

Enter & View Report

Reliant Care – 102 Whitton Road

Healthwatch Hounslow
February 2023



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Introduction

Who are Healthwatch Hounslow?

Healthwatch Hounslow is your local Health and Social Care champion. From Feltham to Chiswick and everywhere in between, we make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



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.

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.

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.

Limitations

While the Healthwatch Hounslow Authorised, Representatives receive Enter & View training, they are not qualified medical or care professionals and are only able to give a 'lay-man's' interpretation of their observations and interviews.

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.

Executive Summary

Reason for the visit

This visit is part of a broader programme of Enter & View visits to Care Homes, looking into what is working well and areas for improvement.

Methodology

This was an announced Enter and View visit which took place on **29th February 2024** between 10 am and 2 pm. It was carried out by three Healthwatch Hounslow Authorised Representative.

Promotional materials, such as an Easy Read introduction letter, and a poster advertising the visit to residents, were shared with Reliant Care in advance of the visit. In addition, an online survey was provided ahead of the visit, allowing staff, managers and family members to complete the questionnaire online, if they so wish, and for residents to contact us to express their wish to talk to us.

The visit consisted of the following components:

- An initial introduction to the house with team leads and staff members
- A brief observation of the external and internal premises
- Interviews with residents, staff and the manager
- A debrief with the manager to highlight any immediate concerns

In total we spoke to: (in person and via online surveys)

- 3 of 6 Residents
- 1 Daily Operations Manager
- 2 Senior management
- 8 Support Workers/staff
- 4 Friends and family

Visit Details

Type	Details
Service Visited	Reliant Care, 102 Whitton Road, Hounslow, TW3 2DA
Latest CQC Score	Not a CQC Regulated Service
Registered Manager	Kofi Kyei-Mensah-Osei
Type of service	Supported living accommodation for mentally & physically challenged individuals including those with learning disabilities and with substance misuse issues
Number of residents	6
Date and time of visit	29th February 2024
Status of visit	Announced
Lead Authorised Representative	Aastha Binrajka
Healthwatch Hounslow contact details	Healthwatch Hounslow 45 St Mary's Road Ealing W5 5RG Tel: 020 3603 2438 Email: info@healthwatchhounslow.co.uk

What we found & recommendations

From our visit and survey results, our nine key findings and recommendations are:

1. The inclusion of a visitors' book and a sign-in corner

Adding a visitor's book can enhance security by keeping track of who comes in and out, and it can help regulate the access of cigarettes, alcohol, and other items that residents may misuse.

Our representatives were not asked to sign-in, and it would be better to have one visitors' book to keep a record of who is coming and why are they coming.

A small sign-in corner with a hand sanitizer can improve hygiene indoors without taking up too much space.

2. Senior Management to visit and talk with residents more often

Residents A and B expressed a desire to have casual conversations with the manager, as A mentioned it would be nice to see him, while B noted that the manager rarely visits. Increasing the manager's visits could strengthen the relationship between caregivers and residents, providing an opportunity for residents to directly express their desires, issues, and concerns to the authorities if they feel unheard by the staff.

3. Offer more activities for residents

The home currently offers music and art therapy activities, with music being more popular. Residents A and B enjoy music therapy but also expressed interest in cooking sessions, which were previously available, but removed. It is important to discuss residents' preferences in meetings and the home should consider bringing back cooking sessions in particular.

Additionally, introducing activities like gardening and cooking sessions could increase participation and add variety to the routine. Gardening would also make better use of outdoor space the home has to offer.

What we found & recommendations (continued)

4. Enhanced outdoor space for residents

Improving the garden and outdoor area of the property could enhance its appeal and make it more enjoyable for residents and visitors. Adding shrubs, flowerpots, and better seating arrangements could create a more vibrant environment. Decorative features and garden amenities would also encourage residents to spend more time outdoors, potentially helping to regulate smoking by encouraging residents to smoke only outside.

5. Enhanced interior space and air circulation

Improving airflow in the hallways is essential as odours tend to linger. Strategies such as keeping more windows open, using the kitchen hood during cooking, and using timed air fresheners throughout the day can mitigate this issue. Despite the policy permitting smoking only in outdoor areas, a strong cigarette odour was noticeable in the hallways and even inside one resident's room during our visit.

6. Enhancing communal spaces with decor and artwork

Enter & View representatives felt that the communal spaces lacked pictures, posters, art works etc. which could make the spaces more visually pleasing and homely. Inclusion of encouraging messages to discourage substance misuse and providing useful advice through posters would also help.

7. Addressing bathroom maintenance for resident safety

We observed mould in one bathroom and water on the floor in another. Since residents are responsible for cleaning their own bathrooms, these issues may have gone unnoticed. However, it is crucial to address these matters to prevent accidents and health hazards.

Regular checks should be conducted by staff to identify and address any maintenance issues promptly. Additionally, providing residents with guidance on recognizing and addressing potential problems in their bathrooms could help prevent issues from escalating and contributing to slips and falls.

8. Building a community

It was observed by our representatives that the common space/lounge was not in regular use by residents. We would recommend actions which could help build a community and connections between residents eg find a few common TV shows to watch which might encourage residents to meet more often and interact with each other in the space/lounge.

What we found & recommendations (continued)

9. Improve engagement with support plans

As no resident mentioned weekly and or independent meetings regarding their support plan, we wonder whether there is any engagement in this process at all. We would encourage the provider to review levels of engagement, and as necessary, put actions in place to secure this active engagement from residents including complaint procedure.

Provider's Response

Kofi Kyei-Mensah-Osei, Manager, responded to our report and shared the following comments in relation to each recommendation:

This report is thorough and have read through it and accept the 9 recommendations made. We shall promptly act on the lapses identified in the report. I have set out to respond to all the 9 recommendations below. Even though most of them are currently in place or being done yet, we I acknowledge that we have to improve on some of them; going forward.

- 1. The inclusion of a visitors' book and a sign-in corner-** We have a visitors' book at the office for all visitors to sign in. We have instructed our staff on site ensure every person who attends the unit signs in and out.
- 2. Senior Management to visit and talk with residents more often-** We have taken this on board. I last visited the accommodation on 18/04/24. I am due to visit again on 30/04/24. We shall make it a practice to schedule regular visits.
- 3. Offer more activities for residents-** Our Group Healthy Cooking sessions are still ongoing. It has not been removed. Service users have rather been reluctant to engage in it and if they do, it is sporadic and not consistent. Staff will discuss all the other in-house activities with the service users and begin to roll it out on daily basis. Our support team have started discussions with the residents to restart the activities as matter of urgency. Towards this end, the activity calendar has been made available to individuals to remind them of each in addition to staff prompting them on schedule. In addition to the above, the service users have been disinterested in our Art Psychotherapy sessions, job opportunities and psychology sessions with the responsible leaders in these areas however, we have started a drive to rekindle the interest of our service users with the hope that we could get them to reengage.
- 4. Enhanced outdoor space for residents-**We have taken this recommendation on board and have started discussion with the service users to know what they want and how they want the outdoor space to be enhanced for them. They are being led by 2 of their peers.

Provider's Response Continued...

The leaders will feedback to management for implementation once their decision is made. The above notwithstanding, staff will support them with alternatives to ensure their preferences and choice are better informed.

5. Enhanced interior space and air circulation- We have taken this recommendation on board. We acknowledge that this has to be done to suit the taste of our service users. For the above reason, we have started discussion with the service users for them to direct us on how they want the interior space of their home at 102 Whitton Road to be enhanced/decorated for them. They are being led by 2 of their peers. The leaders will feedback to management for implementation once their decision is made. The above notwithstanding, staff will support them with alternatives to ensure their preferences and choice are better informed.

6. Enhancing communal spaces with decor and artwork- We take this recommendation on board. We acknowledge that 102 Whitton is the home of our service users and for that matter, any decoration made to it should be service user-led. For the above reason, we have started discussion with the service users for them to direct us on how they want the interior space of their home at 102 Whitton Road to be decorated for them. Two of them have been tasked to work with staff to choose paintings and artworks from online and forward same to management to purchase them for the house.

7. Addressing bathroom maintenance for resident safety- We have a very responsive maintenance who prioritise and promptly respond to maintenance issues that are reported to them. Additionally, we have weekly room health and safety check that is aimed at quickly spotting health and safety issues and ensuring that these promptly addressed. Management attaches importance to maintenance issues and will follow up on this ensure that there are no lapses in future.

8. Building a community- The need to build a community in the unit has always been our priority however, it has been difficult due to a couple of reasons:

- Until recently, one of the service users was engaged in employment at our head. He was doing this 3 day a week. This individual also worked 2 days a week with his family friend on days that he was not engaged in work at the head office. The other 2 days (usually weekends) was spent at home with his family. It was near impossible to involve him in a lot of activities in the unit as all the above activities were important to him.

Provider's Response Continued...

- Again, another service user tended to spend weeks and weeks at home with his mother and has been moved on to independent living in the past few weeks not to be engaging with service. This made it difficult to involve him in any activity in unit.
- There is a third person who barely use the unit. This individual is continually spending time with his friends in the wider community and often returns to the unit late at night.

9. Improve engagement with support plans- We encourage our service users to engage in their support plans to increase their self- esteem, confidence and life satisfaction in being able to lead the change in their lives and to keep their recovery on an even keel. During delivery of support, ensure that our staff ask what our service users would like to happen. This includes what they would like to do next and how they want to spend their time both in the unit and externally as well. These are the building blocks of empowerment as it helps people feel in control of their decisions. Because our Support Plans are person-centred, we ensure that our engagement with our service users are premised on the principles of dignity including:
Recognising and respecting uniqueness.

- a) Adapting care and support.
- b) Effective communication.
- c) Maintaining personal care privacy.
- d) Creating a respectful environment.
- e) Cultivating a culture of dignity.
- f) Balancing challenging situations.

Suffice to say that we engage our service users in regular keywork sessions to give them the platform, privacy and the opportunity discuss personal issues and how they want their support and care to be run. Our personalised care and support planning is a systematic way of ensuring that individuals living in our unit are supported through proactive conversations, with support staff or their keyworker and health and care professionals. The conversations with their keyworkers focus on what matters most to that individual (their personal goals) and the support they need from their keywork and the support staff as a whole to manage their health and wellbeing. Our keywork session is a process of identifying issues such as development ADLs, exploring work opportunities, managing finances, education/vocational choices, medical and non-medical support needs, discussing options, contingency planning, setting goals, documenting the discussion (often in the form of a care plan) and monitoring progress through regular review. Going forward, we shall redouble our efforts to ensure all our service users are engaging with their support plans as often as possible to ensure they achieve their goals/targets they have set with their keyworkers.

1. Results – Overview of Visit

This section provides more details on observations and interviews



Observations

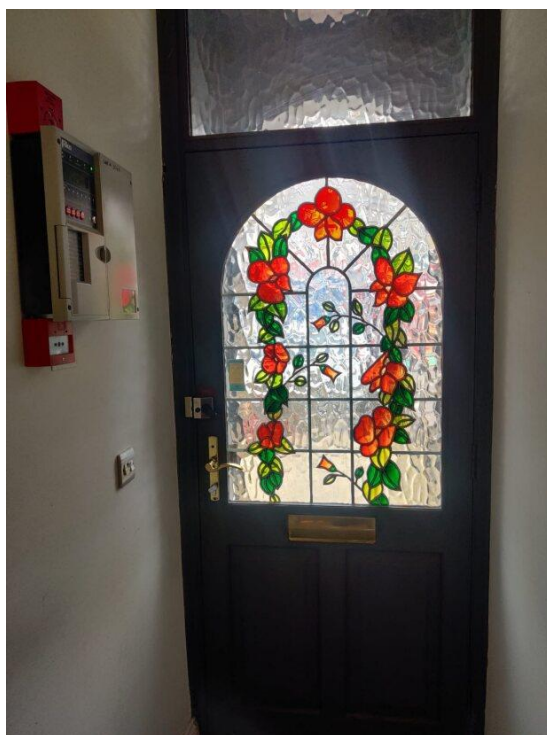
The authorised representatives were given a tour of the property, both external and internal at the beginning of the visit. A checklist was used to help gather comprehensive insights and observations of each area have been summarised below.

Reliant Care is a fairly modern purpose-built residential home, arranged over three floors. It is situated in a mostly residential area and is adjacent to a main road.

Outside and entrance

The house is a small assisted living accommodation in a North-west London neighbourhood with good accessibility and transport links, having bus stops close by, a rail station within 10 minutes' walk and off-street parking facilities. The building itself is hard to identify and lacks clear external/entrance signage. There are a few shops nearby for groceries and supermarket shopping. The local GP practice is also within walking distance from the home and is where most of the residents are registered. Overall, there is a peaceful atmosphere, and surrounding conveniences are good.

There is a doorbell at the entrance and someone from inside is required to welcome in visitors. We didn't find any visitor book in place or a place to sign in. Upon our arrival, we were greeted by a staff member and seated in the manager's room, which is closest to the entrance.



Observations (continued)

Environment

The house was mostly quiet during the course of our visit, except during one encounter, when a residents was observed coming to ask for their daily cigarette allowance in a somewhat chaotic manner.

The quiet imparted a sense of individual isolation in the house, with minimal interaction between residents as they mostly remained in their rooms. Planning more activities together and making use of the lounge might liven up the house and make it feel more homely.

The ground floor was bright with plenty of sunlight streaming in. This was in contrast to other floors, which it was felt, could do with better lighting.

There was a significant odour of smoke inside the house on the ground floor despite having a separate area for smoking outside the house.

The outer space/garden could be easily accessed through the kitchen, however, it is without any greenery and fenced giving off a "closed in" feeling and was not a terribly inviting space. Nevertheless, the far-left side of the space, which is also accessible from one of the resident's rooms, does have a covered bench area for when it's raining and when residents want to sit down outside. Yet much can still be done to improve the space.



Observations (continued)

Halls and Stairs

Corridors and stairs were wide enough for residents to be supported by another individual and emergency exits were clearly labelled, with other signage observed, cautioning for dangers/hazards. The COSHH (Control of Substances Hazardous to Health) cupboard was well-signed and monitored. We observed up-to-date fire extinguishers around the house and security cameras at various locations.

The stairs go up two floors and each floor has two resident rooms available. The first floor also leads to the common area/lounge. The stair walls were slightly unclean with paint coming off at some places and damp or water damage or gunky/brown marks also present.

Toilets & bathrooms

The visitor/staff toilet on the ground floor had appropriate signage informing that access is restricted. All residents' rooms have their own bathrooms, which appeared mostly clean, except in a couple of instances where we spotted mould in one and water on the floor in another. As each resident is responsible for their own bathroom cleaning, this might have gone unnoticed and could be a risk to health, or cause slips and falls.

Communal areas

All public and communal areas were clean and comfortable with enough seating in the common room/lounge and a TV. However, we observed that the chairs in the common lounge weren't in the best condition. Some were dirty with old paint stains and another seemed to be half broken. The space in general was not in use by anybody. We were told that the residents usually stay in their rooms and don't really get together. Enter & View representatives felt that the room could be brightened up and made more inviting with better lighting, some paintings or decorations. Consideration could also be given to how to build a community.

Observations (continued)



Observations (continued)

Private bedrooms

Resident rooms were all en-suite and spacious with a suitable temperature maintained, and a lock on the door. Although they were furnished, residents are also given the option to customise their rooms with their own belongings and are responsible for cleaning their own rooms, aided by staff via a daily room check. One of the residents had a TV and sound system for recreation.

It was observed that most rooms had poor ventilation despite there being a window and either a strange smell or cigarette smoke were trapped inside their rooms/overall premises.

Overall cleanliness

The communal and private areas of the house were mostly clean and tidy to a good standard.

During our visit some unclean spots were noticed in the communal space. Upon noticing, the staff were quick to clean up the communal space and expressed a keenness to maintain high hygienic standards across all rooms.

Activities

Since it is a small home with only a few residents, there are not many activities in place. Residents currently enjoy music therapy, and at times, art therapy. Some residents reported previously enjoying cooking sessions, which were no longer running.

We observed that there was no specific notice board inside the house displaying an activities schedule.



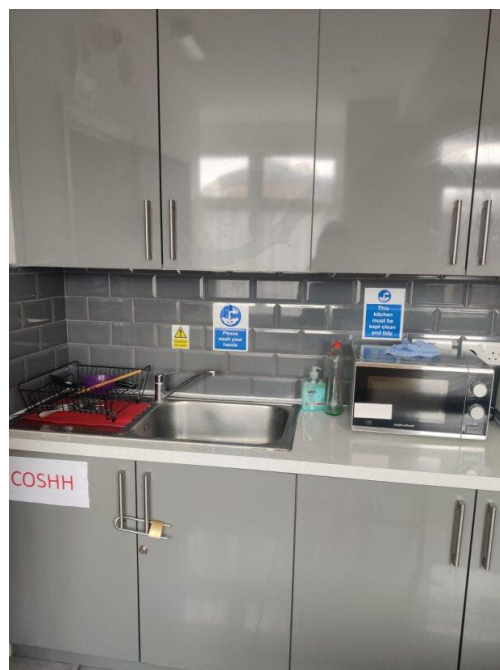
Observations (continued)

Kitchen

The kitchen was quite tidy overall. It comprised of a dining space with four chairs on the main table which would prove enough for resident's needs but not for larger gatherings or when there were visitors – in these instances chairs are taken from the common room/manager's room to accommodate them.

Meals

The residents have a choice of meals from the menu and can further discuss their preferences with the team or chef. We were informed that almost all the residents prefer to get their own meals either by cooking themselves or having takeaways.



Interviews & survey feedback

Through interviews and surveys with staff, residents, and family and friends, we gained the following insights into living and working at the supported living accommodation.

General overview

Overall, from what we could gather from the responses given by residents, their family, and the staff members, the residents were generally happy with their accommodation. They are comfortable in the home and felt cared for by staff outside of some moderate complaints. Only 1 resident expressed dissatisfaction with their stay and had conflicts with one staff. Although the resident could not justify the reason for this.

The staff also generally felt capable of handling their workload which resonates with the positive feedback received from family members and senior management about the quality of care provided.

Care and support plans

The house comprises of individuals with capacity and encourages independent living. However, residents receive help by having a degree of daily supervision in their lives. The residents we interviewed expressed a satisfaction with the way staff communicate and help them.

Management noted that staff could regularly check support plans for each resident which outline how support can be delivered to meet the needs of all of their mental health diagnoses. Reliant Care support plans aim to help residents develop their independent living skills, social functioning, reduce self-destructive behaviour and raise feelings of wellbeing through working with the local community and in house psychologists and therapists via "therapy based" activities.

We were informed that the staff offer residents the chance to be involved in their support plans in weekly residents' meetings to discuss any topics they would like to raise, and or schedule private meetings for any further discussion. No such meeting was mentioned by any of the residents we spoke to.

Interviews & survey feedback (continued)

Sufficient time to deliver support

All eight staff who answered our survey felt that they had sufficient time to provide support even when helping residents with challenging behaviour and learning difficulties. Staff said they were able to cater to residents' needs without hampering the quality of their care even in instances when issues flare up. One resident indicated that they would like to see more of the senior staff/manager.

Support staff themselves also indicated that they were satisfied with their workload. In practice, only 1 staff member will be present in the residence for a 12-hour shift, and either a senior staff member or the manager would visit two or three times a week. Having said that, we were informed that the senior management is just a call away even if not always present in the house because the whole system operates on floating basis. For example, during our visit the only staff on shift was engaged in accommodating as we interviewed the senior team leaders and on duty manager. Our representatives noted this might have caused delay in giving their full attention to residents who were being chaotic and demanding their daily allowance of cigarette before time.

Complaints and feedback

We did not notice any complaints/feedback box in the house. Since it is a small residence with only a few people living together, the residents always have access to staff and team leads to discuss any issues and concerns. Despite this one resident explicitly mentioned they were not aware of the complaint's procedure.

Friends and family are also encouraged to give feedback through answering anonymous surveys.

Interviews & survey feedback (continued)

Inclusion of friends and family

Staff noted that only some family and friends of residents come to the home on a regular basis. However, all of them were involved with their relative's wellbeing in the house, to some degree. The support staff try to encourage and prompt the residents to frequently call their friends and family to keep them included in the Reliant Care community.

In the survey Healthwatch provided, all 4 family and friends of residents that responded indicated they were satisfied with Reliant Care's quality of service and inclusion of them in their relative's care.

Management also commented that friends and family, and service users are encouraged to give feedback about the service through an anonymised survey so they can answer without fear or favour.

Communication with residents

This was somewhat challenging as all residents in the assisted living home possessed some degree of mental health diagnosis and substance dependence, especially resident C, whom when interviewed gave incoherent replies. However, the 2 residents we spoke with gave slightly more comprehensive answers.

Responses from the staff and senior management demonstrate the dedication and skill the care team has put into communicating with all residents. Responses described how they learnt to patiently talk with the residents using accessible language and different strategies where needed. They also focus on improving the resident's communication skills in general through Dialectical Behaviour Therapy (DBT) to get their opinions in different matters of their care plans. However, some minor hurdles/misunderstanding were reported, which have resulted in resident C and a staff member falling out.

The other two residents we interviewed have generally implied satisfaction, with staff being respectful and understanding. However resident B said that he has "never been told the complaint procedure" which may indicate a miscommunication or actual lack of awareness of the process, and some desire to be better informed.

Interviews & survey feedback (continued)

Privacy and dignity

Residents were allowed to lock their own rooms and as one of the senior management stated, their goal was to help residents live independently. Support staff ensure that residents' privacy and dignity are always maintained. They portray this by respecting their right to refuse participation in activities and during room cleaning inspections, for example. This was corroborated by residents A and B who also answered positively with regards to their satisfaction with the staff's treatment despite feeling that the room checks every day were slightly too frequent, but not too invasive overall.

Friends & family members also responded positively regarding the helpfulness and attitudes of staff.

Safeguarding

All staff members who replied to our survey said that they were aware of the safeguarding process, how to raise a safeguarding alert and how to access clear safeguarding information at work. However, all staff when asked seem to need clearer knowledge of section 42. We also asked them specifically what they would do if they had concerns, response to which were sometimes unclear but appropriate.

Reliant Care management noted that safeguarding concerns are raised as and when they occur and, if appropriate, (if they reach the safeguarding threshold) then raised with the local safeguarding team and the council, on a case-by-case basis.

Staff have not had to raise an alert in the past year, however, there was an incident in recent years where a now evicted resident stole from a current resident. The immediate situation was effectively handled by senior management. It is to be noted that the same resident (victim) has also recently experienced an issue regarding their parcels being withheld and sent back by the staff without their consent/knowledge. This has been one of the reasons they have issues with a specific staff member, and the issue is yet to be fully resolved. Upon our questioning of the situation, we were informed that the resident has been ordering things under different names and as per policy, no parcel can be received for any unauthorised person in the residence.

Interviews & survey feedback (continued)

Staff induction, training and competency

All staff responded that they felt fully equipped and trained to handle any problems that may occur and provide the best care possible to all residents. The manager briefly described their induction and training process – Support staff must go through core training first, consisting of modules such as safeguarding, fire-safety, basic medical knowledge, etc. The system in place includes one month of shadowing followed by six months of probation before staff are deemed competent for working with residents alone. Staff competency is also assessed on a case-to-case basis. Furthermore, the staff are encouraged to continue their training through applying for different courses, and learning more about social work, as mentioned by one staff member.

The general preference is to hire staff from various backgrounds and ethnicities, keeping diversity and inclusion policies in mind.

Handovers

Each member of staff has a full-time shift of 12 hours either during the day or at night, and whoever is on duty tends to all resident's needs. The ratio is 1 staff to 6 residents.

All staff members, who serve the Reliant Care residence on a rota basis reported a full understanding of how to efficiently perform a handover. They identified utilizing written and verbal communication, with both sides taking responsibility for what happens during the process.

Interviews & survey feedback (continued)

Accessing health and social care

All members of staff said that it was part and parcel of their job to call the GP with medical queries and arrange appointments for the residents. However, the residents were individually responsible for walking to the GP alone to help foster a sense of independence. No parties noted any issues in this area.

Staff cooperation

Through responses from the manager and senior team members, we have learnt that the staff are generally friendly and cooperative with each other and work together well, ensuring good teamwork and the best care possible for the residents.

Staff and managers/directors have cooperative “team bonding” and “better mental health” activities that they go through. Appreciation is also shown through a year-end “best support staff” reward scheme, which is nominated by service users. Management also ensures feeling of togetherness and belonging of the staff by celebrating each other’s birthdays, reinforcing the strong relationship between them.

Final observations from the interviews

This report is based on our observations and the views of residents, family, friends and staff that Healthwatch spoke to on the day of our visit or received feedback from in advance of our visit. It does not necessarily represent the views of all residents, family, friends and staff members at Reliant Care.

A summary of our recommendations can be found on pages 7-8.



Contact Us

If you would like to discuss this report or our please get in touch:

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