healthwatch Norfolk

My views matter: Charlton House Report

Healthwatch Norfolk visited Charlton House in Norfolk on 12/09/2022 to to see and hear how people experience care there.

Contents

Contents	1
Who we are and what we do	2
Introduction	3
Summary	6
Findings	7
Recommendations	14

Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people'sviews of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

- 1.Gather your views and experiences (good and bad)
- 2. Pay particular attention to underrepresented groups
- 3. Show how we contribute to making services better
- 4. Contribute to better sign posting of services
- 5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Introduction

Enter and View

Part of Healthwatch Norfolk's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our authorised representatives. We can make recommendations or suggest ideas where we see areas for improvement.

The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service. Equally they can occur when services have a good reputation, so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reportedin accordance with Healthwatch safeguarding policies.

My Views Matter

From September 2022 – March 2023, our Enter and View visits will be part of a project called 'My Views Matter'. This project is specifically focused on residential and in-patientcare for people with learning disabilities and autistic people in Norfolk. We are implementing this project in response to the tragic events at Cawston Park, in which three residents with learning disabilities died between 2018 and 2020. One of the key findings from the Safeguarding Adults Review was that residents and their families were not being listened to.

My Views Matter will involve visiting around 20 residential homes across Norfolk to find out what people with learning disabilities and autistic people, and their families, want from their residential care. It will also investigate whether residents' and their families' views are being taken into account in how care is delivered. The 20 homes have been selected to provide a representative sample of homes in different areas of the county, different CQC ratings, different sizes of home, and different sizes of provider chain. These are all aspects which professionals have told us affect the ability of homes to deliver personalized care effectively.

Alongside the Enter and View visits to homes, we are also interviewing family members and professionals in the sector and organizing focus groups with care home residents outside their homes. The project is being implemented with the assistance of About with Friends, NANSA (Norfolk and Norwich SEND Association) and Opening Doors.

A final report from this project, which will report on data from across the county, will be published in May 2023.

How we gathered people's views on this care home

We visited Charlton House on 12th September 2022, and the visit was announced in advance, in order to minimise disruption to the residents. We spent around two hours talking to residents and staff, and observing life in the home on that morning, and examining the building and its facilities. Three weeks after the visit, we had coffee and further conversations with four residents outside the home, and we also interviewed three family members of residents. In total, we spoke to six of the eight residents, and spoke to eight staff, including the manager.



Judith Sharpe -Deputy CEO



John Spall -Enter and View Co-ordinator



Daniel Norgrove -Community Development Officer

About Charlton House

Charlton House is a residential care home, part of a provider chain called Cascade Care, which currently operates five homes and has plans to expand. Cascade has been providing care at Charlton House since 2016. The home is based in a residential suburb of Norwich, and provides care for eight adults with learning disabilities and autism, several of whom have a history of distressed behaviour. The most recent CQC inspection was carried out in October 2019, and the home was rated as Outstanding.

Summary

During this Enter and View visit we focused on what residents thought about their care, and the degree to which they were being listened to by the home staff. We considered the following themes, with the following findings:

- Voice choice and personalisation: Residents had significant input into how the home was run, and into activities and menu choices, through a weekly residents' meeting. They also regularly revisited their care plans with their key workers and were able to develop their own interests and skills.
- Premises: Charlton House is a large, bright and modern house. It is very clean and accessible, and is tidy and well-organised. The signs of personalisation are everywhere, through the facilities that it offers, the way it is decorated and the photographs and artworks on the walls.
- Activities: All the residents were active, and there was a wide variety of communal activities on offer, chosen by residents. There were also ample opportunities for residents to choose their individual activities. In addition, the residents also went on holidays and celebrated big calendar events together.
- Relationships and community: Relationships between staff and residents were respectful, caring and infused with humour. Staff seemed to know and understand residents' needs and preferences well, and were very responsive to them. In addition, residents seemed mostly to get on very well with each other, with a strong sense of togetherness. They were also supported to maintain relationships with family and friends outside the home.
- Food and health: Residents had a lot of input into the menu options offered each week, and were also able to do their own grocery shopping. They were encouraged to make healthy choices and were all physically active. Some residents had lost significant amounts of weight and become healthier since arriving in the home.
- Relations with the broader health and social care system: Charlton House generally has a good relationship with Norfolk County Council services and NHS services. There have, however, been some issues in getting medication prescribed on time.

Overall, the visiting team was very impressed by how the home puts residents' voices and choices at the centre of how the home is run, and by the dedicated and skillful staff team.

Findings

Voice, choice and personalisation

Our team were really impressed at how residents' voices seemed to be at the centre of how people are cared for at Charlton House. More detail on the many ways that the home does this in specific areas are detailed in the sections below. In this section, we give some more general detail about how residents were supported to take control of their home and how the home responded to the wishes of residents' families.

Mechanisms for ensuring residents' voices were heard and responded to

The main way that collective decisions were made in the home was the weekly residents' meeting. This was used to set the weekly activities schedule, the weekly menu and to make other decisions. The residents had input into the purchasing of new equipment and the decoration of communal spaces. This decision making, along with shared cooking and fair division of household chores seemed to have created a strong sense of communal living.

There was a good balance between this shared living, and personal choices. At the individual level, residents told us that they regularly discussed their care plans with their key workers and had a detailed knowledge of what was in them. This meant that they were regularly consulted about their longer-term aspirations and were able to make concrete plans about how to achieve them. These plans often included how they were going to develop new capacities to allow them to become more independent. The inclusion of self-contained flats in the garden meant that residents could have the opportunity to move out of the rooms in the house and into a flat, as they developed their independence.

Former residents had successfully moved out of Charlton House and into assisted living settings, and one resident told us that in the long term they hoped to do the same. Residents were also supported to follow their interests, and to go to classes to follow up on the creative interests that they had, to turn them into more serious pursuits. The staff seemed to know all the residents well, which is of course essential for care to be personalised in the everyday life of the home. On occasions where the home uses agency staff, they have to read a 'get to know you' folder about each resident, before they start work.

Responsiveness to family members

"You can phone them at any time. I'm usually sitting around worrying, but I don't need to worry, because she's there [in Charlton House]."

- Relative

The family members that we spoke to were very complimentary about their interactions with Charlton House staff. One family were impressed with how responsive the staff were to residents whenever they had been to visit, and that they were always kept updated about their relative and found it easy to get hold of staff whenever they needed information. As one relative said, "You can phone them at any time. I'm usually sitting around worrying, but I don't need to worry, because she's [in Charlton House].""

Another relative expanded on several aspects of the home's communications that they found impressive, in contrast with other homes that they have had contact with. They told us that, "they are extremely honest. It's easy to talk to Charlton House, because you know they are telling the truth ... The honesty is quite striking [which means] you've got the detail there to work with". This had not always been the case in the resident's former care home, where they could be "cagey", for example about disagreements between residents, and not give relatives the full details of an incident.

This relative reflected that it was not always formal meetings that were the most helpful, but the good ongoing chat that the home staff maintain with relatives. This allows more detailed discussions about everyday life, which can reveal small but important details about a resident's personality and preferences.

The clarity of communication, and the fact that staff clearly have resident's best interests at heart, help to minimise disagreements between relatives and staff. "If I understand what is going on, then why would I disagree? I might imagine some way of doing things, but then you find out that that isn't how care homes work. What they say makes sense, and they are talented and reasonable people."

Premises

Charlton House is a modern house set back from quite a busy road, with ample parking spaces at the front. The ground floor includes the bedrooms of three residents, a living room, a communal bathroom and staff shower room, a large communal kitchen, and a laundry room. In the large back garden, there are three self-contained flats for residents who want more independent living. On the first floor there is the manager's office, two resident's bedrooms and a staff bedroom.

The home is clean, bright and tidy throughout. The décor is all well-maintained and seems to have been recently done. The living room has sofas, a large TV and a pool table. The corridors are wide and provide plenty of space for people to move around this busy home. There is plenty of evidence of personalisation on the walls, and these are well spaced out, which avoids an impression of clutter. There are a range of photos of residents, showing them in years past and more recently. There are also artworks produced by the residents and displays showing what residents' favourite activities are.

On the stairs to the first floor there is an impressive display called, 'The Many Pieces of Me'. This has a section for each resident and each staff member, giving an idea of what is important to them in their lives, and covering their interests, their families and other relationships and more. This seems an excellent way to help staff and residents get to know each other.

The communal bathroom has a large bath in it, with a jacuzzi function, though all of the bedrooms also have ensuite bathrooms. One of the residents chose the colour scheme for the bathroom.

The kitchen is large, bright and pleasant. It has many cupboards which are well labelled – some with residents' names and some saying what they contain. There is a large table for all of the residents to eat around, as well as a breakfast bar with stools. The walls have large and useful displays attached to them, detailing the week's activities, with morning and afternoon activities for each resident, the week's menu, and a monthly calendar of activities, such as important official weeks (such as Autism Awareness Week and Consent Week), Hallowe'en, Christmas and holidays away. Despite its clean and bright appearance, the manager told us that the kitchen is due to be renovated soon, as it has too many 'nooks and crannies' which make it time-consuming to clean.

The laundry area also has photographs of residents and artworks they have produced, clearly labelled cupboards and two washing machines and a dryer.

The garden is mainly grass, but there are some paved sections. It is wellequipped, with a large trampoline, a football goal, a basketball net and a barbecue. There are also beanbags outside for people to sit on, and a raised bed where the residents do gardening.

One resident invited us to view their bedroom, which also showed that they had had an impressive amount of control over the decoration, which they had been able to choose when they moved in. The walls were decorated with things that reflected the resident's interests, family connections and activities.

Activities

Residents were given the options of a wide range of activities to take part in. There was a schedule of optional activities that anyone (or everyone) in the home could take part in, one in the morning and one in the afternoon, every day. These were displayed on the kitchen wall and seemed to have been selected by the residents themselves. Activities included going for a drive, going to walk some dogs from a shelter, playing board games, going out for a coffee, farm visits, baking, dancing sessions, trips to the supermarket for food shopping, letter writing, cinema trips and bowling.

Each person could also choose to do their own activities, which were related to their own interests, and often to their own goals for increasing independence. There were separate weekly activity plans for each resident. For example, one resident was learning to take public transport, with the goal of eventually travelling to London on the train by themselves. In addition, there seemed to be a lot of flexibility to follow the lead of residents themselves in activities. For example, one resident collected blackberries on a walk, and wanted to use them to make a painting, using a feather that they found on the walk. A member of staff helped them to mix salt and vinegar into the juice to preserve it, before they did the painting.

Beyond just offering people activities that they already like, we also saw evidence of staff encouraging residents to discover new things that they might like to do. As one relative we spoke to put it, "They couldn't be better in terms of offering him stuff that he likes, but also trying to expand him into new things. This process has been joyful".

Activities also included bigger events that were planned in advance. The residents had just come back from a holiday to Center Parcs the day before the visit, and were excited to tell us about it. A lot of thought was also put into residents' birthdays, and trying to make them as meaningful as possible. One resident who had an upcoming birthday had asked that they could put on a performance in the home of her favourite musical. Residents and staff had been assigned roles in the performance, and one member of staff even sang part of their song to us.

Relationships and community

Between staff and residents

Relationships between residents and staff seemed to be excellent. Staff had a warm and respectful attitude to residents and often shared jokes with them. The staff clearly knew the residents very well, and understood their support needs thoroughly. We saw staff responding sensitively to the cues given by residents, noticing early when a resident was becoming overwhelmed in a communal area, and taking them away somewhere quieter so that they could calm down.

As one relative told us,

"If I turn up at the door to talk to [my relative], I can ask any member of staff, and they will all know how he's doing in some detail. I don't have to wade through treacle."

They also said that the manager was very perceptive about their relative's needs: "you like to think that you know your relatives, but she sees things that I don't see".

All the residents we spoke to said that they liked living at Charlton House, and often mentioned the staff as a main reason for this. One resident said that they "love" living there "because everyone is so nice and look after me so well". All the residents who we spoke to knew who their keyworkers were, and although they had not always chosen them, all said that they liked and got on with them. One resident had recently asked to change their keyworker, and this had been done for them.



"I love it here because everyone is so nice, and they look after me so well."



Charlton House resident

In addition, the manager was willing to lobby on behalf of residents when she felt that they were not receiving sufficient support from outside bodies. For one patient this meant lobbying for continuing health care funding which would allow for increased one-to-one support that the manager and the resident's family thought was necessary. After the resident received this funding, their needs were supported in a much more satisfactory and sustainable way, allowing them to continue living in the home.

Relations between residents

The residents all seemed to have good relations with one another, and we witnessed good-natured banter between them. Staff reported that, in the past, there had been some conflict between residents, as you might expect in a home supporting people with a history of distressed behaviour. However, these seem to have been resolved successfully, and the manager and relatives mentioned that careful thought was given as to whether a prospective resident would fit in well with the existing residents and make friends there. "The manager is quite shrewd at knowing what makes people tick", one relative told us.

Relations between residents and the broader community

The residents we spoke to all managed to see their family members quite regularly and to maintain these relationships. Some would make visits home and one resident went on holiday with a relative every year. Another resident told us about the friends that they visit outside the home, and the staff seemed to support the residents to maintain people's relationships outside the home, where possible.

Food and health

The week's menu is decided at a residents' meeting each week, and each person gets to choose one dinner each. Most people eat the main meal, but anyone who does not like it can choose something else to eat. The week's menu has a lot of tasty-sounding and healthy dishes on the menu, and each day, a different resident is in charge of making dinner with the assistance of a member of staff. Each resident goes to the supermarket each week and chooses any food that they would like to buy for themselves.

People are encouraged to make healthy choices, and this seemed to be influencing what residents eat. There were displays on the kitchen wall about healthy eating and how to look after your mental health. One person told us that they were encouraged to only have fruit as a snack between meals if they are hungry, though there was also a snack cupboard. People are encouraged to go on several outings a week and to undertake different forms of exercise, including going on walks, football, trampolining, basketball, cycling, scooting and dance classes. Two residents had lost significant amounts of weight since arriving at Charlton House, and were very proud at having done so.

Several residents told us that they take medication, and staff members support them with this. They have also supported some residents to take greater responsibility for their own medication. Residents' annual health checks were being carried out regularly and in person with their GP.

Interactions with the broader health and social care system

The manager told us that their interactions with Norfolk County Council (NCC) have all been positive, and they have a good relationship with the commissioners and social workers that they work with. She also said that the Council's Integrated Quality Service had provided useful advice to them.

Their experience of their GP surgery was broadly positive, with annual health checks being carried out reliably and in person, as noted above. However, there had been some significant delays in receiving residents' medication. This was because there was a national shortage of the pills that some residents need, and the surgery was unwilling to pay the extra cost of the liquid version of the medication. The manager therefore had to raise two safeguarding cases with NCC, and this led to the matter being resolved.

Recommendations

The visit team were very impressed by the achievements of the managers and staff at Charlton House. People clearly had a lot of control over their lives and how the home was run. They were active and able to develop their interests and were often out in the community. The staff had really strong and positive relationships with the people living in the home, and understood their needs and aspirations very well. We would commend Charlton House as an example of best practice in residential care for people with learning disabilities and autistic people.

Service Provider Response

Firstly, I would like to say thank you for seeing all of our hard work and commitment in both staff and residents to make Charlton house a great place to live. I know the staff will be over the moon when they read it and it will be a wonderful morale boost to them. We will read the report in this week's residents meeting and help them to understand the lovely comments and observations you have all made.

I think the report is laid out very well and easy for us to understand, but it would be even better if it was also in an easy read version, so the residents could truly understand for themselves. Apart from that I have no other comments. Thank you.

Kind regards,

Louise Staley Registered Manager - Charlton House

Note: In response to Louise's feedback, we will start work on producing Easy Read versions of our My Views Matter reports.

healthwatch Norfolk

Suite 6, Elm Farm Norwich Common Wymondham Norfolk NR18 0SW www.healthwatchnorfolk.co.uk t: 0808 168 9669 e: enquiries@healthwatchnorfolk.co.uk



@HWNorfolk

@healthwatch.norfolk