evaluation of services, in late February 2016.

The age of Park Lodge House residents that we spoke to ranged from approximately 60 to 80+ years. With the exception of just 1, all of our Park Lodge House respondents were white. Six were female and 2 were male respondents.



The aim of the following table is to give a general idea of the residents with whom we interacted:

Approximate Age	Sex	Ethnicity	Approximate duration of stay at Park Lodge House	Any other details
1. 60+	Male	White	Unclear	Mobile.
2. 60+	Male	White	Since August 2015	Mobile and sociable but needs regular care/help in some areas of his upkeep.

3. 70+	Female	White (non-British of European origin)	Couldn't remember but here since August 2015	Mobile, but has dementia and looked a bit lost.
4. 60+	Female	Asian (of Indian origin)	August 2015	Seemed withdrawn, alone and unhappy.
5. 80+	Female	White	For 4 or 5 months	Mobile, very sociable and communicative.
6. 60+	Female	White	Since August 2015	Mobile and quiet.
7. 70+	Female	White	After August 2015	Mobile. A very articulate and positive personality. Independent but she does need care when bouts of her long term illness affect her.
8. 70+	Female	White	Not sure. Since July 2015	Mobile and tries to keep herself occupied with activities such as knitting, despite her long term illness.

### Location and some details of interaction with Park Lodge House residents

Most residents of Park Lodge House spoke to us downstairs in the dining area just outside the kitchen. One of them spoke to us in the sitting space near the reception area and two residents spoke to us whilst they were in their individual flats.

As in Greenrod Place, in all instances, we took care to ensure that our communication with residents in Park Lodge House took place in a calm and relaxed manner. We gave them adequate time to express whatever they wanted to say and took care not to make them feel pushed or pressured to talk to us.

*(For details of location of our communication with residents, please see the table on the next page):*

<b>No. of interviews in Park Lodge House near the Reception</b>	<b>No. of interviews in Park Lodge House dining area</b>	<b>No. of interviews in Resident's flats</b>
5	1	2

Again, as was the case in Greenrod Place, our interaction with Park Lodge House residents in communal areas did not affect the interviewees adversely. This was because they were not in the midst of, or in close proximity with, any authority figures such as Park Lodge House staff; social workers or care workers whose presence could have had the effect of making them feel threatened or inhibited. In some instances, Park Lodge House staff even helped play a positive role by explaining the aims of our evaluation to residents.

It is apparent that very few people from BME communities currently use Extra Care places in Hounslow. Despite this, we would have liked to include some more BME residents in our sample. However, despite our efforts, we were able to only obtain feedback on services from one BME resident. A second Park Lodge resident from an ethnic minority community who we had included in our list of interviewees, told us that she was unavailable to take part in our survey because she was going out.

## SUMMARY OF RESPONSES COLLATED FROM PARK LODGE HOUSE RESIDENTS

All of the responses that were received from Greenrod Place residents to our evaluation have been presented in the table below:

Opinions/ Score	Meeting Needs/ Changes?	Cared for?/ Changes?	Satisfied with activities? <sup>5</sup> / Changes?	Feel you're heard?	Like to move?	Would you recommend?
10/10	Yes. Getting all the care needed – I am given the medicines I need to take. Can't think of any change.	None, except not having any resident who creates a stir/ disturbs the peace.	Likes knitting, Crossword, Mosaics but, as I like to be busy, would be nice to have some more.	Yes	No	Yes, definitely.
Positive. 7/10	Yes. Building is nice and bright but I also liked my earlier place.	Yes	Yes, but I am also able to go out separately.	Yes they have meetings and they do listen.	No	Yes, I think so.

<sup>5</sup> Park Lodge House said that they provided their residents with a diverse range of activities. Their list of Activities for February 2016 revealed that these included: Art & Craft, Making Mosaics, Learning Exercise and Relaxation Techniques, Hairdressing, Bingo, Movie & Popcorn Nights, Yoga and Sing Along sessions. Again, some residents mentioned Bingo with considerable interest though others said that they were not active in participating in activities and that many residents did not venture out of their rooms not wanting to socialise. Staff added that they were constantly trying to find out and learn what activities they should provide for residents through a process of trial and error.

Didn't give any marks.	It is variable. Sometimes lovely/good, sometimes not that good.	No reply.	No (but had obviously forgotten participating in making mosaics (as was evident from some mosaic pieces present in the resident's flat.)	Yes	No reply given.	No reply given.
Positive. 9/10 or 10/10	Yes. It is nice and comfortable.	The staff are helpful, supportive and polite.	Would like more things to do as we're sitting around too much. Like group outings, painting, reminiscence project, if possible.	Yes. The staff talk and listen to me. The manager is very good, She even gets 'stupid' with us!	Like the accommodation here.	Yes, I would.
6/10		Yes, but sometimes they don't give me my dinner when I want it.	Sometimes. I like Skittles	Yes, they listen.	No, I'm happy here.	Yes
No score given	Feels Carers arrive late.	Yes. Carers should arrive on time.	Used to take part in activities at Christmas but not now.	I don't know how but she did say that she did call and ring for staff.	Yes, I would.	No
Positive. 7/10	Yes. The staff is caring.	Yes, Can't think of anything.	Yes. None suggested.	Yes	Yes	Yes
Positive. 8/10	Yes. Very good. Everyone does what you ask them	Yes. They do what I need. I know if anyone asked for more it	I join in activities when I can. I can't join always as I have some	Yes, they do listen.	No, I'm happy here and I'll be here until	Yes, I would.



	to do.	cannot be done. I understand that the care they can give is limited. Every-thing costs.	limitations.		the end.	
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## ANALYSIS OF RESPONSES COLLATED FROM PARK LODGE HOUSE RESIDENTS

- The majority of residents were positive about care and support services in Park Lodge House.
- Though some failed to give any score, the average rating of care/support services at Park Lodge House was good and rated as 8/10.
- Most residents felt that their care workers were good and looked after their needs.
- Most residents said nothing about care workers. However, a few residents said that they felt care workers had a lot of work and that although the staff said there wasn't a dearth of care workers, the place would benefit from having more. This was coupled with a sense of resignation or realisation that the place could only provide within certain financial boundaries or constraints.
- Most residents seemed happy with the range of activities, although others said that they did not participate in them and still others said that they would like more activities including group outings in the summer, painting, reminiscence projects and interactions with young people/school pupils etc.
- The majority of residents felt that they could liaise with staff and were heard whenever they wanted to discuss or raise any issues. One went so far as to say that some staff could even be classed as being informal with residents.
- The majority of residents said that they would like to continue to stay in Park Lodge House.
- Most residents said that they would recommend Park Lodge House to their family and friends.

### Interviews with family/friends of Park Lodge House residents

The last and final phase of our Park Lodge House Place review consisted of attempting to talk to relatives and/or friends of some of the residents so as to gain an insight into the service provision from their point of view. When asked to supply us with lists of some family/ friends who were willing to talk to us and respond to our questionnaire for them, we were informed that they preferred to pass on our questionnaire to them whenever they might be visiting the residents. Due to time

constraints and considering that friends and family members tended to drop in randomly, we adhered to the staff requests. With help from staff, we managed to get feedback via our questionnaire on services from four family/friends of residents. We were unable to obtain the age, ethnicity or other details of any of these respondents.

## **SUMMARY OF RESPONSES COLLATED FROM FAMILY/ FRIENDS OF PARK LODGE HOUSE RESIDENTS**

Feedback from our small sample reveals that family/friends of residents said the following:

- All our respondents said that they felt that their family member/friend felt safe and was well cared for.
- All our respondents said that they felt welcome whenever they visited Park Lodge House.
- Although 50% of our respondents said that their needs were being met and 50% were silent about this matter, almost all of them said that Park Lodge House staff always responded to their concerns and queries regarding the care and support that was provided to residents.
- 50% of our respondents said that the activities provided were adequate and 50% felt that the question was not valid for them to answer because their family member/ friend did not participate in, or could not participate in, due to their health condition.
- 75% of our respondents felt that the question of having freedom to choose a different provider was not applicable for their family/friend and 25% of respondents chose to remain silent about this.
- None of them suggested any new activities that could be introduced to residents.

## **PARK LODGE STAFF ON PARK LODGE HOUSE SERVICES**

Feedback from the scheme manager of Park Lodge House, Martha Moran, and another member of staff, indicated that they were happy about the services that they provided.

We interviewed the scheme manager at length because she was the only member of staff present who, besides being available on the premises, was knowledgeable about Park Lodge House and was also familiar with its residents. She was particularly proud of the organisation that she ran and described the principal attributes of its services as: person-centred, holistic, open and transparent, responsive, respectful and reliable. She also said that their services were: safe, caring and supportive, effective, responsive to service users and their families and well-led.

The manager's caring, proactive tendency was apparent from the following points that she referred to:

- The organisation placed particular emphasis on the responsibility of staff to encourage/ maintain independence of their residents without putting their safety at risk;
- The regular habit of organising users meetings/1:1 user meeting/ user surveys and also liaising with their family and friends so as *"to establish if service users have any particular interests that we are unaware of"*;
- The way that they endeavour to be open to trying out new ideas for activities for residents; and
- The fact that although residents chose their own food/ meals, *"if a service user had an unhealthy diet we will engage with them and try to improve their diet."*

Park Lodge House's manager's awareness of the need to cater for both cultural and linguistic diversity in a multicultural borough like Hounslow, was refreshingly understood when she pointed out that they had a "diverse staff team – some of them speak Punjabi, Portuguese, Polish and Urdu." We found some Park Lodge House staff reaching out to BME residents, talking to them in their language and trying to gently coax them out of bed and to mix with other residents. At Greenrod Place, on the other hand, although care seems to be taken to ensure that when required, there is ethnic and linguistic matching of residents with their care workers, it was still evident from a BME resident and their care worker that the resident felt isolated and out of place in the midst of other residents.

## CONCLUSIONS REGARDING PARK LODGE HOUSE

Conclusions that can be drawn from the responses of residents and their family members have been summarised and presented below under different categories to facilitate quick communication:

### 1. GENERAL COMMENTS ABOUT PARK LODGE HOUSE CARE/SUPPORT SERVICES

The majority of our respondents described the place in words such as: *"clean"*, *"bright"* and *"neat," "tidy"* or *"comfortable"*. They also generally said that they were happy with what was being provided.

The general response of both residents and their family members was that the level of care and support at Park Lodge House was good. In consonance with the positive views about care/support services expressed by family members of residents (already

mentioned above), residents who took part in our evaluation also generally spoke well of the care/support that they received at Park Lodge House. *“They do what I ask them to do”* stated one resident; whilst other residents made remarks such as:

***“They give enough time” and “I like it here. I am very happy here. I don’t feel pushed and we get help when we need it. You can stay in your flat if you like or you can come out and mix with others if you want.”***

Interactions between Park Lodge House manager, care workers and other staff seemed to indicate that there seemed to be an air of friendly informality between them. It is possible that by enabling intermingling of staff, visitors and residents, the layout of the ground floor of Park Lodge House is conducive to promoting this positive feature of Park Lodge House.

## **2. RATING OF PARK LODGE HOUSE CARE/SUPPORT SERVICES**

Family members of residents were not asked to rate services, but all the residents that we spoke to were asked to do so. Assuming a score of 6/10 and above, to be indicative of a good or a relatively high level of satisfaction with services; a score of 5/10 to mean that services/care were considered satisfactory and a score below 5 to be indicative of services being considered fair, unsatisfactory or poor, it can be said that the majority (69%) of Park Lodge House residents who participated in our evaluation, gave its services a high rating of between 6/10 to 10/10. Though some did not give any score, there was no open criticism of services and the lowest score given was as high as 6/10.

## **3. COMMENTS ON CARE WORKERS & THEIR TIME PRESSURES**

With just one exception, residents said that the quality of care that they received was good. Some residents were also appreciative of care workers and said that they did a good job and were both helpful and compassionate.

Whilst not complaining about the services or time that they received from care workers, a small number of residents mentioned that care workers are under pressure and though they are conscious of financial cuts and limitations, they mentioned that they might benefit from having more care workers.

Here it might be appropriate to mention that, as in Greenrod Place, care workers do not seem to have the time or facilities to cook regular fresh meals for residents. Residents seem to have a stock of ready-made meals in their refrigerators for heating by care workers. We were, however, told by staff that in order to break the monotony, they served fish and chips when residents could have a meal together in the dining area.

The provision of healthy fresh meals as an area for improvement was also evident from a comment made by one of our family/friend respondents who said that

availability of “meals on Wheels on site would be a bonus, if possible in the future”.

## AREAS OF CONCERN ABOUT PARK LODGE HOUSE

Despite the generally positive rating of care and support services received by Park Lodge House from some residents together with the positive feedback received from family members, there are some areas of concern that need to be examined by those responsible for commissioning and monitoring services.

- **AN ONGOING PROBLEM WAS THAT ALARM BUTTONS PROVIDED TO RESIDENTS TO SUMMON HELP DID NOT ALWAYS WORK**

A safety issue raised at Park Lodge House was that the call buttons they are provided with to summon for help when required, do not work consistently. This was mentioned as an ongoing problem.

- **PARK LODGE HOUSE SEEMS TO BE SOMETIMES BURDENED BY SOCIAL WORKERS OR OTHERS WITH ‘INAPPROPRIATE’ RESIDENTS THAT TENDS TO PLACE CARE WORKERS UNDER PRESSURE AND ALSO IMPACTS ADVESELY ON OTHER RESIDENTS**

This was mentioned by two residents. Two of them said that the negative behaviour of an ‘inappropriate’ resident, had triggered off a negative response in one of the residents which was rather unfortunate/unpleasant. One of them also felt that such residents required more time which tended to impact on the time/attention/care received by other residents.

- **AGENCY STAFF USED AT PARK LODGE HOUSE PERHAPS NEEDS SOME TRAINING**

Whilst emphasising that they had no intention of criticising care workers, a resident pointed out that perhaps agency workers on duty were not conversant with how to use/respond to alarm buttons or were not that attentive in responding to alarm button calls.

## RECOMMENDATION REGARDING PARK LODGE HOUSE CARE/SUPPORT SERVICES

- **SITUATION OF CARE WORKERS:** It will be important for LBH to make sure that Park Lodge House care workers are not placed under undue pressure and have adequate time to provide care and support to residents.
- **FRESH/HEALTHY MEALS ON WHEELS** on site is a need that must be looked into as the lack of nutritious meals has serious health implications. Providing residents with access to fresh meals is definitely a far better option than commercially prepared pre-packed frozen meals or so-called “convenience food or processed food.”

According to UK’s Food Standards Agency, “three-quarters (75%) of the salt we eat

comes from processed food, such as breakfast cereals, soups, sauces, ready meals and biscuits and not from salt that we add to food.” Similarly, many packaged or processed foods contain high levels of hidden sugar. Hence, though cheap and easy to prepare, they are an unhealthy option since too much sugar causes rapid swings in energy and blood sugar and can therefore contribute to many serious health problems. According to One Green Planet:

**“Most convenience foods provide little to no nutritional value and have excessive amounts of sodium, sugar, and saturated fats. While everyone should avoid these types of foods, it is highly recommended that individuals with health conditions like heart disease, hypertension, or diabetes to avoid these foods all together... If consumed regularly over time, such foods can quickly begin to harm a person’s health, which can contribute to serious health issues, for example obesity, diabetes, heart disease, cancers, and strokes.”**

Providing freshly cooked food to residents is therefore a must as it will not only be more appetising and tasty, but it will also be part of a healthy lifestyle and will help residents to stay healthy and to prevent them from contracting illnesses. For places with residents who are mostly older people or those with various health conditions or disabilities, regular access to freshly cooked meals is of even more vital importance than for ordinary people.

- **PROVIDING ACTIVITIES ACCORDING TO RESIDENTS’ WISHES**

Although residents are generally happy with activities and the management is responsive to residents’ needs, mixing mixes with them socially and constantly trying out new activities and will continue to do so, we would like to mention that since participation in leisure activities impacts on wellbeing, there is the need to make sure that residents do not isolate themselves. They need to be encouraged to mix socially and to keep themselves engaged through a range of activities, including those mentioned by some respondents, such as: outings, reminiscence projects, painting etc.

(See page 32)

- **ENSURING ALARM BUTTONS ARE ALWAYS IN WORKING ORDER** is an urgent need that must be addressed and resolved in the interest of the residents’ safety and wellbeing.

- **ENSURING THAT INAPPROPRIATE RESIDENTS DO NOT CREATE PROBLEMS FOR OTHER RESIDENTS** is a significant issue that must be immediately and fully resolved fully. It simply cannot be taken lightly or left unresolved since it can not only impact on the health of some vulnerable and elderly residents by causing them stress and anxiety, but can easily lead to serious situations and even a possible fatality.

- **TRAINING NEEDS OF AGENCY STAFF** is another area to look into in order to bring all care workers on a par and ensure the safety and wellbeing of residents.

## CONCLUDING REMARKS

As a spacious, well laid out, new purpose built development, Park Lodge House looks attractive, bright and lively.<sup>6</sup> The local people had protested against its construction but from the residents' point of view, it is good that Park Lodge House is set in pleasant surroundings. The management and staff look highly motivated; they interact, socialise and mix freely with residents and also seem to be open to ideas and suggestions from them.

Greenrod Place on the other hand has a totally different feel, quieter and far less vibrant than Park Lodge, and the senior staff appear to be demotivated. Though residents are able to approach staff/management with issues and concerns, it seems that they might go unheard (as is evident from the heating and plumbing issues remaining unresolved). It is also clear that there is scope for empowering residents by involving them in staff recruitment, actively listening to them and being proactive in catering for their needs. Good examples would be: having readily available lists of affordable transport options for residents and making sure that price of kitchen food does not make it unaffordable for those residents on benefits. There is also a clear need for more interaction between staff/management and residents on a social level.

Greenrod Place has been refurbished and looks brighter and cleaner than it was. Positioning staff close to the main entrance and thereby enabling them to respond more quickly to visitors, is another welcome change. However, Greenrod Place still needs to improve. The contrast between the two places cannot be emphasised enough.

Though Greenrod Place cannot convert itself into a purpose built building or relocate suddenly, it can definitely benefit by emulating the success of Park Lodge House. By learning the merits of close social interaction, active listening and camaraderie between management and residents that characterise Park Lodge Place, Greenrod Place could surely help to enliven its atmosphere and add more lustre, conviviality and purpose into the lives of many of its residents.

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<sup>6</sup> The popularity of Park Lodge House as an Extra Care place was also evident from the disappointment, verging on heartbreak that a local Hounslow resident expressed whilst recalling how she had felt upon realising that her application for being a resident there had been unsuccessful.

## APPENDICES

### APPENDIX 1- Questionnaire for Residents/Users (Greenrod Place)

1. How long have you been in this residential care place?
2. What do you like about the care and support services that you get here?
3. Where would you place the services you receive here on a scale of 1 to 10  
(1 being very poor services) moving towards 10 (being excellent).
4. Do you feel that your needs are being met?  
If **no**, what changes would you like to be made?
5. Do you feel cared for?
6. Are there any care and support services that could be improved?  
If yes, what changes would you like?
7. Are you satisfied with the range of activities provided here?  
If not, 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?
9. Do you feel that you are heard if you raise any issues?
10. Would you recommend this residential care place to your family and friends? Could you please explain why?



## **APPENDIX 2 : Questionnaire for friends and family (Greenrod Place)**

1. What do you like about the care and support services provided to your family member/ friend at Greenrod Place?
2. Does your family member/friend feel safe and well cared for?
3. Are their needs being met? If not, what are the changes you would like?
4. Are you aware of any recent improvements in care and support services available here?
5. Do you feel welcome when you visit your family member/friend?
6. Are the staff responsive to your concerns and queries regarding the care and support services and activities that they provide?
7. Do you think that the range of activities provided to residents is adequate?
8. Are there any activities you would like them to introduce?  
If **yes**, can you specify what these activities could be?
9. Do you think it would be good for your family member/friend to have the freedom to choose a different organisation to receive care and support services?

### **APPENDIX 3: Questions for Service Providers (Greenrod Place):**

1. Can you mention 3 distinctive qualities about the services that you provide to your users that you are proud of?
2. Which of the following 10 areas mentioned by users as requiring change/improvement, have you been able to address? (Please tick and briefly add what has been changed/improved):
  - Care staff being given zero-hours contracts and over-burdened with work which impacted on the care of residents;
  - Unevenness of care that could be addressed through better practice/training for providers of care services;
  - Lack of a resident occupational therapist / physiotherapist despite the need for them;
  - Kitchen opening hours to be extended as its services were too limited and hindered socialising;
  - Absence of any Greenrod management staff on weekends to monitor care services and to sort out any emerging issues for residents;
  - Lack of affordable transport for residents on Welfare Benefits;
  - Lack of a closer relationship of users with the top Management.
  - Lack of informed user involvement especially in staff recruitment;
  - The need to look into the care /support needs of residents with Alzheimer's; and
  - The need for security to be improved.
3. Are there any areas of your care and support services where you think change/improvements could be made?

If yes, which are these services and what are your action plans?
4. Do most of your users participate actively in the activities that you provide them? Which are the most popular activities?
5. How do you involve your users/their carers in shaping services? Can you provide some concrete examples?
6. How do you make sure that your staff understand and cater for any specific cultural / linguistic or other needs that some of your users might have?

#### **APPENDIX 4: Questions for Residents/Users (Park Lodge House):**

1. How long have you been in this residential care place?
2. What do you like about the care and support services that you get here?
3. Where would you place the services you receive here on a scale of 1 to 10 (1 being very poor services) moving towards 10 (being excellent).
4. Do you feel that your needs are being met?  
If **no**, what changes would you like to be made?
5. Do you feel cared for?
6. Are there any care and support services that could be improved?  
If yes, what changes would you like?
7. Are you satisfied with the range of activities provided here?  
If not, 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?
9. Do you feel heard if you raise any issues?
10. Would you recommend this residential care place to your family and friends? Could you please explain why?

## **APPENDIX 5: Questions for friends and family (Park Lodge House):**

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

## APPENDIX 6: Questions for Service Providers (Park Lodge House)

1. Can you mention 3 distinctive qualities about the services you provide to your users which you are proud of?

2. Would you say that you provide services that are:

- Safe
- Caring and Supportive
- Effective
- Responsive to Service users and their families
- Well-led.

***(Please tick as appropriate)***

3. Are there any areas of your care and support services where you think improvements should be made?

If **yes**, which what are these services and what are your action plans?

4. Do most of your users participate actively in the activities that you provide them? Which What are the most popular activities?

5. How do you involve your users/ their carers in shaping services? Can you provide some concrete examples?

6. How do you make sure that your staff are updated and cater effectively for the health and care needs of your residents?

7. How do you ensure your staff cater for any specific cultural / linguistic needs of your users might have?