

## Enter and View – Visit Report

Name of Supported Living Scheme:	167 Willesden Lane Scheme Provider Care Management Group (CMG) Supported Living Manager: Jennie Limburg Email: Jennie.Limburg@cmg.co.uk Tel. 020 8459 5007 Cc: Website: <a href="http://cmg.co.uk">http://cmg.co.uk</a>
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### Introduction and Methodology

This was an announced Enter and View (E&V) visit undertaken by Healthwatch Brent Volunteers & Enter & View Volunteers, as part of a planned strategy to look at a range of health and social care services within the London Borough of Brent to obtain a better idea of the quality of care provided. Healthwatch E&V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.

The Healthwatch Brent team visit the service and record their observations along with the feedback from residents, relatives, carers and staff. The report is based on observations and interviews with residents, relatives, carers, staff - with recommendations. The Report is sent to the registered Scheme Manager for comments, corrections and responses to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Health Overview and Scrutiny Committee, Adults and Safeguarding Committee, CQC, Brent Council and the public via the Healthwatch website.

DISCLAIMER: This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date, and those who completed and returned questionnaires relating to the visit.

## General Information

### Introduction

Supported Living is a person-centred approach to housing and care service. It is based on Service Users having a tenancy or license agreement offering the right to remain in their own home and change their support provider if they wish. It can mean living in shared accommodation or living alone with care and support.

Half of the population of adults with learning disabilities in England live with their families, most of the remainder (33%) live in residential care. Only 15% of adults with learning disabilities have a secure long-term tenancy or their own home. [1] Supported living assumes that all people with learning disabilities, regardless of the level or type of disability, are able to make choices about how to live their lives even if the person does not make choices in conventional ways.

The Healthwatch Brent Social Isolation Report - 'Staying Well in The Community' [May 2019], has concluded from surveys conducted that there was a rise in respondents living in Supported Housing and Care Homes reporting dissatisfaction with their social contacts. As a result of this, we were particularly interested in monitoring levels of social interactions available to the residents of Supported Living Schemes. We were particularly keen to find out more about the ability of residents to engage in activities based on their own individual preferences, monitor the skills and abilities of staff, and gain knowledge of any innovative good practice. The questionnaires used were similar to those previously used, however, we were particularly interested in the four main themes of -

1. Staff development & Clinical Input
2. Emotional and Psychological Well-being
3. Social Inclusion and Meaningful Activities
4. Organised Person-centred Holidays and Days Out

### Background

The aim of Supported Living Schemes is to deliver alternatives to residential and nursing care and to ensure that individuals' needs are met, giving people more independence, choice and control. The desired outcome is that by providing services in this manner will enable clients to live independently in the community, promoting well-being and alleviating social isolation.

According to the CMG website [2] Willesden Lane is a specialist supported living service for adults with profound and multiple learning disabilities, communication and sensory impairments and complex health needs, including epilepsy. It is a fully adapted service which supports tenants to develop person centred plans that promote increased choice, control over their lives and independence. Willesden Lane is a spacious property which is fully adapted for wheelchair users. It consists of five ground floor

flat-lets, each has its own adapted bathroom/wet room facilities and patio access. Tenants also have access to a communal space, which including a living room, dining room, fully equipped kitchen and a spacious landscaped garden [2].

### **Staff Development & Clinical Input**

The HWB Enter & View Team were keen to explore the various services provided at the Scheme. We were keen to observe the level of skills of each staff member and to review the variety and quality of the services available to residents.

According to the official website Willesden Lane Scheme provides the following services:

- Person centred planning
- Support with life and independence skills development
- Support to identify and maintain education placements and/or employment
- Support to identify and attend social and leisure activities
- Enhanced GP service available
- Individualised health action planning
- Specialist input from a multi-disciplinary team including consultant psychiatrist, physiotherapist, speech and language therapist, dietician, dentist and chiropodist

The Scheme Manager, Jennie Limburg, gave the Healthwatch Enter & View Team a guided tour of the facilities. We were introduced to the staff and residents. There are 5 flat-lets with 4 Staff during the day and 2 Staff during the night. The residents have profound and multiple learning disabilities, communication and sensory impairments and complex health needs. We were introduced to 3 members of the support Staff, and we were able to observe them working.

The environment was beautifully decorated with bright colours and plenty of green plants with decorative pictures on the walls. The flat-lets were all en-suite, each with its own small garden and decorative potted plants giving a very relaxing and pleasant environment. The lounge had a TV and a beautiful fish tank.

The residents have profound and complex disabilities, three residents also have epilepsy, and as a result they all require around the clock attention. When a new service user comes with a care plan, the Scheme Manager will then compile another plan, and this will be modified to keep up with any changes. These plans are updated every 6 months.

The Manager said, "Just because you have a disability, it doesn't mean that there should be a limit to your life." Staff development is a very important part of the Manager's philosophy. New Staff shadow experienced team members - no agency Staff are used, and the current Staff are settled with average of 3 years in their jobs at the Scheme. Staff are offered all the necessary training, with online training also available. The Manger stated that new Staff will shadow more experience team members during personal care routines. "They will know how to feed them and the differences - 2 residents have different feeding requirements; one must eat slowly and the other quickly."

Residents have access to GP visits every week at the Scheme, they are taken to Dentists and Psychiatric, and opticians and nurses visit the home.

### **Emotional & Psychological Well-being**

(e.g. ability to tune into non-verbal cues as to what the person is feeling and wanting)

The environment was especially impressive - brightly coloured walls, wooden floors, personalised decorations and potted plants gave the entire Scheme a comforting atmosphere. The lack of any noise was apparent on entering the Scheme. The Manager informed us, "When they want their me time, they will start banging their head which indicates they want to go to their rooms or the garden." The Manager and the Staff had very close bonds with the residents and were able to understand non-verbal communications easily. While showing the HWB Team around the Scheme, the Manager stopped and gave her full attention to one resident that was non-verbal - she used eye contact and understood that the resident wanted to change his T-shirt. The Manager changed the residents T-Shirt and then continued to show the HWB Team around the building.

The HWB Team observed the Staff feeding residents. A special puree had to be prepared for one resident who had to be fed through a tube. The residents all had very high needs, and their rooms were especially adapted for them. One flat-let had its own shower trolley bed which the resident could be hoisted onto. The residents flat was well decorated and reflected their personal taste and culture. There were soft toys, family photos.

Family visits are regular. One residents' mother had visited yesterday and his father was due to visit that afternoon - they visit once a week. Another resident goes homes every Sunday; his father picks him up in the morning.

The Manager explained to the HWB Team the nature of the complex needs of the residents. One resident has to empty their bowels 2 or more times in the daytime. As a result, they need to have regular showers and they have to do activities as well. The Manager said, "Staff knowing what they are doing makes things easier - you don't have to keep reminding them to do this or that." Staff are supervised every 6 or 4 weeks and appraisals are held on a yearly basis.

Another resident is confined to his bed and as a result bed sores are continuously monitored - the district nurse has informed the Manager that treatment is progressing well and the resident will soon be able to sit in a chair. The resident has not been in a chair for 3 years. He was originally advised to go to a Care Home. He spent 3 months in hospital and came out with bed sores. A safeguarding alert was raised against the Care Home and Hospital - it was then recommended that the resident go to Willesden Lane Scheme. The residents' health has improved dramatically at Willesden Lane - the district nurse believes the resident will be well enough to sit longer in his chair soon. "His face lights up when we put him in his chair," said the Manager. This resident is weighed every week and their nutritional status is monitored every week.

To assist the emotional well-being of the residents, the Manager has, under her own initiative, try to convert the garden into a sensory garden - "When I go shopping, I am always thinking about the residents - I have installed some brightly coloured wind chimes, which the residents enjoy," said the

Manager. The garden was very peaceful and well maintained, the wind chimes and other sensory tools created a atmosphere of serenity for the residents.

### **Social Inclusion & Meaningful Activity based on individual preferences**

The residents who had was recovering from bedsores is included in activities - “When we have indoor activities, we make sure we do them in this resident’s room so that he can join in.” The activities at the Scheme are carefully planned. A variety of activities were described by the Manager:

- Monday a visit to the library
- Saturday there is cycling
- Sunday a visit to the Church nearby
- One resident goes home on Sundays,
- Regular visits to the cinema
- Bowling,
- Music man comes in every week
- Every Tuesday morning reflexology
- Occasional Arts & Craft
- Occasional dancing and karaoke
- Twice a week shopping for food / frozen food shop once a week - also clothes with own money at local High Street

The range of activities available at the Scheme was very impressive. The Manager informed the HWB Team that when the residents receive reflexology treatment- their sleep improves.

The menu is set weekly and is done by the families. One resident must have purée drinks and can’t swallow - special guidelines are followed. “When you see a smile on their face - well groomed, I smell them, can check if clothes are clean and I will check for any food stains.....they [Staff] know my style and if they look clean and smiling, it already says I am doing a good job,” said the Scheme Manager.

### **Organised Person-centred Holidays & Days Out**

(do they pro-actively support the resident to access person centred and carefully planned holidays and days outs – based on the resident’s preferences. What evidence is there?)

Every 2 weeks in the summer they go to activities outside. A trip to Windsor Castle has been organised, previously a trip to Kew Gardens was organised. The Scheme does not have its own transport and suitable transport is hired. Evidence of previously trips were prominently displayed - pictures of a trip to Brighton were displayed. There were evidence of person-centred holidays and days out. The

Manager described how the residents have been to the Emirates Cable-cart ride over the Thames which offers birds-eye views of Greenwich Peninsula and the Royal Docks.

### **Compliments/Complaints/Incidents**

#### **Compliments**

The standard of the service provided is extremely high. The Scheme Manager, Jennie Limburg,

#### **Response from CMG**

Thank you for the lovely comments. There is just one thing, we just have two night staff every night. All the other is correct.

### **References**

[1] Supported Living – Making the Move Developing Supported Living options for people with learning disabilities, Alicia Wood and Rob Greig, NDTi, September 2010

[2] [cmg.co.uk/wp-content/uploads/2016/06/Vacancy-profile\\_Willesden-Lane.pdf](http://cmg.co.uk/wp-content/uploads/2016/06/Vacancy-profile_Willesden-Lane.pdf)