

Enter and View – Visit Report

Name of Supported Living Scheme:	75 Rugby Avenue Scheme Provider Care Management Group (CMG) now known as Achieve Together Supported Living Manager: Miss Samantha Janet Barley Deputy Manager: Patnaz Iqbal Email: samantha.barley@cmg.co.uk Iqbal.patnaz@cmg.co.uk Cc: Website: cmg.co.uk
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Healthwatch Brent Staff	Ibrahim Ali [Projects Officer Healthwatch Brent]
Authorised representatives:	Mary Oyemade & Mary Evans [Healthwatch Brent Volunteers]
Author	Ibrahim Ali

Introduction and Methodology

This was an announced Enter and View (E&V) visit undertaken by Healthwatch Brent Projects Officer and authorized 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 and support 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], Rugby Avenue Scheme is a Supported Living Service that provides support for adults aged 18-35 with learning disabilities, autism and emotional needs. It aims to provide a living environment which more readily reflects a transition. With specialist support, the service offered by CMG aims to help build resilience in people and equip them with practical, transferable skills necessary so that they are for them to thrive independently both inside and outside the home.

Supported Living Service at Rugby Avenue features 4 en-suite bedrooms and one studio flat annex, and a large shared kitchen, lounge and laundry room

The Scheme has a maximum capacity of 5 residents, and currently there are 3 residents. The Manager Samantha Barley has been in place for a short period, however, the deputy Manager, Mr Iqbal Patnaz, was available for interview - he has been at the service since it's start 2.5 years ago. The Scheme will be getting 2 more residents and will be employing 1 or 2 more new Staff members. The relatives were able to give feedback about their experience.

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:

- Community based support for adults with Learning Disabilities
- Autistic spectrum conditions
- Emotional needs
- Aged 18-35
- Individualised support up to 24 hours a day
- Developing independent living skills through intensive skills teaching
- Person centred plans focused on outcomes using ASDAN model

The HWB Team were invited into the Scheme by a resident who instructed the visiting authorized representatives to use the hand sanitizer at the entrance. This Scheme was the only one visited that had a hand sanitizer at the entrance for visitors. On entering the Scheme, the HWB Team observed a resident taking out the rubbish and placing them in bins outside, while being supervised by a Staff member. The property was semi-detached and situated in a pleasant tree lined suburban neighbourhood. - it was quiet and calm.

The deputy Manager was interviewed, and relatives were also asked about their experience. There was a low turnover of Staff - "They tend to stay with us for a long time," said the Deputy Manager. A detail list of training was described by the Deputy Manager - they were as follows: safeguarding, CPR, food safety, lead support worker development, Health & Safety, Infection Prevention and Control, Safety at CMG dealing with emergencies, and Supporting Good Health in Adults with Learning Disabilities.

When asked about the skill set of the Staff, a family member said, "Some do, and some don't - more about character than skills. Sometimes I can tell if they are not engaged. If the Patnaz (Deputy Manager) is away, then there tends to be more incidents." The family member describe the special support her autistic son needs and mentioned how his weight is carefully monitored so as to avoid excessive weight gain - as a result he has lost 4 stone and has been placed on a special diet plan. This resident needs clear structure - his food is carefully labelled and place in a specific order in the fridge.

One member of Staff said that improvements are been made regularly and that she enjoyed working at the Scheme. Other Staff members interviewed also stated that they were very happy working at the Scheme and that they felt supported in their role. Family members interviewed overwhelmingly

agreed that they would recommend the Scheme to others and they were particularly impressed with the Deputy Manager, Iqbal Patnaz.

Some general concerns were raised by relatives in connection with the up keep of the property.

The following comments were recorded:

- Plants were bought only by tenants - reluctance of CMG to invest in plants
- A swing was brought by the parents - reluctance of CMG to invest in play equipment
- No special adaptations to bedroom to meet the needs of the resident with autism
- Broken light bulbs tend to stay broken for too long
- Hard to get roof and guttering cleaned - it takes a long time
- Difficult to connect to a CMG repair person
- CMG will not invest in a sensory garden

A family member mentioned the continual issue of rats in the garden from the next-door neighbour remains unresolved and that requests for the plastic roof hoarding to be cleaned has never been attended too in two and a half years, despite repeated request from the family member. The relative said, "that nothing has happened, and it is still full of moss and dirt. I got tired of requesting for it."

Emotional & Psychological Well-being

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

The HWB Team were able to interview a resident, with the help of her visiting sister. The mother of another residents, whose son had autism, was also interviewed in detail.

With the help of her sister, a resident was asked if she liked her previous placement. She replied that she did not like her previous place of residence. When asked what she did if she feels ill - she replied, "I do nothing, the Staff will do something." The resident was asked about if she believed the Staff had the right skills - she stated that they did have the right skills and that she liked the Staff. The resident also explained that when she is not feeling sociable, the Staff give her space and are understanding.

The relative explained that her sister liked being at the Scheme and that the Staff understood her needs. She was pleased with the level of support her sister received. The sister of the resident explained that her relative had moved to the Scheme in 2018 and that this Scheme was much better than where she had lived previously - she said, "It's much better here, previous place was too big, on the top of the 3rd floor, and she was getting lost in the system. We are happy, a vast improvement in her behaviour, more personal, can sit and have a cosy tea - carers are lovely."

The relative explained that she could approach the deputy Manager at any time if she had any concerns - "He is very good, and is very hands on - I can talk to him and he understands my sisters' mood swings." The relative described how her sister can phone family members regularly, and that she asks Staff when she wants to visit them.

When asked about challenging behaviour, a relative stated that her sister had anger management issues and becomes non-verbal - Staff are able to tune into the residents and will either give her more space or will arrange to take her outside so as to give her a change of environment.

The Deputy Manager stated that challenging behaviour can arise, however, there was not much challenging behaviour currently. One relative said they were not aware of any physiotherapy or similar specialist support being available. Another resident gets her toe nails cut regularly and that she has a regular monthly beauty routine.

A resident described the Scheme as very peaceful and said the Deputy Manager always talks with him. Meetings with residents and Staff are held once a month and appraisals are held regularly - a communications book is used for important things. There was a strong emphasis on good team working and the Deputy Manager was highly praised by relatives.

The a family member of an resident with autism said that she doesn't always know what is going on - "I look at his mood - at one time he wasn't get enough food, I know what signs to look for," she said. The family member knew what to look out for, for example, the way he is spoken to is important because it can trigger him. The family member keeps in regular contact with the Deputy Manager - who she spoke of highly. When asked what could be improved at the Scheme, the following were mentioned:

- I am not sure what is available out there to support autistic young people
- If as a mother I was not so 'pushy' it would be more difficult
- I would like more therapist available - not sure why not available here

Social Inclusion & Meaningful Activity based on individual preferences

One residents, with the help of her visiting sister, explained the variety of activities she enjoyed while at the Scheme. She mentioned that she enjoyed going shopping, visited the Day Centre regularly, enjoyed Bollywood dancing - she said, "Staff will be taking me

One resident goes to a Day Centre 4 days a week, where she meets up with her friends. This resident has tried a cooking course but hasn't enjoyed it., so changes were made to go to the disco instead and the cinema instead.

According to relatives, trying to maintain the residents' independence while at the same time providing guidance was not always easy. For example, one resident would purchase the same item three times - Staff gently use persuasion to avoid this and are very sensitive to the situation.

The Deputy Manager described the range of activities that residents enjoy - examples are, gym, swimming, bowling, golf table tennis, football, museums visits, college sea-side visits, farm visits, parks, libraries, cemeteries, cinema, visit to Princess Diana Memorial. Residents described what activities they enjoyed and these were in agreement with those described by the Staff. Those residents interviewed said they planned their own meals with the help of Staff.

The Deputy Manager said, "If residents want to do any specific activities or if they want voluntary work placement, I do my best to arrange it."

A relative mentioned the need for evening activities - "At times he is dressed for bed after his shower at 7pm. I understand that at times this suits him but at his age I feel sorry for him that he is not going out at night. I wonder if this could be improved. Presently there are no holidays planned for him. I take him on holiday once a year," said the relative.

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?)

From the description given by residents, family members, and staff it is clear that a diverse range of person-centred activities are available for the residents. Positive behaviour is most likely to occur when a person has a good quality of life and can communicate their basic needs, preferences, and do enough of the appropriate activities. The Scheme offers a person-centred approach. The CMG website states that each individual is offered support to develop a person-centred plan in the format of their choice.

A family member said her relative was doing well as long as he is doing activities. She said, “Because Patnaz (Deputy Manager) makes sure that activities happen, he gets a chance to meet people his own age, and people to talk to . He feels like a man living here; but he is sensitive to noise and needs more support with leaving his room but it’s OK at the moment.”

The family member described how the Scheme provides person-centred activities for her son, because he doesn’t like to do things in groups and in general likes to do things one to one with Staff. He would like to do some volunteering but it is difficult to arrange because of the support needs. The family member also said, “He is really bright and can’t respond to safety instructions. And he doesn’t like being with groups so this is a barrier to activities - but he would like to but its not easily available.” There was a lack of evening activities for this resident and his family member wished for him to have more planned activities in the evening rather than being in bed at 7 pm. The family member stated that she felt her son was well supported and that there has been clear improvements in the Staff.

Compliments/Complaints/Incidents

Compliments

1. The Deputy Manager, Mr Iqbal Patnaz, was praised by family members who recognised his strong commitment to supporting residents and the families.

Complaints

1. Relatives complained about the slowness of repairs and the difficulty connecting with the CMG repair man.
2. There is a need for some evening activities for the residents.
3. Relatives mentioned the lack of room adaptations to cater for individuals with autism.
4. Family and relatives suggested that CMG should invest in plants, and suitable play equipment and should convert the garden into a sensory garden so that the residents could make full use of it.
5. A relative complained about the rats from neighbour entering the garden, and the need for the roof hoarding and guttering to be cleaned.

Recommendations for Rugby Avenue

1. Repairs should be made promptly, and the CMG handy man should liaise with family members so as to keep the property well maintained.

2. The issue of rats entering the garden from neighbouring property should be immediately addressed.
3. There is a need to make residents room “autism friendly” by creating a non-distracting and functional areas. This should take account noise reduction, use of soft furnishings, safety and other appropriate adaptations necessary - in consultation with family members.
4. Family members requested for more therapies to be available at the Scheme
5. Suitable evening activities should be planned for residents.

Comments from Rugby Avenue Scheme

Many thanks for resending an updated draft report based on late feedback received. Achieve Together (Formerly known as CMG/Regard) only receives funding for staff support. Supported Living is same as people living in their own flats/homes and wouldn't ask their support staff to buy them plants, equipment or anything else.

Below are my corrections, comments and actions that will be taken: -

Complaints

1. Relatives complained about the slowness of repairs and the difficulty connecting with the CMG repair man -

Repairs are completed by the Housing provider and we are not responsible for them, we report them and MYSHON come out

2. Relatives mentioned the lack of room adaptations to cater for individuals with autism -

When adaptations are required, these will have to be paid for by tenants as it is supported living and we do not have a budget or responsibility to pay for them.

3. Family and relatives suggested that CMG should invest in plants, and suitable play equipment at the Scheme-

For the plants, tenants would need to buy as we are only funded to provide staff support and play equipment needs to be bought by the tenants.

4. There is a need for some evening activities for the residents -

The people we support go to a night disco once a month and we will look into arranging some night activities for the people we support.

5. A relative complained about the rats from neighbour entering the garden, and the need for the roof hoarding and guttering to be cleaned -

This has been actioned – Pest Control came out on 18/08/19 and set bait boxes. They left recommendations/actions which were sent to the Housing Provider MYSHON on 19/08/19. MYSHON maintenance came out to Rugby Ave on 2/09/19 to complete all recommendations/actions.

I will call MYSHON maintenance this morning for the roof hoarding and guttering to be cleaned

Recommendations for Rugby Avenue

1. Repairs should be made promptly and the CMG repair person should liaise with family members so as to keep the property well maintained.

I will to speak to parents and explain it is the housing provider that completes repairs, they need to report the repairs to staff who will then speak to housing provider, and CMG hold no responsibility for repairs.

2. The issue of rats entering the garden from neighbouring property should be immediately addressed -

This has been actioned – Pest Control came out on 18/08/19 and set bait boxes. They left recommendations/actions which were sent to the Housing Provider MYSHON on 19/08/19. MYSHON maintenance came out to Rugby Ave on 2/09/19 to complete all recommendations/actions.

3. There is need to make residents room ‘autism friendly’ by creating a non-distracting and functional areas. This should take account noise reduction, use of soft furnishings, safety and other appropriate adaptations necessary - in consultation with family members -

Responsibility lies with tenants to fund this

4. Family members requested for more therapies to be available at the Scheme -

I will speak to parents as to what therapies they want and send referrals.

5. Suitable evening activities should be planned for residents –

The people we support go to a night disco once a month and we will look into arranging some night activities for the people we support.

References

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

[2] cmg.co.uk/locations/Wembley/rugby-avenue