

# My Views Matter: Point House Care Home Norwich



Healthwatch Norfolk visited Point House on 05/12/2022 to see and hear how people experience care there.

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# Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views 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 reported in 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-patient care 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 Care Quality Commission (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, NANSAs (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 Point House on 05/12/2022, 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. We also interviewed two family members of residents. In total, we spoke to six of the 21 residents, and spoke to four staff, including the manager.

The visit team was:



Lauren Chapman  
- Expert by  
Experience



John Spall -  
Enter and View  
Co-ordinator



Sarah Harrison -  
Authorised  
Representative

## About Point House

Point House is a residential care home, a large Georgian building near the centre of Norwich. The service looks after autistic people and people with learning disabilities, and there were 21 people living there when we visited. Point House is an independent home, not part of a larger chain.

The most recent CQC inspection was carried out in March 2019, and the home was rated as 'Good'.

# 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: Point House seemed to be organised in a way that put people in control of their home. This happened both through monthly clients' meetings, but also through the strong relationships between residents and staff. Family members told us that the home's communication with them was very good, and that staff were happy to facilitate family visits.
- Premises: The home is spacious, with bright, pleasant and homely communal spaces. We were invited by two residents to view their bedrooms, which were pleasant and well-personalised. Point House is an older building which could slightly limit accessibility for some people. However, all of the current residents seemed to be able to move around the premises freely.
- Activities: The relatively low number of funded hours for each resident limited how often some people could go out. However, all of the residents went out regularly, and seemed happy with the number of outings they could make. They were also all very active inside the home, with a good choice of activities which they clearly enjoyed.
- Relationships and community: The quality of relationships between staff and residents and between residents themselves was really striking. There did not seem to be a marked hierarchy between staff and residents, and the atmosphere was that of a large family home. The residents all regularly spent time out in the local community.
- Food and health: People were consulted on a weekly basis as to what they wanted to eat, and there were facilities for people to prepare food for themselves. Everyone we spoke to said that they were happy with the food they were offered. People also told us that they were very happy with how staff helped to look after them when they are ill.
- Relations with the broader health and social care system: The senior staff were very happy with the service that they receive from local GP practices. They had some concerns about the bandings that NCC uses to allocate funding to residents, thinking they were too broad and sometimes not generous enough.

Overall, Point House seemed to be a very happy and homely home. The community living there was lively, happy and caring, and residents' preferences were put at the centre of how the home was run.

# Findings

## Voice, choice and personalisation

More detail on the ways that the home takes people's views into account in specific areas are detailed in the sections below. In this section, we give some more general detail about how residents and their families were supported to take control of their care and their home.

### **Mechanisms for ensuring residents' voices were heard and responded to**

Point House seemed to be organised in a way that put people in control of what happened in their home. People were also encouraged to develop independent living skills, and to move onto supported living if they were able to and wanted to.

There is a monthly clients' meeting at Point House, which allows people and staff to discuss issues affecting the home, and to take collective decisions. However, the senior staff were keen to emphasise that this is not the only way that decisions are taken in the home. As mentioned below in the section on relationships between staff and residents, they do not use a keyworker system, but try to be more flexible, and expect all staff to know all of the residents well. This means that they are in touch with all of the residents all of the time, and have a good sense of what people want to happen in the home through these channels of everyday communication. As also mentioned below, when new staff are being trained, senior staff consult residents as to what they think of new staff, and whether they would like them to stay permanently. This gives them an important veto on who is coming into their home to care for them.

People also told us that they would get involved in the running of the home, helping out with cooking and serving food at mealtimes. Most people would also do their own laundry once a week. Two people were keen to move out into supported living, and while they were waiting for a place to become available, staff had been helping them to develop the skills that they would need for more independent living: washing, cooking and cleaning for themselves.



## Responsiveness to family members



They are lovely down there ... they treat [my relative] as special and important, and he has never had that before.

- Relative



The two family members that we spoke to were both very happy with the standard of care being provided at Point House. They both reported that their relatives like living there, and that they were much happier there than when they had been living at home with their families.

Both relatives also told us how good the home was at communicating with them, saying that they were careful to keep them up to date with their relative's condition. They also praised the staff for being very receptive to visits from family members. "I just need to phone up the day before to make sure that they are not out on a trip," one relative told us.

We were also told how caring the staff are, and how happy the group of residents are. "[My relative] loves it there. They're like family, really". People were confident that their relatives' needs were given priority at Point House, with one person telling us that, "they treat [my relative] as special and important, and he has never had that before". Part of making people feel important, for these two relatives, was through giving them responsibilities that they were proud of being able to carry out.

## Premises

Point House is located on the junction between two busy roads in North Central Norwich. The property has a fence around most of it, with a small car park for staff and visitors next to the entrance. There is a sign outside telling visitors that this is a care home.

Entry to the house is through a lean-to porch with a small reception area, which leads into a spacious and pleasant living area. This contains a wooden table for six people opposite the front door, with a sofa and a television to the left and a larger TV watching area to the right, with three sofas and a TV. There are also CDs in a shelving unit and artworks on the wall. There were many Christmas lights hanging from the ceiling and a large Christmas tree in one corner, and Christmas decorations all around, giving the place a jolly and festive feel.

Leading off from the living area is a large dining area, with more Christmas decorations and a serving hatch leading into the kitchen. There are several good sized tables, and an area for making basic meals and preparing hot meals, which we see people doing. There are also artworks on the wall in here, and noticeboards with important information on. Down a passageway from the kitchen is the laundry room, with several large appliances in it.

There is a small, pleasant garden to the rear of the property, and the manager's and senior staff's office is located in an outbuilding in the garden.

There are several bedrooms on the ground floor and on the first floor. We were invited by two people to look at their rooms. Both rooms were a good size, with lots of natural light and both people had clearly been able to personalise their rooms to a great extent. They were able to choose the colour their room was painted, and had accessorised them in their own styles.

There are three communal bathrooms in the home, which have recently been renovated according to the residents' preferences – one in a sparkly style, one more soberly, and one in a spa-style.

The home is clean, well-organised and well-maintained throughout. It does not have an institutional feel, but gave the visit team the impression of a large family home. There is sufficient space for people with mobility problems, and although there are a few steps to navigate to access the ground floor bedrooms, all of the residents seemed to be capable of using them. There is also ample safety signage throughout the building.

## Activities

The people living at Point House have been assessed as needing fairly low levels of one-to-one staff support. This limits the number of accompanied outings that people can make each week, but people we spoke to nevertheless seemed to be quite active and to be happy with the number of outings they could make. Several people are confident enough to leave the home unaccompanied for short trips to nearby shops and conveniences. Two people that we spoke to work or volunteer several times a week. We also saw staff members preparing to take others shopping, to visit relatives and to go to the bank. Some people told us that they regularly visit Phab Club, a local social club for people with disabilities.

During our visit, people seemed to be very active, with most people out of their rooms and socialising cheerfully with other residents and with staff. There were a range of activities for people to participate in while they were at home. People were engaged in a Christmas craft session in the dining room while we were there, and two other residents were doing their own independent art activities in the living area. Another person was playing video games on one of the TVs in the living area. Someone else told us that they liked gardening, and told us about the food crops that they had grown last summer.

# Relationships and community

## Between staff and residents

The most striking aspect of our visit to Point House was the quality of the relationships that we witnessed. All of the people that we spoke to told us that they liked the staff, and one person told us that they were "wonderful". When we entered Point House, the residents started talking to us straight away, and the staff went about their business as residents talked to us freely about their lives and showed us around the home. This seemed to us to show a level of confidence in how happy people were to live at Point House, and also a commitment to letting people take control of their home whenever possible.

All of the staff that we saw took the time to stop and chat to residents as they went about their duties, and they all seemed to have good relationships with residents. They were clearly very knowledgeable about the people who lived there, and were often laughing and joking with them. When one person became upset, because they needed to go out but did not want to, a staff member was able to quickly calm them down and give them confidence about their outing.

There didn't seem to be a hierarchy between residents and staff, in the sense that residents moved freely around the home and seemed to choose their own activities, and turned to staff when they needed help. This contributed to the impression of Point House as a family home, rather than a residential unit. Part of this impression might also have been down to how staff relationships to residents were organised. A member of staff told us that they do not use a keyworker system, because this can have the effect of compartmentalising relationships, so that residents only interact with some staff, and also do not socialise as freely with residents who have different key workers from them. It can also mean, according to this staff member, that people do not know who to turn to when their keyworker is not working. Staff members are expected to know all of the residents well, so that people can turn to anyone for help.

The converse was also true: residents seemed to understand well the system of seniority amongst the staff, and to know who to go to for different types of concerns. Also the residents seemed to care for the staff (not only the other way around) and even to be protective of them.

Another contributing factor seemed to be that there were no staffing problems at Point House – they were fully staffed when we visited, and most staff had been in post for a long time, and so knew the residents very well. In particular, the manager and senior staff had been at Point House for over a decade.

The manager told us about the induction process for new staff. This included a range of online training courses, and a system of work shadowing. Once basic

training has been completed, the new staff member work-shadows an existing member of staff on their shifts. They are then shadowed by several different experienced members of staff on their own shifts, who help them to develop their skills in different specialisms. Existing staff are asked for their opinions on new staff members, as are residents, before deciding whether to take that person on permanently.

Point House has been participating in NCC's programme to roll out Positive Behaviour Support (PBS) training to homes supporting people with learning disabilities in Norfolk. PBS is focused on understanding the behaviour of people with learning disabilities and the context in which the behaviour happens, so as to try to prevent instances of distressed behaviour and to improve people's quality of life. One member of staff had undergone PBS training, which was time-consuming but also useful, and has led to some changes to standard working practices in the home. However, this staff member was due to leave the home, meaning that another staff member will need to be sent on the course.

## **Relations between residents**

The relations between residents seemed to be very good, and there seemed to be a strong sense of community despite the large number of people living there. We saw people doing activities together and helping each other out. We also saw people laughing and joking together, and the atmosphere was generally relaxed and happy. People seemed to know each other well, and could explain to us why a person was reacting in a particular way to something. We did not see any instances of conflict between residents, and several people commented on how much they enjoyed being part of the Point House community.

## **Relations between residents and the broader community**

People living at Point House seemed to have ample opportunity to spend time in the local community. As mentioned in the section on 'Activities' above, most of the residents are able to leave the home by themselves. Those that do, usually stay quite close by and visit shops. Staff members also take people out to run errands, for example to take people to the bank or to help them do their Christmas shopping. Some people also regularly visit Norwich Phab Club, a social club for people with disabilities. Two of the more independent people also go out to work or volunteer a few days a week.

Some people mentioned that they often go on outings with family members or have family members coming to visit them. This allows them to maintain some of the relationships that they had before moving into Point House.

## Food and health

The people we spoke to were happy with the food provided at Point House. Once a week everyone is consulted about what food they would like to eat, and staff formulate a menu to try to accommodate everyone's preferences. People are offered alternatives if they do not like any particular meal. Some residents also get involved in helping out at mealtimes. One person we spoke to likes to lay the tables and to take people's orders, making sure that people with diabetes get the right food. If people are hungry between meals, there is an area in the dining room where people can make hot drinks and prepare snacks.

Staff also seemed to look after people's physical health well. One person we spoke to told us how happy they were with how well the staff cared for them after an operation. This person did not want to be seen by others while they were recuperating, and so staff provided them with personal and care in their room. Staff reported that everyone in the home gets prompt medical attention from local GP surgeries when they need it, and one GP operates a weekly telephone ward round for them.

We did not get much information about how much physical exercise people get, although one person told us that they attend an exercise class. All of the people we saw seemed to be a healthy weight, however.

## Interactions with the broader health and social care system

Senior staff told us that they have a positive relationship with their local GP surgeries. Most people are registered with Magdalen Street, who do a weekly telephone ward round with them, and doctors sometimes ask them to send photos to help them. This is an innovation that started during the pandemic, but which they have continued because it has worked well for them.

While the home generally has a good relationship with NCC, they have some problems with the banding system which determines how much funding each resident receives for their care. The senior staff told us that the bandings were too broad, meaning that one band could cover a wide range of support needs, so that the funding could provide the same level of support to people with quite different levels of need. They were also concerned that their costs were increasing rapidly due to the cost of living crisis, but support from NCC was not increasing to match this. For example, their energy bill had recently become four times higher, but their level of funding remained the same. The residents were also starting to worry about energy costs, with one person suggesting turning off the Christmas lights to help them to save money.

The senior staff were unsure as to how useful NCC's Integrated Quality Service inspection process was in helping them to prepare for a CQC visit. They were originally rated 'Requires Improvement' overall, but challenged some of the findings, and were upgraded to 'Good'. They disagreed with some of the recommendations made by inspectors – such as putting posters up in the bathrooms about how to complain, which they felt would detract from the homely feeling. They also felt that some of the findings were overly pedantic. It is worth noting, however, that we do not know how the inspectors would explain these recommendations – we only have the interpretation of the staff of Point House on these matters.

# Recommendations

We were very impressed by the homely atmosphere and strong relationships that we saw at Point House, and residents seemed to be able to live full and happy lives there. The only recommendations that we had were that it could be made clearer where the main entrance is, since it is not the old front door of the house. It could also be useful to have a list of available activities posted on the wall in the communal areas as a memory jogger for the residents.

## Service Provider Response

Good morning,

I just want to say thank you so much for all your kind and lovely words.

With kind regards,

Miss Sarah Cropley RMA  
Registered Manager, Point House





# healthwatch

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