

# 'Enter & View' Report

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Collette House

1 Perryn Road, London, W3 7LR



Healthwatch Ealing

14<sup>th</sup> July 2021

<b>Service Visited:</b>	Collette House
<b>Address:</b>	1 Perryn Road, London, W3 7LR
<b>Service Manager:</b>	Kirsten Langley
<b>Date &amp; Time of Visit:</b>	14 <sup>th</sup> July 2021 10 am to 2 pm
<b>Status of Visit:</b>	Announced
<b>Healthwatch Ealing “Enter &amp; View” Authorised Representatives:</b>	Fatima Abdi and Mari Tiitinen
<b>Lead Authorised Representative:</b>	Fatima Abdi
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<b>CQC rating of West London NHS Trust</b>	N/A
<b>Date of CQC Report:</b>	N/A

Healthwatch Ealing (HWE) has the power to ‘Enter & View’ services in the borough of Ealing. ‘Enter & View’ visits are conducted by teams of trained ‘Enter & View’ Authorised Representatives.

### **Purpose of the visit**

The Health and Social Care Act allows Healthwatch Ealing ‘Enter & View’ Authorised Representatives to observe service delivery and speak to patients, residents, staff, relatives, friends and carers. The visit can happen if people tell us there are concerns, but equally, the visits can take place when services have a good reputation. We can therefore learn from shared examples of what they are doing well from the perspective of the people who experience the service first-hand.

‘Enter & View’ visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with the HWE Safeguarding Policy. If at any time an Authorised Representative observes a potential safeguarding concern, they will inform their lead. The lead Authorised Representative will then end the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) and Ealing Council’s Safeguarding Team.

On this occasion, two ‘Enter & View’ Authorised representatives attended the visit. The Authorised Representatives spoke with residents, staff and visitors. Recommendations have been made on how to improve the service and good practice has been highlighted.

In planning this visit HWE had liaised with the CQC, Clinical Commissioning Group (CCG) and the Local Authority (LA) to create an ‘Enter & View’ Programme. Several health and social care providers were selected to be visited.

## Disclaimer

*This report is a representative sample of the views of the staff members and residents that Healthwatch Ealing spoke to within the time frame. This does not represent the views of all the residents and staff members at Collette House. The observations made in this report only relate to the visit carried out on the 14<sup>th</sup> July 2021.*

## Acknowledgements

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Thanks to our 'Enter & View' Authorised Representatives: Fatima Abdi and Mari Tiitinen.

Thanks to the management, staff and residents for taking the time to speak with us.

## Background

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Healthwatch Ealing agreed to conduct a series of three Enter & View visits to Mental Health Hostels in the borough. Healthwatch Ealing chose to visit **Collette House** as part of this series of visits to review how the service was being run, the delivery of service and the quality of support provided to residents.

Healthwatch Ealing's Enter & View visit to Collette House was due to take place last year. However, the government COVID-19 safety guidelines prevented us from conducting our usual; in-person Enter & View visits. Although some Healthwatch organisations chose to conduct 'virtual visits' to service providers during this time, Healthwatch Ealing and Ealing Council made the decision to postpone all forms of Enter & View visitation during the pandemic and resume the programme once the government guidelines permitted and both service providers and their residents were comfortable with a visit from Healthwatch Ealing Enter and View representatives.

## London Cyrenians Housing

London Cyrenians Housing is a charity that provides accommodation-based support services for vulnerable people who have complex needs.

## Collette House

Collette House is an accommodation-based support service for people who have a primary mental health problem. Collette House supports individuals between the ages of 18 and 65 with complex (high/medium) mental health needs.

Mental Health Hostels like Collette House are part of the stepped approach to integrating individuals back into society. By providing support and facilitating an appropriate level of independence, Collette House supports individuals to move on from this accommodation-based support service, in line with a comprehensive plan that is agreed upon by all agencies involved in an individuals' treatment and care.

Collette House provides 24 hour supported living accommodation for a total of ten people with mental health needs. At the time of this visit there were nine people living at the service. The residence is a three floor, high-quality building with ten self-contained flats. It is in Acton with close transport links and shops, restaurants and cafes nearby on Acton High Street. The service provider at Collette House delivers a person-centred approach to housing, social care and support for residents. This enables the delivery of individual support to adapt to the changing needs of the people during different chapters of their life.

The service also provides support that acknowledges and works with the needs of families and the people they support as well as working to accommodate personal, domestic, practical, and housing related support needs.

## **Observations**

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### **Transport and Accessibility**

Collette House is accessible. Collette House is located on a quiet residential road a short walk from Acton Central Station and buses 70, 207 and 607. During our visit, we were informed that that there is no designated parking for visitors there is a drive in front of the house that cars can park.

The front entrance and ground floor is accessible for wheelchair users. Upon arrival, Enter and View representatives were met by a Collette House Support Worker who kindly asked us to sanitize our hands and sign the visitors book. The Support Worker took a temperature check of each representative before the visit began. Kirsten Langley, the Service Manager at Collette House greeted Healthwatch Ealing representatives and started the Enter & View tour.

Upon entering the residence, there is a small hallway where all residents need to sign in and out. There is hand sanitiser available to visitors and a notice on the wall to ask people to sanitise their hands before entering and leaving the residence.

Enter and View representatives noted that there are no lifts at the residence and that individuals with accessibility needs (i.e., Wheelchair users) would therefore be unable to access the higher levels of the building.

### **Environment**

During our visit, Enter and View representatives noted that the manager and staff were friendly and polite towards the residents, treating them with respect and dignity. For example, in the communal lounge on the ground floor, Kirsten invited and encouraged residents and members of staff to help themselves to the food that was laid out for them.

The reception area was a clean and well-maintained environment. From the reception there is a corridor that leads to the staff office, toilet, utility room, communal kitchen and living area.

The communal living area has two sofas, two tables, a television with an accompanying DVD player and a radio. There is also a selection of DVDs and there is a bookcase full of books in the corridor. The living area is a warm environment with lots of natural light and was well-ventilated and odour-free.

The communal kitchen was equipped with the basic appliances and requirements that an individual would need. This included a small tabletop area, an oven with two hobs on top of it, a toaster, a kettle and a fridge. Kirsten stated that the fridge is accessible for staff members only. The utility room had a washing machine, tumble dryer and a hoover which residents are allowed to use.

At the rear of the building, there is a large and accessible garden. Enter and View representatives noted that the garden was overgrown; Kirsten informed representatives that the residents are involved in doing some of the necessary work on the garden. In the garden, there is outdoor furniture, a smoking station, and a bee keeping facility. Enter and View representatives noted that the overground train runs directly behind the premises.

Regarding the residents own rooms, three of the self-contained flats are on the ground floor, four are on the second floor and three are on the third floor. Kirsten informed us that all resident flats are self-contained with a kitchen, bathroom, bedroom and living space. On the ground floor, there is one flat that has access to a garden patio and a skylight. At the time of the visit, one flat on the second floor is unoccupied. Enter and View representatives did not enter the flats that were occupied during the visit for the protection of residents' privacy. Enter and View representatives viewed the unoccupied flat. The flat was clean with lots of natural light, well-ventilated and odour free. The living space had a single bed, wardrobe, chest of drawers, table, two chairs, an armchair and a bedside table. In the kitchen, there is a fridge, oven/hob, toaster, kettle, freezer, and recycling bin. All the basic kitchen utensils are provided by the residence. We were informed by the manager that if a resident arrives without any belongings, a welcome pack is provided that contains basic kitchen utensils and toiletries. Enter and View representatives were told by the manager that residents are allowed to bring their own personal possessions and bedrooms are repainted after a resident moves on from Collette House.

The staff sleeping room is located on the second floor and is accessible by a key fob mechanism. The room includes a bed, and a fully equipped bathroom with lockers. Enter and View representatives were permitted to view the staff sleeping room and noticed the room was compact; nonetheless, it was well-lit and odour free. We were informed by Kirsten that the room is also used as a storage room with boxes of Personal Protective Equipment (PPE) and toilet roll currently stored in the staff sleeping room.

## **Signage**

At Collette House internal signage for no smoking, no drugs, and instructions to sanitise hands before entering and after leaving the residence are present. Representatives noted that there were no communal toilets, only those that were located within the self-contained flats.

Representatives observed that the residence has a lot of stairways and corridors with internal doors that could potentially cause confusion for residents or visitors. Enter and View representatives felt it might be a good idea to provide some internal signage that indicate where specific rooms and communal areas are. This may also support new residents to find their room and the communal spaces when they first move to Collette House.

## **Notice boards**

Two notice boards are present in the corridor on the ground floor of Collette House. The first notice board included a weekly activity planner, information on the complaints procedure that residents can follow if required, information on the closest public access defibrillators, an advertisement for the residence cooking group on Monday at 5:00 pm, an advertisement for the residence walking group on Thursday at 10:30 am and information on the Service User Involvement Strategy.

The second notice board contained information on London Cyrenians' Housing 24h confidential phone line that can be used by residents for feedback, comments or complaints, health guidance on chewing khat, and information on visiting during the COVID-19 pandemic. This information included the utilisation of a one nominated visitor approach, the need to have a negative COVID-19 test to present at the door before entering the premises, the requirement to wear PPE and use hand sanitiser, observe 2 metre social distancing rule, no hugging, need to stay in the client's room, and the need to pre-arrange the time of visit. Lastly, there was information on how visitors can contact Ealing Specialist Advice Service.

## **Care Planning**

Each resident at Collette House has a support plan. This plan is co-produced between members of staff and the resident themselves and is signed by the resident upon completion to indicate that they agree with the plan set out for them. The care plans include a focus on areas that the resident feels they need to be supported in as well as some guidance for members of staff as to what aspects of their daily routine residents need help with. Each resident also has an individual 'move-on' plan that is consistently reviewed by members of staff, residents, family members and external agencies such as the individuals' Social Worker and registered GP.

A step down into more independent living settings is a requirement of the Ealing Clinical Commissioning Group specification which LCH only signed up to a couple of months ago, so this did not apply prior to that which states that the recommended length of stay at a hostel like Collette House is 12-18 months<sup>1</sup>. However, it was noted by representatives that at the time of Healthwatch Ealing's visit, some of the residents interviewed had been residents at Collette House for 5 years or more and appeared to have no move on date set. The length of stay of the residents at Collette House must be reviewed within the context of residents' individual circumstances and the provider's reasons for residents not moving on, as highlighted in the 2020 local review of Collette House.

To support in the care planning process, allocated Care Coordinators use a support tool called 'MYGUIDE' with residents during key worker sessions. This tool comprises of a set of questions that relates to the lifestyle of the resident. This includes questions around choices and preferences, likes and dislikes, budgeting, future plans, and daily living. This information is then used to form a support plan and set objectives with the resident during future key worker sessions. Collette House has a 3-month review system in place to see what is working, what isn't working and any improvements that need to be made for the resident; this involves the Care Coordination team as well as their GP.

## **Risk Management**

Residents at Collette House each have an individual, person-centred working practice risk management plan which outline all risks and strategies to minimize them. Resident's individual plan identifies the triggers that might lead to a relapse and, subsequently, the actions that should be taken by management and members of staff to reduce exposure to these triggers. There is also a 'crisis intervention plan' in place for members of staff to consult, should an individual's health begin to deteriorate.

In addition, there is a client-based management software called Personal Systems Operations Control Centre (PSOCC) that is recorded and stored about the resident's mental health and well-being during the day and evening. This covers all information about the resident's life such as finances, personal and emergency contact details, medical information, housing benefits forms, and resident satisfaction survey. All risk assessment and care plans are reviewed on a weekly basis. There is a central folder that includes all the necessary information on each resident.

## **Fire safety**

During our visit, Enter and View representatives observed fire exit signs on each floor. The manager highlighted to our Enter and View representatives that a fire drill takes place on a monthly basis; the last fire drill took place on the 5<sup>th</sup> of July. There is a weekly fire alarm test done every Monday.

The manager informed our Enter and View representatives that all staff are trained in fire safety and there is a fire safety training done both on online and at Cyrenians head office. There is also a refresher training course on fire safety that occurs every two to three years that is mandatory for members of staff.

Following the aftermath of the Grenfell fire, Collette House landlords removed all fire extinguishers. The manager explained that in the case of a fire, the home would call the Ealing fire service immediately following the activation of the fire alarm, triggered by the smoke detectors throughout the building.

## Medication

Management explained that there is an overarching medication procedure in place for Collette House as well as individual medication procedures in place for each resident as part of their care plan. This includes completing an incident report if there are any general or specific issues with medication. Some residents can take their own medication independently while others are supported to take their medication by members of staff. Residents who can self-medicate go to the Collette House office and sign for their medication after they have taken it. Residents at Collette House are taught and/or supported to re-order their own medication.

The manager informed us that medication is stored in a lockable medication cabinet mounted on the wall in each resident's room. Only a week's supply of medication is stored in the cabinet at any one time. Enter and View representatives were told by the manager that staff are responsible for keeping the keys to the lockable cabinets and that they work in pairs to go to the residents' flats to administer the medication or, in some cases, observe the resident open the cabinet and take their medication.

Residents who can self-medicate are also allowed to go to the Collette House office and sign for their medication. As a safety measure, weekly spot checks are carried out to check if there are any issues around residents who self-medicate. It was noted by Kirsten that individuals who self-medicate have done so after it had been set out as an initial goal in their care plan and therefore decided upon as a realistic goal by the resident, members of staff, the residents GP, their relatives and any other external agencies involved in the care planning process.

## Feedback/suggestion box

Healthwatch Ealing representatives did not see a feedback/suggestion box at Collette House.

## Interview with management

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Our Enter and View representatives interviewed the manager of Collette House, Kirsten Langley. Kirsten informed our representatives that she had been working for Collette House since April 2021. Prior to working for Collette House, Kirsten had been working for London Cyrenians' Hampton Road service.

## Staff, Shifts and Handover

Kirsten explained to our Enter and View representatives that there is 1 x Manager, 1 x Deputy Manager and 6 x Mental Health Support Workers at Collette House. We were informed that two members of staff are on the waking night shift at Collette House from 10:30 pm to 7:30 am. There is then an early morning shift from 7:30 am to 4pm, a mid-morning shift from 12 pm to 8 pm and a night shift from 2 pm to 10:30 pm.

In relation to the handover procedure at Collette House, Kirsten stated *'Sharing and passing on of important information is absolutely crucial relating to the services users we support. This includes*



*any events that have taken place during the shift and any relevant tasks that need to be undertaken to ensure the smooth running of the home. We use a handover sheet which highlights any tasks to be done/completed, welfare checks, counting of monies, 'sharps' check emails, read communication book, counting of 'key's, panic alarms, reviewing of CCTV, any covid related issues, any housing management related issues, health and safety and so on'.*

## **Referrals**

Kirsten explained that referrals to Collette House are made through Ealing Placement teams. The residence regularly informs the care team of any upcoming vacancies as well as completing a monthly occupancy report, that also highlights any vacancies at the residence. When there is a vacancy and an individual is referred to Collette House, their social worker sends the individuals information electronically to Collette House to allow them to complete their own assessment. Kirsten stated that, on average, Collette House receives one referral per month.

## **Resident needs**

Kirsten informed the Healthwatch Enter and View rep that residents are allowed to choose what time they get up and go to bed, however, the communal lounge is closed at 10 pm.

Management outlined that residents' cultural and religious needs are met through speaking directly with residents and completing a cultural needs assessment form that includes identifying their spiritual needs, accommodating their faith and beliefs and offering emotional and practical support where possible. Kirsten also mentioned that this and all other interactions with residents involves the use of active listening by members of staff and the regular building of trust and rapport with the residents.

## **Communication**

Enter and View representatives were informed that the staff at Collette House come from a wide range of backgrounds and speak other languages, including Italian. The manager told us that in addition to this, an interpreter could be arranged through a Care Programme Approach review meeting if there are residents who do not speak English as a first language. There are other alternative forms of communication provided by the residence that include using pictorials, translation apps and the internet to translate a document into a preferred language. This is done by the residence or Cyrenians head office.

## **Visiting times**

Kirsten told representatives that the visiting times for the residence are from 10:00 am to 9:30 pm on Monday to Friday and 9:30 am to 10:00 pm on weekends. However, visiting times have been affected by the implementation of the COVID-19 restrictions. During the COVID-19 pandemic lockdowns, residents were not permitted to meet with visitors.

During the interview, representatives were also informed by Kirsten that before the COVID-19 pandemic, residents were allowed to welcome visitors into their own flats, meet in the communal lounge areas and go out with visitors into the community. Once the COVID-19 restrictions had been eased, visitors must have a negative COVID-19 test result to be allowed into the premises

and see the resident, they must wear PPE, and follow the social distancing measures that were being implemented. Kirsten added that all visits must be pre-arranged including a day and time of the visit and maximum of 1.5 hours visiting time.

Visits to service user flats by children are permitted and management reassured us that there are procedures in place to facilitate this.

### **Dietary needs of residents**

Kirsten explained that there is no menu at Collette House. Residents are free to purchase, prepare and cook their own meals in their own flats. Kirsten informed representatives that residents are allowed to eat in their own flats as well as in the communal lounge or kitchen if they choose.

Collette House offers one to one healthy eating sessions to residents if they require additional support and there are opportunities to have communal meals. A life skills manual is used during all food related sessions to promote healthy lifestyle choices. In addition to these sessions, Collette House offers menu budget planning to residents if they require additional support in managing their finances.

Enter and View representatives were told that there are resident support plans for residents that identify any nutritional needs, dietary preferences, allergies and any medical conditions. Management and staff also signpost to Occupational Therapy, Dietician, Nutritionist requesting assessment if this is deemed necessary.

Staff and management at Collette House encourage residents to be involved with the planning and cooking of their meals. There are one to one key worker sessions and house meetings to discuss resident likes, dislikes and menu planning. Satisfaction surveys are also used to find out resident choices and preferences of meals. The manager informed us that the communal meals are suggested to residents and that staff proactively involve residents in the planning and implementation of communal meals to promote choice.

### **Activities**

We were told by Kirsten that there is a planned programme of activities at Collette House. During our visit, we saw a weekly activities planner displayed on the ground floor. There are a range of activities available to residents including a walking group, an art group, bee keeping, a current affairs discussion group as well as trips to the cinema when permitted, gardening, cooking and music.

Kirsten also informed that the residence holds regular staff and house (staff and residents) meetings to discuss the planning of activities.

### **Family and friends' feedback**

Kirsten informed our Enter and View representative that family and friends are encouraged to give their feedback to Collette House. She explained that there is a feedback questionnaire that involves questions about resident care and care involvement.

For example, Kirsten stated that there is currently one family member who is heavily involved with the care of her son (resident) and provides regular feedback, whilst there is another resident whose sister regularly provides useful feedback to the team.

### **Relationship with staff**

Our Enter and View representative was told by Kirsten that she has a good working relationship with all staff. She encourages staff to be supportive, open and transparent as much as possible. She stated that she treats staff with respect and fairness.

During the initial months of starting her new role as Manager at Collette House, Kirsten highlighted that she felt supported by the team.

### **Safeguarding**

Kirsten highlighted to us that staff are aware of how to raise a safeguarding alert and that the safeguarding policy and procedures is easily available to staff, electronically.

We were also informed by Kirsten that there are opportunities discuss safeguarding alerts in de-brief sessions and management meetings.

### **Safety and security of the residence**

The manager explained to us that the safety precautions at Collette House involves using CCTV blind spots that covers all areas inside and outside the home. There is a safety and risk management manual available that includes information on approach, individual service users, on-going management, health and safety, governance and policies. The manager also informed us that LCH has a relational security expert who provides training to LCH staff.

We were informed by the manager that there is also a concern escalation procedure in place for service user welfare concerns. This involves management reporting any concerns to the Care Coordinator of the resident, or their psychiatrist.

In addition, there is a service users' forum called 'My Say' that gives residents the opportunity to voice their opinions, read the service policy and respond to it with their views. This includes procedures and policy pertaining to safeguarding and complaints. Lastly, Kirsten informed representatives that there is a monthly housing meeting that gives staff the opportunity to discuss the views of residents and to assess whether they need to utilise any of their community relationships such as working with the police.

### **COVID-19**

During the interview, Kirsten explained that staff were kept informed about the COVID-19 government guidelines throughout the pandemic via regular emails and the staff newsletter. This included information on PPE, safety measures and changes to the visitation procedures.

Kirsten informed us that during the COVID-19 pandemic, residents were not allowed in the communal areas of Collette House and that the number of activities taking place during the Lockdowns were significantly reduced to maintain social distancing. However, all staff ensured that PPE and infection control policies were always implemented.

Kirsten told us that the home did face challenges with PPE at the beginning of the pandemic. Eve Kontos (London Cyrenians Service Manager) had resolved the issue by contacting the commissioner and supplying Collette House with ample PPE stock. Kirsten mentioned that she would regularly keep stock of the PPE and send updates over to Cyrenians head office to be able to flag when any supplies were needed.

Kirsten informed us that the team ensured that cleanliness and hygiene was implemented throughout the pandemic, including the sanitisation of furniture and door handles.

Kirsten informed us about the lessons and improvements identified during the pandemic. She stated that *'acknowledge personal and professional struggles, cleanliness and safety measures continues, staff sickness reduced, look at staff rotas and staffing levels, looking at our behaviours, taking feedback'*.

## **Interview with staff**

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During the Collette House Enter & View, seven members of staff completed the Healthwatch Ealing staff feedback form and sent it to us via email.

## **Induction process**

Feedback confirmed that all staff had been supported through an induction upon initially starting their role at Collette House. However, the aspects of the induction and the length of time that the induction process took varied significantly. One staff member stated that her induction lasted for two weeks, describing her support from staff and management as *'very good'*. Two staff members stated that both their induction lasted for one week and that it covered all the policies and procedures of the organisation. On the other hand, one member of staff indicated that their induction process lasted 9 weeks in total and another indicated that theirs lasted for 6 months. All staff indicated that during their induction period they had completed training in GDPR, health and safety, fire safety, first aid and medication safety and administration.

In addition to the more practical procedures that were covered during staff members' inductions, some highlight the training and development that was pertinent to individual Collette House residents. For instance, one member of staff referenced learning about each of the residents; their medical and personal history, their interests and how they were managing their goals. Another member of staff indicated that they learnt how to conduct an effective handover, were provided with training on the residents' current support plans and were taught how to best apply working practices to ensure that clients felt support throughout their recovery process.

Although the feedback collection method may have been a contributory factor in the variation in both the length and the content of the induction procedure, it is still an important area of clarification to ensure that the entire process is comprehensive and standardised.

## Training

Staff at Collette House each referenced varying degrees of mandatory and additional training and development. For example, one member of staff listed; Control of Substances Hazardous to Health (COSHH) Level 2; Documentation and Record Keeping Level 2; Moving and Handling; Safeguarding Adults; Diversity and Equality Training; Challenging Behaviour training; Hand Hygiene training; Infection control; Safe Administration of Medicines; Duty of Care; training Working in a Person-centred Way training; Privacy and dignity training; Nutrition training; Mental health awareness courses; End of Life and Bereavement Care; Emotional Support and Signposting; Family Outreach Support: Motivational Interviewing technique training; Telephone Skills development training; Gender Identity training; Danger Assessment training; a Domestic Abuse Awareness course; and a Preventing Sexual Abuse course. Other members of staff who provided their feedback listed some of these courses as ones they had completed.

Two members of staff stated that they had received training from Prevent (offered by the UK Government) and one member of staff indicated that, in addition to Prevent training, they had also attended training provided by iHASCO.

Once again, although the feedback collection method may have been a contributory factor in the variation in both the length and the content of the response to questions on training and development, it is important to encourage members of staff to participate in available development opportunities when possible and ensure that mandatory trainings have been completed by all members of staff.

## Residents

Staff indicated that they support the needs of residents by proactively offering both informal and formal support. Members of staff approach day to day conversations with empathy and without judgement, offer validation and praise of achievements to residents and provide emotional support and active listening during key worker sessions and daily interactions. Enter & View representatives were informed that resident progress is monitored through one-to-one key worker sessions and through the residents' individual support plans. One staff member mentioned to our representatives that they work with residents to *'set goals and support where necessary and regularly communicate with clients.'*

Practical support is also given to residents who require assistance in daily living, healthy eating plans, taking medication, financial skills and attending health appointments. One staff member also mentioned *'offer resident choices, enable residents to set goals, accompany residents to appointments, liaise on behalf of residents with external agencies, praise and celebrate resident achievements.'*

In addition to this direct support, members of staff stated that they also work with the residents' external care team to ensure that they are providing them with the best possible daily support.

## **Empowering residents to have a voice**

Staff encourage residents to have a voice by giving them an opportunity to voice their opinions and concerns during one-to-one key worker sessions and house meetings and proactively involving them in the planning of their care. Furthermore, members of staff use the key worker sessions to remind residents of their rights, ensure that they are fully participating in their own care planning, encourage them to ask questions and provide feedback on staff members' approach to care.

## **Encouraging residents to become more involved in activities**

Enter & View representatives were told that during monthly staff meetings, house meetings and one to one key worker sessions, staff motivate and encourage residents to provide their opinions and suggestions on activities they would like to partake in. An agreed activities programme plan is set up based on the residents' suggestions to promote activities of interest.

There is a planned activities programme for residents to participate in such as cooking, a walking group, a media group and game activities. Staff members initiate these activities by explaining the aim of the activity, providing detailed information of time and the venue of activity as well as encouraging residents to be involved as much as possible.

## **Handover procedure**

Representatives were informed that there is a handover procedure that occurs during both the morning and evening. The evening to morning handover takes place between 7:30 am to 8:00 am and the morning to evening handover takes place between 2:00 pm to 2:30 pm. Staff handovers usually take place in the communal lounge and during this time, the communal lounge is closed off to residents to ensure minimal interruption. An assigned shift leader will inform incoming staff about residents mental and physical care needs and ensure that staff who are starting their shift are aware of residents' whereabouts, including whether they are currently in the residence or out in the community.

Staff use a handover sheet that details any tasks that have been completed, the outcomes of the house welfare check, any relevant email correspondence that incoming staff should be aware of, an up-to-date staff communication book, status of panic alarms, a completed review of CCTV, any COVID related issues, any building management-related issues, and any health and safety concerns. The staff on duty must record information on the handover sheet that is passed from shift to shift for staff handovers to be efficient. The information passed onto incoming shift staff from staff on duty ensures smooth running of the home, good practice and effective service provision delivery.

Daily notes are also used as a means of communicating by staff to summarise the resident's care needs and behaviours. These notes are shared verbally between staff and uploaded on the service user database.

## **Support from management**

All staff members who completed the feedback form stated that they are satisfied with the level of support given by management. One staff member spoke highly of management and highlighted that *'I am able to approach my manager if there are any problems and I'm confident that I would get the support that I need. If my manager is unable to give the support needed, she would seek help from the area manager.'* Another staff member also highlighted that *'management are flexible, staff feedback is acknowledged, and staff achievements are celebrated'*.

## **Lunch breaks**

Healthwatch Ealing was provided with different responses from staff regarding their lunch breaks. One member of staff indicated that they were 'very satisfied' with the allocated time for their lunch break and four other members of staff indicated that they were 'satisfied'. One staff member rated her lunch as 'Neutral' and stated that *'Sometimes I work through my lunch break depending on the needs of the service. Break times are usually flexible; staff usually arrange among themselves and if they prefer to have a shorter break this is by choice, so they can end their shift early.'*

Another staff member felt dissatisfied with the timing of her lunch break and expressed concern that she would prefer having at least one hour lunch break instead of half an hour. It was made clear that during night shifts, staff get a one-hour break but during day shifts staff lunch breaks that are half an hour are by choice, so staff can end their shift early.

## **Family and friends**

All staff stated that staff must receive consent from residents in order to contact their relatives. For those that do provide consent, staff provide family of residents with regular updates on residents' wellbeing involve them in the care process and support planning and immediately contacting them if any issues arise. This contact happens over the phone, via email and – in normal circumstances – during face-to-face support meetings.

Some service users have regular visits from family members and some residents have regular contact with family over the phone. One staff member stated that before the pandemic *'Some service users have regular visits from family members. Some family members phone the service if there are any concerns regarding their family member. Staff interact with the next of kin on any issues/questions which may need clarification. Family members are invited to BBQs or other project activities and are free to talk with staff.'* In addition, another staff member stated that members of staff recognise the vital role that family and friends play in residents' wellbeing and have ensured that, during the pandemic, contact has remained as consistent as possible.

## **Safeguarding procedure**

All members of staff who provided feedback stated that they are aware of how to raise a safeguarding alert and that they have easy access to safeguarding policy information.

## **Resident feedback**

Our Enter and View representatives were told by all members of staff that residents are aware of how to provide feedback to the residence. There are resident surveys and feedback forms available for residents to voice their concerns or provide positive feedback to the residence. Feedback forms are available to residents in the communal areas at Collette House.

In addition, residents are regularly given the opportunity to provide feedback during key worker sessions and house meetings if they wish to do so. Members of staff indicated that they encourage residents to provide any feedback that they may have.

## **COVID-19**

Below is a summary of the comments made by staff regarding the COVID-19 pandemic and resulting precautions that were taken place at Collette House:

*LCH “put in place proper mechanisms and preventative measures for both staff and residents to prevent the spreading of COVID-19.”*

*‘Regular use of sanitisers, regular wash of hands, participate in covid-19 test, regular use of mask, adhering to government guidelines.’*

*‘We follow government guidelines and apply all safety measures accordingly.’*

*‘I currently feel safe due to the vaccine rollout and guidance from the borough and government agencies. All service users and most staff have been vaccinated.’*

*‘Not enough information at the early stages and the massive death rates frightened me’*

*‘Effective use of PPE, regular debrief from management’*

*‘We still have access to testing if needed and provide lateral flow test for quick detection and management.’*

*‘Yes, I did have adequate PPE from the company and got tested anytime the need arose’.*

*‘LCH did not provide face masks’ as these were provided by LBE. However LCH did lobby for them initially when there was a national supply shortage which caused a delay in LBE providing them.*

## **Interview with residents**

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Enter and View representatives received a total of 6 questionnaires for feedback.

## **Residence**

All residents that completed our feedback form stated that they were happy living at Collette House. One resident mentioned that they were ‘much happier here (Collette House) than in my previous placement’. Residents also stated that the residence was kept clean and most of the



residents felt 'satisfied' with the level of safety at Collette House with one resident stating, 'I feel safe at all times, and staff is on duty 24/7'. One resident did indicate that they didn't feel safe and referenced an incident with a fellow resident as the reason for this. However, all residents indicated that they are aware of how to make a complaint, should a safety issue or any other issue arise.

Healthwatch Ealing representatives noted that three of the 6 residents that provided their feedback had been living at Collette House for over 5 years (5 – 7 years). This was worth noting as the average move on time for beneficiaries of these Mental Health hostel services is between 18 months and two years.

## **Staff**

All but one resident felt that members of staff at Collette House listened to them and those that thought they needed support believed that this was adequately provided. This applied to both day-to-day tasks and their overall health. For example, one resident mentioned that 'Staff listen to me and help me if I need it' and 'Staff support me to clean my room on a weekly basis'. However, two residents felt that 'not all staff' treat them with dignity and respect. This shows that there is potentially further work that can be done by members of staff to build on the support they provide and the active listening they participate in for residents.

Lastly, all residents indicated that they regularly meet with their allocated key worker with the majority suggesting this happens on a weekly basis and that all staff encourage them to participate in other activities that happen at Collette House.

## **Activities**

All residents informed HWE representatives that they have participated in house activities since they joined Collette House. As indicated by the service manager, residents agreed that there are 'lots of activities on offer' at Collette House that they enjoy participating in including a walking group, cooking sessions, gardening, and movie nights. Although these were suspended during the COVID-19 pandemic it is clear from the responses that they are always very accessible for residents. Two residents did make suggestions as to how they could improve the activities on offer for residents with one requesting a wider range of DVDs and one indicating that they would like a broadband installed that they could access in their room. Healthwatch Ealing representatives noted that suggestions such as these would have to fall within the parameters of what is allowed at Collette House.

## **COVID-19**

Most residents were 'very satisfied' with the infection control measures and the distribution and access to COVID-19 related information at Collette House. For example, one resident stated, 'I felt well, and staff were asking me if I was fine, if I needed something. I had my vaccines supported by staff and they were checking on me at all times to see how I was feeling'. Although one resident felt 'neutral' and one felt that they could have received a bit more information from members of staff regarding the infection control, another resident reinforced the positive sentiment, stating that 'Staff cleaned the project during 3 shifts daily. Hand sanitisers/ gels were provided. Staff

encouraged us to wear masks each time we went into the community. Staff encouraged us to wash our hands regularly'.

Unfortunately, one resident noted that the pandemic and the resulting restrictions put on communal activities left them feeling less supported and more isolated. Healthwatch reps noted that this was something that must be accounted for if similar infection control measures are reinstated.

## **Conclusion**

Overall, the Enter and View visit to Collette House was positive. It is a clean and well-maintained environment, with excellent facilities. The service is run by knowledgeable, experienced, engaging and friendly staff. The staff interviewed spoke very highly of management indicating that they felt supported and heard. Overall, members of staff were happy with their experience of working at Collette House. Collectively, staff had participated in a wealth of training and development activities and were well-versed on how to best support and empower residents whilst effectively managing the practicalities of the service such as the handover procedure, handling safeguarding issues and managing crises were they to ever arise.

Six residents provided feedback on their opinions and experiences of living at Collette house, with most individuals stating that they felt happy and safe at the residence and that members of staff listen to them, encourage them, and treat them with dignity and respect.

Staff members and Collette House residents were happy with the way that the COVID-19 pandemic had been handled at the residence and although some individuals indicated that they felt more isolated and that they hadn't received enough information, the feedback seems to suggest that management and staff were able to successfully adapt to the change in service.

## **Good Practice**

- Collette House is a clean, well-maintained and welcoming environment
- The service reported that all residents had a comprehensive support plan and risk assessment/ crisis management plan in place
- Enter and View representatives were impressed with how highly staff spoke about the new management.
- There appears to be a wealth of training and development opportunities for members of staff at Collette House
- Staff are well-versed in how to best empower, support and encourage residents. This includes emotional support, and proactive goal setting as well as more practical day to day matters such as diet and budget management and health appointments.
- Staff are aware of the operational procedures that should be followed in the event of a fire, a safeguarding concern and complaints/feedback from residents or their family members.
- Collette House has strong links with external healthcare professionals including visiting nurses, Ealing Council and Primary Care clinicians.
- Residents felt happy with their living situation indicating that they felt happy, safe and that there was ample opportunity to get involved with activities at Collette House.

- Representatives were impressed with how management and staff have appeared to have adapted to and handled the COVID-19 pandemic. This includes the wellbeing of members of staff and was reinforced by mostly positive resident feedback

## **Recommendations**

From the Enter & View visits, Healthwatch Ealing propose the following recommendations for Collette House Management and Staff to review and action.

### **Recommendation Area 1. Move-on plans**

Healthwatch Ealing representatives noted from resident feedback that three residents had been living at Collette House for 5 years or more. The average and recommended move on time for beneficiaries of these Mental Health hostel services is between 12 and 18 months. These recommendations must be viewed the context of residents' individual circumstances and the provider's reasons for residents not moving on, as highlighted in the 2020 local review of Collette House. As outlined above Collette House was not signed up to the CCG specification until a couple of months ago.

*1.a. Reassess the move on plans for residents who have been living at Collette House for longer than two years.*

*1.b. Ensure plans are agreed upon and understood by all parties including the resident, members of staff and any family and friends involved in the resident's care. This should involve self-reflective exercises by residents to help them in understanding the skills and capabilities required to move to a stepped down accommodation.*

*1.c. Ensure that there is regular communication between these parties regarding individual's move on plans to regularly monitor progress and adjust if the circumstance calls for it.*

*1.d. Review the procedures and protocols in place for creating a move on plan for residents arriving at Collette House to ensure that they are comprehensive and, where possible, effective in supporting residents to move on from the residence after approximately 2 years.*

### **Recommendation Area 2. COVID-19 Infection Control**

Two aspects of the service at Collette House that related to the COVID-19 pandemic were noted by Healthwatch Ealing representatives. First, staff and management mentioned that they experienced an initial shortage in face masks from LBE despite LCH lobbying for this when the pandemic first began. Second, some residents felt that they could have been provided with more information about the infection control measures that were taking place. As preventative measures, Healthwatch Ealing recommends:

*2.a. Ensuring that Collette House has been allocated the required amount of PPE by London Cyrenians, in case a similar lockdown scenario happens again.*

**2.b.** *Host a meeting/workshop with Collette House residents to collectively review what worked well at the residence during the COVID-19 Lockdowns and how the distribution and availability of information could be improved to support residents in any future lockdown scenarios.*

### **Recommendation Area 3. Fire Safety**

Healthwatch Ealing noted that although Fire Extinguishers had been removed as a result of post Grenfell actions by housing associations, they continue to have smoke detectors throughout the building.

**3.a.** *It is recommended that Collette House continue with appropriate fire procedures and ensure that the residence stays up to date with the latest fire safety guidelines.*

### **Recommendation Area 4. Resident Activities**

Two residents fed back to Healthwatch Ealing that the service could be improved through the acquisition of more DVDs and a broadband line to residents' individual flats. Although these specific requests may not fall within the parameters of what is allowed, it is recommended that:

**4.a.** *Residents' suggestions for activities available to them are heard and, where possible, a compromise between Collette House and its residents is reached.*

### **Recommendation Area 5. Staff Training**

During the feedback process, staff at Collette House referenced a wide length of time for their induction period, ranging from 1 week to 6 months. In addition, the number of completed training and development opportunities varied from staff member to staff member. As previously stated, the feedback collection method may have contributed to this variation in staff answers. However, to ensure both clarity and a high level of standardised care throughout the work force at Collette House, Healthwatch Ealing recommend that:

**5.a.** *The standard length of induction and mandatory trainings required for new members of staff is reviewed and documented*

**5.b.** *Additional training and development opportunities for members of staff at Collette House are made easily accessible and are regularly distributed and uptake encouraged*

**5.c.** *Members of staff that can attend such training and development sessions are given the opportunity and space to share their learnings with the other members of staff.*

## **Recommendation Area 6. Staff Break Times**

Whilst most members of staff felt their break time was adequate, one member of staff was not satisfied with the length of time that they received for their break during the day shift, which should be noted, was by choice.

**6.a.** *To ensure that staff wellbeing remains a priority and that staff do not feel overwhelmed, management to review break allocations and consider the use of an additional shorter break in specific circumstances. This could help to prevent staff from feeling overwhelmed or simply benefit their productivity for the rest of their shift.*

## **Recommendation Area 7. Residence Signage**

Representatives observed that the residence has a lot of stairways and corridors with internal doors that could potentially cause confusion for residents or visitors.

**7.a.** *Provide internal signage to indicate where specific rooms and communal areas are to support old and new residents as well as visitors.*

## Formal Response from Provider:

Name of facility: Collette House

Form completed by: Eve Kontos, London Cyrenians Service Manager

Date completed: 26.1.22

### 1) General comments:

### 2) Recommendations:

*Providers may wish to respond to individual recommendations, outlining the action they are intending to take and any work already ongoing to address issues identified*

	Provider Response
Recommendation 1	People living at Collette House for longer than 5 years was not an issue with our prior contract so it would only apply after the start date of new contract.
Recommendation 2	The issue with the masks was LBE did not initially provide to LCH so this is not relevant to LCH
Recommendation 3	We already do this so not sure why it is a recommendation
Recommendation 4	We already do this so not sure why it is a recommendation
Recommendation 5	We already do this so not sure why it is a recommendation
Recommendation 6	We already do this so not sure why it is a recommendation
Recommendation 7	We do not believe that this is necessary as people who live at Collette House know where their flats are, and any visitors are met at the front door and taken to whoever's flat they are visiting or communal lounge

## **APPENDIX**

### **Appendix I – Tour and observation checklist (plain text format)**

#### **Accessibility** (on arrival and externally to the provider unit being visited)

What are the current accessibility arrangements like?

Where is the unit/home located?

What is parking like for resident's families, visitors, staff?

Are there designated disabled parking bays?

What access availability in place for those who may have severe mental health conditions?

#### **Signage**

Is the external signage clear?

Is internal signage clear?

#### **Other**

What reasonable changes are needed and could be made if resources were available?

#### **Environment**

Is the environment clean, comfortable and safe?

Are there any visible obstructions that could cause a hazard?

What are the communal areas like, Is there appropriate furniture available?

### **Noticeboard**

What is displayed on the walls? Look out for staff/residents' notice boards, any residents' activities on display? Is the information relevant and up to date?

### **Security and Fire Safety**

Did the front door have a key coded pad to enter?

Do all floors have a lift? Does the lift operate with a key code?

How are the doors to the garden kept secure and safe for resident's use?

When was the last Fire Drill?

Is there a regular fire alarm test? How often is this carried out?

Are all staff trained in Fire Safety?

What is the evacuation procedure in case of a fire?

### **Medication**

Does each floor have its own medication trolley? How is medication stored?

Is there a Lockable/safely accessible fridge to store medication in, how often is the fridge checked?

Who dispenses and checks resident's medication? How is prescribed medication recorded?

Is there a PRN policy in place?

What safety process do you have in place if there are any accidents or issues with medication?

Are medications recorded in a resident's care plan? Are relatives kept informed and updated regarding any medications taken by their relative?

### **Accommodation**

Do residents have a single bedroom?

Are there any shared bedrooms? If so why?

Can residents bring their own furniture, electrical items? Wi-Fi?

Are personal electrical items tested for safety (Portable Appliance Testing PAT)?

How do you enable residents to personalise their rooms?

How are residents addressed i.e. what name do they use/recognise



## Appendix II – Questions for management (plain text format)

### Enter & View Management Questionnaire

Name of Service: \_\_\_\_\_

Date and time of this survey: \_\_\_\_\_

#### About Healthwatch Ealing

Healthwatch Ealing is the consumer champion tasked with statutory responsibility for collecting the views of residents about local health and social care services, with the aim of improving those services where necessary

#### What is the purpose of this survey?

Healthwatch Ealing is the local champion for local people of Ealing and is conducting a survey with residents, staff and management of your service. The purpose of the survey is to gain an understanding of the management of your service, especially during Covid-19. We thank you for your help and cooperation. The feedback provided will be analysed and a report produced highlighting the key themes and trends and outlining recommendations for improvement to the difficulties faced by the management of care homes in Ealing.

Please complete this survey if you are a Manager.

You can contact Healthwatch Ealing on 0203 886 0830 if you have any questions regarding this survey.

#### Confidentiality statement

Your responses will be kept confidential and will not be attributed towards you.

We thank you for your help.

Q1. Can you give us an overview of your service and staff structure? Please include number of staff, full time and part time, or contract staff.

Q2. How are residents referred into your service? Approximately how many referrals do you receive per month?

Q3. a) Can prospective residents make a visit prior to acceptance at the home?

Yes

No

b) Can residents choose when they get up or go to bed?

Yes

No

c) How are residents' cultural or religious needs met?

Q4. How do you meet the needs of residents who do not speak English as their first language?

Do you have any staff members within your team who:

a) speak different languages

b) support residents with translation whom English is not their first language (where appropriate)?

Q5. What are the visiting times?

Q6. Where and how do visitors meet their relatives? Before and after the pandemic?

Q7. Are children able to visit their residents?

Yes

No

Q8. Are there any time restrictions to when visitors can see their relatives and is there a number limitation?

Yes

No

Q9. How does your home meet the dietary requirements of the residents?

Q10. a) What are the current safety precautions in place at the facility?

b) What is the safety procedure in case of any issues around safety?

c) What approaches have you adopted to lessen any safety risk?

d) How often are safety concerns raised?

Q11. How often is the menu changed?

Q12. Can residents choose where to eat their meals?

Yes

No

Q13. What help is offered to residents who may need support?

Q14. Are some residents encouraged to be involved in menu planning and cooking? If so, how?

Q15. a) Are social activities initiated by staff? (E.g. does staff ask or encourage people to do what they want to do during their leisure time?)

b) How do you find out about your residents' historic preferences, likes and dislikes and how does this information inform your planning?

c) How do you plan activities for the week/month ahead?

d) Is there a planned programme of activities

e) What do you do to encourage your residents to engage in activities?

f) How do you provide stimulation to those residents who often (may refuse) say 'no' to most activity suggestions?

g) How do you overcome barriers such as physical access e.g. confined to their room?

Q16. a) Are family/friends encouraged to give feedback?

Yes  No

b) If Yes, how are views are collected, how is the feedback circulated to family/residents?

c) Are there any family/friends who attend staff meetings?

Yes  No

Q17. a) As management do you believe you have good relationship/rapport with your staff?

b) What steps have you taken to establish a good relationship with your staff?

c) Are there any social gatherings or rewards programmes in place for staff?

Yes  No

Q18. a) Are staff aware on how to make safeguarding alert?

Yes  No

b) Is safeguarding information available to staff?

Yes  No

c) How often are safeguarding concerns raised?

Yes  No

Q19. Given the pressures on staff during this period, what support have they received to maintain their physical and mental health?

Yes  No

Q20. Are you aware if there are funding issues that affect the way you provide the service for residents?

Q21. What approaches have you adopted to shift duties that leave staff at lesser risk of contracting coronavirus?

Q22. Were there any changes to resident services as a result of the lockdown? For example, activities offered to residents; the ability to access communal areas during lockdown?

Q23 What, if any, challenges have you faced in relation to accessing PPE supplies; testing of residents and staff; separation of those residents with the virus and those who were unaffected; maintaining staffing levels.

Q24. Have you implemented COVID-19 safety precautions as a service (i.e. cleanliness and hygiene?)

Yes

No

Q25. What lessons or improvements have been identified since and after the pandemic and lock down measures?

Q26. Do you have any other comments you would like to share with us?

We thank you for your time today.

Please email your form to:

[info@healthwatchhealing.org.uk](mailto:info@healthwatchhealing.org.uk)

## Appendix III - Questions for staff (plain text format)

### Enter & View Staff Questionnaire

Name of Service: \_\_\_\_\_

Date and time of this survey:

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#### About Healthwatch Ealing

Healthwatch Ealing is the consumer champion tasked with statutory responsibility for collecting the views of residents about local health and social care services, with the aim of improving those services where necessary

#### What is the purpose of this survey?

Healthwatch Ealing is the consumer champion tasked with statutory responsibility for collecting the views of residents about local health and social care services, with the aim of improving those services where necessary.

Healthwatch Ealing is conducting a survey with residents of the *Insert name of hostel here*. The purpose of the survey is to gain an understanding of your views and experiences especially during Covid-19.

The feedback provided will be analysed and a report produced highlighting the key themes and trends and outlining recommendations for improvement to the difficulties faced by the residents of *Insert name of Hostel here*.

Please complete this survey *Insert name of Hostel here*. You have the choice of completing this survey on paper, or if you prefer, we can arrange a zoom call for you to discuss these questions with a member of our team. You can do this by emailing us at [info@healthwatchealing.org.uk](mailto:info@healthwatchealing.org.uk) You can contact Healthwatch Ealing on 0203 886 0830 if you have any questions regarding this survey.

Your responses will be kept confidential and will not be attributed towards you.  
We thank you for your help.

- Q1. a) How long have you been working for this service?  
b) How do you feel about your job?  
c) What is your background (e.g. educational qualifications)

Q2. a) How long was your induction process and what did it cover?

b) Did you feel supported during your induction?

How would you rate the level of support given during your induction?

Yes

No

c) What training have you completed? And do you receive an on-going training?

Q3. How would you rate the timing of your lunch break?

*Very satisfied - Satisfied - Neutral - Dissatisfied - Very Dissatisfied*

*Please give more information*

### Questions about residents

Q4. How do you support the needs of residents?

Q5. How do you monitor the residents' progress?

Q6. How do you empower residents to have a voice?

Q7. How do you encourage residents to become more involved and give input? (e.g. activities)

Q8. How would you rate the level of support given by management?

*Very satisfied - Satisfied - Neutral - Dissatisfied - Very Dissatisfied*

*Please give Details*

Q9. Do you participate in regular staff meetings? (e.g. monthly)

Yes

No

Q10. Are you aware of any possible funding issues that affect the way you provide the service for residents?

Yes

No

Q11. Do the residents face issues accessing community health and social care services?

Yes

No

*Please give details*

Q12. As a service do you have any involvement with the residents with family/friends/relatives?

Yes

No

*Could you provide any examples?*

Q13. Are you aware of the process of how to raise a safeguarding alert?

Yes

No

Q14. Do you have access to clear safeguarding information at work?

Yes

No

Q15. Can you tell us about the handover procedure between shifts?

*Please give details*

Q16. What means of communication is used by staff during the handover process?

*Please give details*

Q17. How do you engage with residents to give feedback?

*Please give details*

Q18. Are residents aware of how to provide feedback to the home?

Yes

No

*If Yes, how?*

## Questions about COVID-19

Q19. How would you rate the implementation of effective infection control measures to prevent the spreading of Covid-19?

*Very satisfied - Satisfied - Neutral - Dissatisfied - Very Dissatisfied*

*Please give more information*

Q20. How would you rate your level of safety during the early stages of the Covid-19 pandemic and do you feel safe currently?

*Very satisfied - Satisfied - Neutral - Dissatisfied - Very Dissatisfied*

*Please give more information*

Q21. Did you have adequate supplies of PPE and the opportunity for you and residents to be tested earlier in the pandemic and do you currently still have access to testing?

*Please give details*

Q22. How would you rate the support given to continue working during the pandemic in terms of additional training or guidance?

*Very satisfied - Satisfied - Neutral - Dissatisfied - Very Dissatisfied*

*Please give more information*

Q23. What support are you able to provide if any to help residents speak/see to their family and friends?

*Please give details*

Q24. What do you think have been the biggest challenges to the home during the pandemic and to you as a member of staff?

*Please give details*

Q25. How would you rate the overall experience for residents and their

families/friends? *Very satisfied - Satisfied - Neutral - Dissatisfied - Very Dissatisfied*

*Please give more information*

Q28. What improvements and or changes you have or would like to see since the pandemic?

*Please give details*

Q29. Do you have any additional comments?



We thank you for your time today.  
Please email your form to:  
[info@healthwatchhealing.org.uk](mailto:info@healthwatchhealing.org.uk)  
or send by post to FreepostYVHSC

## Appendix IV - Questions for residents (plain text format)

### Enter & View Resident Questionnaire

Name of Service: \_\_\_\_\_

Date and time of this survey: \_\_\_\_\_

#### About Healthwatch Ealing

Healthwatch Ealing is the consumer champion tasked with statutory responsibility for collecting the views of residents about local health and social care services, with the aim of improving those services where necessary.

#### What is the purpose of this survey?

Healthwatch Ealing is conducting a survey with residents of the *Insert name of hostel here*. The purpose of the survey is to gain an understanding of your views and experiences especially during Covid-19.

The feedback provided will be analysed and a report produced highlighting the key themes and trends and outlining recommendations for improvement to the difficulties faced by the residents of *Insert name of hostel here*.

Please complete this survey *Insert name of Hostel here*. You have the choice of completing this survey on paper, or if you prefer, we can arrange a zoom call for you to discuss these questions with a member of our team. You can do this by emailing us at [info@healthwatchealing.org.uk](mailto:info@healthwatchealing.org.uk)

Your responses will be kept confidential and will not be attributed towards you.  
We thank you for your help.

This questionnaire is for residency of *Insert name of hostel here*.

### General Questions

Q1. Thinking about the following aspects, please select how you feel about this residency. The scale is from Very Satisfied to very dissatisfied.

Please tick (□)	Attributes	Very satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable
	Access by public transport						
	Parking facilities						
	Getting in and moving around the building						
	Cleanliness						
	Helpfulness of staff						
	Visiting arrangements						
	Support from staff regarding your health						
	Gardens/ Outside Space						
	Current room temperature						

### Background

Q2. How long have you been living in this residency? Please state.

*Please give more information.*

Q3. Are you happy with the residency?

Yes - No

*If No, please give more information*

### Questions about members of Staff

Q4. Do you feel listened to by staff when you express your wishes or concerns?

Q5. How would you rate the level of support given by staff?

*Very satisfied - Satisfied - Neutral - Dissatisfied - Very Dissatisfied*

*Please share some examples with us.*

Q6. Do the staff treat you with dignity and respect?

Q7. Do you feel that staff take into consideration your personal and individual needs and wishes?

Q8. Do you have an allocated key worker? How often do you meet with them?

Q9. Do you have any other comments about the staff you would like to share with us?

#### **Questions about activities**

Q10. Do you take part in activities? If not, how do staff encourage you to take part in activities?

Q11. Do you think there are enough activities within the home? If not, what can be done to improve them?

#### **Questions about COVID-19**

Q12. How well have you been kept informed by the residency about the any changes within the home as a result of the Covid-19 virus?

Q13. Do you feel the residency have put in place the right amount of effective infection control measures to prevent the spread of the virus spread? If so, what were they?

How would you rate the level of effective infection control measures to prevent the spread of the virus spread?

*Very satisfied - Satisfied - Neutral - Dissatisfied - Very Dissatisfied*

Q14. Did your support change during the pandemic? If so, how did it change?

Q15. Were you able to have any type of contact with your family and friends during lockdown and the following months or recently? Face to face or via telephone / video calls?

Q16. If you did see your family or friends, where did you see them - in your room, communal indoor area or outside? What safety measures were put in place e.g. did you visitor keep their distance; sanitise hands, wear protective masks/apron/ gloves?

Q17. If you were not able to speak to or see your family and friends, do you know why that was?

Q18. Did you fall unwell since the start of the pandemic?

If so, how would you rate the level of appropriate and timely care and support from care staff and health professionals?

Q19. Were there any changes to your activities in the home during the pandemic?

If so, what were they?

Q20. Are there any other comments you would like to make about the residency or you have received during recent months?

### **General questions about the residency**

Q21. Are there any further comments that you would like to make about the residency and care that you have received during recent months?

Q22. Are the communal spaces kept tidy and free of clutter?

Q23. Do you have any suggestions on how to improve the home service?

### **Questions about Feedback and complaints procedure**

Q24. Are you aware of the process to make a complaint?

Q25. Have you shared your feedback or grievance with the residency before?

*Yes - No*

*If YES, were you satisfied that your complaint was managed properly?*

Q26. Is information about to make a complaint easily available?

*Yes - No*

Q27. Do you have any additional comment?

