



Healthwatch Lambeth
Enter and View
Helmi House Visit Report

About Healthwatch Lambeth



**Healthwatch
Lambeth is the
independent health
and social care
champion for local
people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

About Enter and View Visits

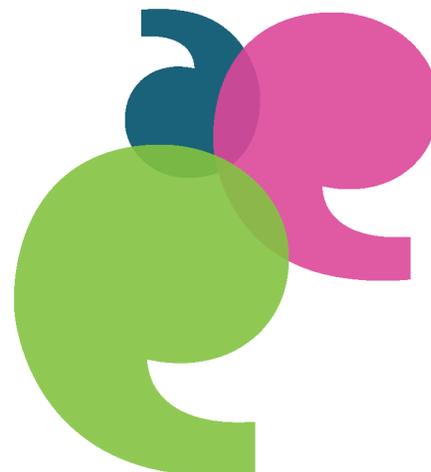
Our Enter and View programme involves visiting publicly funded adult health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained and police checked volunteers.



Visit overview

Service	Helmi House , 43 Robsart Street, London SW9 0BQ Extra care housing facility for 46 tenants, currently proving care and support to 26 people of mixed ages including wheelchair users and two residents living with dementia. Another 20 older tenants have been relocated to the scheme on a medium-term basis from sheltered accommodation in South Norwood which is being redeveloped. These tenants do not receive care services. The facility provides 41 one-bed and five two-bedroom flats and has a guest studio flat for visitors.
Registered provider	Sanctuary Home Care
Landlord	Community Trust Housing
Date of visit	Friday 20 February 2015 11am - 1pm
Enter and View Team	Catherine Pearson (lead), Janaki Kuhanendran (trainee)
Service liaison link	Jose Sajimon, Manager



Purpose of visit

Increasing extra care housing is a key part of Lambeth Council's strategy for supporting people to continue to live independently in their own home.

During 2014 Healthwatch Lambeth undertook a review of dementia services in the Clapham Park area of SW4¹. Two extra care housing facilities were involved in the review and the visiting team found a wide variation in the experiences of tenants.

Consequently, Healthwatch Lambeth decided to visit all extra care housing facilities in the borough. We are interested in whether this type of service improves and maintains people's independence, safety and quality of life, and in particular, whether these settings decrease social isolation and loneliness.

About extra care housing

Extra care housing is designed to support people who can manage independently with care and support. Self-contained flats with 24 hour on-site support are intended to offer an ideal environment to build up and maintain life skills and confidence. Care services are provided by staff in line with individual care

plans. However, the facility is not a care home as all the residents are tenants with associated rights, whereas residents in care homes are not given tenancies. The care provided is regulated by the Care Quality Commission but the facility itself is not inspected, and residents can choose to make their own care arrangements.

Participants

We had seven one-to-one in-depth conversations with tenants during our visit. Of these, three tenants were interviewed in their own flats. Prior to the Enter and View visit, paper questionnaires were distributed to staff and relatives. One member of staff returned a questionnaire; no responses were received from family contacts, despite sending a follow up letter and survey after the first mailing. An interview was also held with the manager.

To aid their observations, the Enter and View team used an adapted range of quality indicators identified by the Alzheimer's Society as useful for families when choosing a care home for someone with dementia² and also the dementia friendly assessment tool included in the patient-led assessments of the care environment (PLACE) visits for hospitals³.

¹ Details of the dementia review are available on our website:

www.healthwatchlambeth.org.uk/enterandview

² Your handy guide to selecting a care home (PDF)

http://www.alzheimers.org.uk/site/scripts/download_info.php?downloadID=1003

Location

Helmi House is located on the edge of Stockwell Park Estate, towards the junction between Robsart Street and Brixton Road. The location provides easy access for visitors, however facilities such as shops and bus stops are a short walk away. Being located away from a busy road, there was no traffic. We heard a little noise due to temporary road works immediately opposite the extra care facility.

External environment

The external environment is pleasant with trees and shrubs in the small strip of garden that surrounds the front of the building. To the side, there is large enclosed and landscaped communal garden, with seating areas and one area that is covered. The garden has been purposefully designed to be accessible to both tenants from Helmi House and the neighbouring social housing scheme to promote a sense of community between the two buildings. A gardening consultant has also been employed by the landlord to foster community relationships across both properties. However, we noticed that the position of brickwork around the garden wall restricts wheelchair users from being able to

access the full perimeter of the outdoor space.

Recommendation 1

Consideration should be given to maximising wheelchair access to the garden.

Sanctuary's response

This would need to be passed on to the landlord for them to comment.

Internal environment

Helmi House is purpose built. The front door is secure and visitors sign in. Office and reception staff are clearly seen from the entrance, which leads into an open area with seating. There were posters and information leaflets on the walls, along with photographs of residents engaged in various activities.

The ground floor is completely dedicated to communal purposes. Residents' flats are located on the upper floors. We saw people come and go through the front door, to the office, out to the garden, to the communal lounge and dining areas. We found tenants sitting comfortably in the reception and dining area, who were able to say hello to staff and other residents as they passed by. The

³ PLACE visits
<http://www.england.nhs.uk/ourwork/qual-clin-lead/place/>

gardening activity coordinator was eating lunch in the café area. The café chef was clearly visible in the kitchen from the dining area. The dining room was large with large windows to one side that overlooked the communal gardens.

The visiting team felt a sense of walking into a community environment that was welcoming and calm. There were no unpleasant smells and the interior was newly furnished and painted. The rooms were clean, well-lit and pleasantly furnished. The building was kept very warm, except for the lift space which was noticeably colder. The staff we met were friendly and accommodating.

Access and mobility

The facility is home to wheelchair users and those using walking frames, some of whom we saw moving easily within their flats and around the building. All the corridors and the toilets were wide enough for tenants who required the use of mobility aids. The toilets were clearly visible from the café and sitting room areas. The lift was easy to enter. The front door and the garden door were secure and safe.

Dementia friendly environment

This assessment was only undertaken in the communal areas using the dementia friendly

sections from patient-led assessments of the care environment (PLACE) documents.

Floors

In contrast to the PLACE assessment tool guidance which recommends a consistent colour, the floors at Helmi House had speckled carpets, which show less dirt.

Décor

The colours of the walls, furniture and the floors contrasted, and the doors and light switches were easy to see. The toilet seats, flush handles and rails did not contrast with the walls and floor.

Signage

Signs were at the recommended 4ft from the ground, which is eye level for most people. Signs on doors were clear, showing the name of the service or room and were consistent throughout the communal area. Door signs were numbers or words, not pictures as recommended by the PLACE guidance. However, each tenant's flat door did have a side shelf to display flowers and other items to personalise front doors. We observed that a number of tenants had made use of this feature while we walked through the corridors.

Recommendation 2

Signs should be identified by a picture graphic as well as words, in line with PLACE guidance.

Sanctuary's response

This would need to be passed on to the landlord to comment

Lounge

The communal lounge was a sufficiently large area with chairs arranged in small groups, including a group of seats facing the television. At the time of our visit the lounge was empty and the television was turned off. There were three computers visible, which were all turned on. We did not see newspapers, books, games or music equipment in the communal areas.

The lounge was decorated differently from the main reception hall and café area, and felt more homely. The area was also clean and brightly lit. Seating was arranged around coffee tables to facilitate conversation in small groups, but we did not find anyone sitting there.

Meeting residents

On arrival, we found the communal areas largely empty. We were told this was because a small group of ten people had left for a trip to a gardening show earlier that morning. All

residents had been informed of our visit, and a member of staff gave us a list of potential interviewees who had requested to meet us in their flats. We met three residents in their homes, and later spoke to four other tenants in the communal dining area during lunch. The majority of the tenants we spoke to were older people; two wheelchair users, one who used a walking frame, and another who needed the aid of a hoist to be moved. We also spoke to one younger resident.

Tenants' flats

Of the tenants we visited in their flats, two received care support and one did not. The corridors, lounge and kitchens in all flats were clean and well maintained, and each flat was kept very warm. In one flat however, despite being clean, we noticed a lot of small flies. Rooms were spacious, and corridors were wide enough to move around comfortably with a wheelchair. Each of the flats we visited had a balcony, some with very impressive views of the City of London's skyline.

Quality of care

The visiting team felt that the overall feedback by residents suggested that quality of care provided was good. Residents commented 'It's alright living here. I've been here four years. It's nice, I like it', 'I like living here. I like the care I get and all the respect that they give me' and 'I like it and I

am doing well here'. Only one person suggested that they were unhappy living at the facility, saying *'I don't like living here. Too many things go missing. Two of my scarves have gone missing'*. Staff explained to us that this particular individual had from some memory loss and did not wear scarves.

In terms of the care provided, residents seemed satisfied with their daily routines and were appreciative of the support provided by staff. *'Every morning I get up at 9am. The ladies do their job, wipe me down and clean me. If they are in a good mood, everything's fine. I'll tell them when they aren't good'* and *'The carers give me a bath each morning, cream me and dress me. I get my laundry done here, and the place is kept clean'*.

As we entered flats, we found residents who were less physically mobile watching the television at a suitable sound level for them to hear, and with a drink and remote controller in reaching distance.

The one staff response we received supported this positive view of care, commenting *'[Helmi House] provides quality care and support service, tailored to meet the needs of tenants. [We get to know residents] by working with them on a daily basis, reading about their history, liaising with family and friends'*.

Tenants did not raise any issues about care schedules. The manager confirmed that care was managed flexibly, and times to provide support were scheduled according to the residents' preferences. On the morning of the visit, staff had explained to us that they had had an earlier start than usual to ensure that tenants going on a trip that morning were ready in time for their departure at 9am.

Safety

The majority of tenants we spoke to said that they felt safe living at Helmi House. Some felt physically safer because their previous home was unsuitable given their health condition, with one person commenting *'Yes [I feel safe]. I had a house. When I was living there I fell out of the bath'*. Another resident told us they were safer than in their previous accommodation where many of the residents had dementia: *'[I am] more [safe] than before, because in the care home people would fight and spit'*.

We spoke to one tenant who did not feel safe. This particular tenant felt that inappropriate behaviour was directed towards them by other residents in communal areas and in group activities. They had also had a negative experience of an altercation with a fellow resident which had exacerbated their feeling of insecurity. As a result the individual said they largely kept to their flat and did not participate in community activities.

Recommendation 3

Helmi House staff should review procedures to optimise the safety of tenants in the communal areas. Measures could include providing extra support to tenants who feel anxious about the behaviour of other residents.

Sanctuary's response

We work in close partnership with the landlord, referring the details of any incidents of behaviour that may negatively affect another tenant to them. We also support and remind tenants through reviews and tenants' meetings that if they have any concerns about another tenant's behaviour, to inform a staff member so that the situation can be quickly resolved before it leads to feelings of anxiety.

Meals

During our visit we saw two small groups sitting together and talking over lunch. Some of the diners had been on a morning trip, so had been together earlier that day. Approximately seven people were eating lunch, which was fish and chips and cake. The diners appeared to enjoy their lunch, with one tenant saying 'The chef's a good cook. It's a lovely bit of fish'.

We did not get any information on special dietary requirements or residents' input into the choice of menu offered. One diner told us

he ate in the café two or three times a week when the menu offered something he particularly liked. None of the tenants told us that cost prohibited them from visiting the café. Some tenants told us that they went shopping for their own food in Brixton. Tenants we met in their own flats had their lunch upstairs on the day of the visit.

Friendships

We found a varied picture in terms of the number and quality of friendships that residents felt they had at Helmi House. At the more positive end, one person told us they had a lot of friends at the facility and seemed very positive about her relationships there.

The majority of the other residents seemed to indicate mixed experiences. One resident talked about having a few friends living at the scheme that they entertain in their own flat. Others suggested that fellow tenants were more acquaintances than friends saying: "I know everyone here", 'I say hello when I walk past anyone' and 'I don't know others by name, but I do say hello'. We felt that in some cases this could partly be due to their ability to converse.

Although the residents that we spoke to told us they received visitors regularly, they also indicated that they felt some degree of loneliness. One resident told us 'I don't see many other people or neighbours, only my

family. I do miss people. It's nice to have people to talk to.'

Another explained that a few negative experiences of interacting with other residents had reduced their confidence to mix with others in more communal settings. We were told that this had heightened the person's feelings of isolation following other major life changes such as leaving employment and living with the impacts of a serious health condition: *'I sit, I never go out now. I feel so isolated and lonely - we human beings are sociable animals. I worked for 40 years but now I just look inward'.*

Activities

We found a very strong organisational culture that promoted participation in group activities at Helmi House. In their interviews with us, residents told us they took part in activities such as the computing club (attended by both younger and older residents) and seated circulation exercise classes. Photographs of regular activities such as gardening and one-off events including clothing sales and Christmas parties were clearly displayed in the entrance hallway. We observed computers being used by residents in the lounge.

At the end of our visit, we also saw one resident getting ready to play darts and were told this was an activity that had been

suggested by residents. A staff member felt that *'[Social activities] help the tenants to positively engage with each other, and staff'.*

The manager explained that activities were planned following consultation with tenants. There are quarterly residents' meetings where tenants can also raise issues around repairs and maintenance.

The activities programme at Helmi House is provided by the landlord, Community Housing Trust, with the support of an activities coordinator from Lambeth Council. However, the care service manager has also taken the initiative to organise events, such as musical performances given by Morley College students - a reflection of residents' preferences.

The landlord has also set up a gardening activity programme. It attracts five to ten regular participants and is facilitated by an external gardening consultant who visits weekly on Fridays. We briefly spoke with the gardening consultant, who had just returned from a trip with residents to a Royal Horticultural Society show on the day of our visit. She told us consultation with residents in the early stages of this programme informed the selection and planting of vegetables in the communal garden, that residents later harvested. A spin-off activity led by the facility's chef involved running a

demonstration of different ways of cooking kale - a vegetable grown by residents over the summer.

We felt that the gardening consultant was genuinely committed to encouraging ownership and participation in the programme she ran. She told us: *'You get to know people and what they like, and see what you can do from there'*. A pottery course was run over the winter months to sustain the interest of the gardening club members, but also to encourage other residents to take part in a different activity. This particular programme has been running for a year and was seen to be successful by the manager, gardening consultant and the residents that we spoke with.

We were told by the manager that other activities such as bingo and coffee mornings had been tried but were unpopular. Joint activities with a nearby sheltered housing scheme run by the same landlord had also been attempted but did not spark significant interest.

The residents we spoke to who did not participate in activities at Helmi House explained that they either didn't feel comfortable taking part, were not physically able to participate, did not have the time, or weren't interested in the activities on offer.

Visits

Residents who had just returned from the Royal Horticultural Society exhibition trip seemed to have enjoyed the morning. They told us: *'I went to a garden show this morning. We got up early to go there. We had a look around, and had a nice tea and cake in the cafe before coming back' and '[I go out] sometimes. It's a bit difficult because my husband was ill. But today I went out with the others. We had some cake and tea there. It was nice'*.

The gardening consultant explained that a few residents had mentioned that they'd like to visit garden shows during the inception/consultation phase of the gardening programme. The trip for ten people was made possible with a financial contribution for transport costs from the landlord and support from carers at Helmi House to enable wheelchair users to attend.

Some residents we spoke to did not know about the trip but it is not clear from their comments whether they would have taken part had they been aware of it. No other trips or visits were mentioned by staff or residents.

Recommendation 4

Helmi House staff should review information dissemination processes for tenant activities and trips to ensure that all residents are provided with timely information about opportunities to participate.

Sanctuary's response

Details of how they communicate information with tenants will need confirming with the landlord. The home care staff do however receive confirmation from the landlord as to what weekly activities are available and these are communicated to tenants by our team in the following ways:

- *During visits care staff remind tenants what activities are on offer that day and the following day and encourage them to take part.*
- *During the daily check calls, team leaders also remind tenants of the activities on offer and encourage them to attend.*

Recommendation 5

Building on the scheme's existing good practice, the landlord should review and develop its activities engagement strategy, working with the care service to ensure that every resident has the opportunity to participate in activities and visits that interest them, especially those who are less mobile.

Sanctuary's response

Any tenants that need help to come down for planned activities are being supported by the staff and this is detailed on their daily planners as part of the service. This service is flexible and can be adapted for different activities based on tenants' preferences. We will ask the landlord if we can be part of the review of the strategy and will work in partnership with them to support activities.

Family visits

Of the seven people we spoke to during our visit, six said that they received visits from friends or family. Three residents who were less physically able told us that relatives visited often and sometimes took them out: 'My brother, sister, daughter and mother come to see me. My brother comes to see me and we have a joke and a laugh' and 'My brother comes once a week but his memory is bad too'.

Two others told us that friends from the church they attend come to visit. One resident said 'I've been living in Brixton for a long time. Friends come and visit me from Church'. Only one person said that they had no visitors because they were not from the area and had no family members living locally. The manager added that only a few tenants had no visitors. He also informed us that the sleeping suite for visitors to stay over (available at a minimal cost) is used.

Some residents told us that they were able to go out, either independently or with the support of a carer or relative, to undertake day-to-day activities such as shopping and paying bills. Residents said *'I go to the gym twice a week. A car comes and picks me up. I also go to the church', 'I go out to Brixton once a month to get some money to pay the rent and go to the post office. I go out by myself to get my medication'* and *'My family take me out to the shops'*.

Staff

Overall, residents were very complimentary when they were asked about the behaviours and attitudes of staff. Residents said staff were caring and attentive: *'The girls [carers] make food for me. They're nice. I know you don't have to say that, but I have to', 'The staff are very considerate and understanding and observant. They can see what I need before I even say anything'* and *'The staff help as much as they can'*.

During our visit we observed staff speaking with tenants kindly and encouraging them to talk with us. Staff appeared cheerful and helpful. We witnessed residents being talked to in a respectful manner by staff of all roles and levels in the dining hall when being served lunch.

Other local services

All the tenants that we talked to said they were registered with a GP practice and were able to book an appointment by themselves or via their carers. Some were supported to visit the practice by relatives or care staff, and others were seen in their homes. The manager told us that most tenants are registered with Stockwell Park Surgery and that the practice conducted home visits on request.

Several residents told us that a local pharmacy delivers their medication to Helmi House, and all seemed to be satisfied with this service. One tenant was disappointed in the nursing care received, but felt that it was improving: *"I see a district nurse because I have a catheter and have to be careful about infections. I have had pressure sores - the nursing care is not good but is getting better"*.

Four tenants expressed a need to visit the dentist more regularly. Comments included: *"I wish I could go to the dentist. I haven't seen him in a long time"* and *"I wanted to go to the dentist. I have lost some teeth"*. One resident told us that they pulled out their own loose teeth, and that it was easy to do and didn't hurt.

Tenants also mentioned regular visits to the hairdresser, who comes in once a week.

Recommendation 6

The manager should explore how residents can be better linked with dental services in the local area, especially for those residents who are less mobile or who are not from the area.

Sanctuary's response

The care manager for the scheme will look into securing the services of a mobile dentist and will liaise with the landlord around this.

Conclusion

The visiting team found that most tenants felt safe and appeared satisfied with the care they receive. Helmi House appears to be well managed, with the built environment and the care we observed of good quality.

We particularly noted the successful activities programme run by the scheme, and the support provided by the landlord for the various initiatives. This good collaboration with the landlord and, in particular, a shared vision for the communal gardens, seems to deliver substantial social opportunities for tenants.

However, we also recognise that some of the residents we spoke to feel lonely and isolated despite the activities programme. Further strategies are needed to ensure that every resident has the information and opportunity

to participate in activities and visits that interest them, especially those who are less mobile.

We recognise that our observations were based on the testimonies of a small sample of residents and one member of staff. Ideally, we would have liked to have heard feedback from relatives and more staff to take account of a wider range of perspectives.

The Healthwatch Lambeth Enter and View visiting team would like to thank the staff of Helmi House for their patience, courtesy and openness during our visit. The period of time we spent with the staff and residents allowed us an opportunity to observe, albeit briefly, the work of the staff and the daily experiences of residents, particularly the older tenants.

Extra Care Housing Report

Healthwatch Lambeth will provide an overarching report to Lambeth Council summarising what we have found to work well in the borough's extra care schemes and what works less well. This report will draw on the feedback of residents from all five of Lambeth's extra care facilities that we have visited through our Enter and View programme. The report will be published late spring 2015 and will be available from our website: www.healthwatchlambeth.org.uk

Recommendations

For ease of reference the recommendations appearing in the body of the report are repeated below:

Recommendation 1

Consideration should be given to maximising wheelchair access to the garden.

Recommendation 2

Signs should be identified by a picture graphic as well as words, in line with PLACE guidance.

Recommendation 3

Helmi House staff should review procedures to optimise the safety of tenants in the communal areas. Measures could include providing extra support to tenants who feel anxious about the behaviour of other residents.

Recommendation 4

Helmi House staff should review information dissemination processes for tenant activities and trips to ensure that all residents are provided with timely information about opportunities to participate.

Recommendation 5

Building on the scheme's existing good practice, the landlord should review and develop its activities engagement strategy, working with the care service to ensure that every resident has the opportunity to

participate in activities and visits that interest them, especially those who are less mobile.

Recommendation 6

The manager should explore how residents can be better linked with dental services in the local area, especially for those residents who are less mobile or who are not from the area.



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