

Enter and View Report

Russets

16 November 2021

Contents

1	Introduction.....	3
1.1	Details of visit.....	3
1.2	Acknowledgements	3
1.3	Disclaimer.....	3
2	What is Enter and View?.....	4
2.1	Purpose of visit.....	4
2.2	Strategic drivers.....	4
2.3	Methodology.....	5
2.4	Covid impact on Russets' residents.....	5
2.5	Visiting Care Homes DoH Guidance Covid-19.....	6
2.6	Findings.....	8
2.7	Summary of findings.....	12
2.8	Recommendations.....	12
2.9	Service Provider Response.....	14
2.10	Results of visit.....	15
2.11	Conclusion.....	16



1. Introduction

1.1 Details of visit

Details of visit:	
Service address:	Gatcombe Drive, Hilsea, Portsmouth, PO2 0TX
Service provider:	Russets
Date & time:	16 th November 2021 / 3.00pm - 6.00pm
Authorised Representatives:	Fergus Cameron and Jan Dixon

Healthwatch Portsmouth (HWP) decided to look at the types of accommodation available to adults with Learning Disabilities (LD) to find out what constitutes good accommodation. HWP has previously carried out Enter and View on a Supported Living service for adults with a learning disability. Russets offers long stay accommodation in two separate flats for 4 - 8 people, and on the ground floor 6 respite care placements funded by Portsmouth City Council. This is provided to residents who stay from 1 night to 2 weeks or longer if there is an urgent need.

1.2 Acknowledgements

Healthwatch Portsmouth would like to thank Russets service users, and staff for their contribution to the Enter and View programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



2. What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives have undertaken Enter and View training prior to carrying out these visits and have completed Disclosure and Barring Service checks. Healthwatch Portsmouth carries out these visits to health and social care services to find out how they are being run and make recommendations where there are 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 but, 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.

2.1 Purpose of the visit

- To engage with service users of Russets, and the long-term accommodation to better understand the delivery of registered residential care for people with learning disabilities.
- To better understand how dignity is being respected in a care home environment.
- To Identify examples of good working practice.
- To observe residents and relatives engaging with the staff and their surroundings.
- To capture the experience of residents and relatives and any ideas they may have for change.

2.2 Strategic drivers

The Care Quality Council (CQC) advocate the principles of “Right support, right care, right culture.” The intent being that Autistic people and people with a learning disability are as entitled to live an ordinary life as any other citizen, with choices, dignity, independence, and good access to local communities that most people take for granted. These principles informed the Authorised Representatives undertaking the visit.



2.3 Methodology

This was a pre-arranged Enter and View visit; promotional posters were provided by HWP which announced the visit and provided contact details for those wishing to make contact outside of the formal visit.

We approached the staff before we spoke to anyone in the care home and took their advice on whether any residents should not be approached due to their inability to give informed consent, or due to safety or medical reasons. No residents were identified who might find our visit distressing or difficult. Authorised Representatives conducted short interviews with three members of staff at the care home on topics such as quality of care, safety, dignity, respect, working with others and staff training. Authorised Representatives also approached three residents at the care home to informally ask them about their experiences of the home and, where appropriate, other topics such as accessing health care services to help with our wider engagement work on NHS access for people with learning disabilities.

A large proportion of the visit was observational, walking around the communal areas to gain an understanding of how the home works, and how the residents engaged with staff members and the facilities. The Authorised Representatives acknowledged residents who were there when we looked around and made ourselves open for communication. We spoke briefly to residents about their experiences at Russets, but it was not possible to speak to any family members or visitors.

The HWP posters were not visible at Russets; this may have been the reason friends and family were not available at the time of the visit.

2.4 Covid impact on Russets' residents

Russets was shut for respite care during the Covid 19 pandemic; there was a gradual restart in July 2021 for people with urgent needs. At the peak of the pandemic residents could not go out, so staff had to keep thinking of activities to occupy them. Staff recalled that family members were thankful for these activities that were provided for their relatives. Video calling and "WhatsApp" messaging was used to enable the residents and families to communicate with each other. Staff stated that no permanent residents contracted Covid 19; with only a couple of staff contracting Covid 19 at the time of the visit. There are approximately 40 permanent staff at Russets, including kitchen staff and cleaners.



2.5 Visiting Care Homes DoH Guidance Covid-19; the impact at the time of the visit

Visitors must still ring up first to make an appointment to visit because of ongoing Covid 19 restrictions. The Authorised Representatives had completed the required Covid-19 Visitor Form prior to our visit. DoH guidance for visiting care homes had recently been very high profile and the guidance had been revised. The Visitor Forms required our temperatures to be recorded on the form on the day of the visit. This was pointed out to the staff who were at first surprised at this and had to go and find a digital thermometer, our temperature was duly recorded on the Visitor Forms. The Authorised Representatives had taken Lateral Flow Tests (LFTs) just before our visit and we had proof that this had been negative for both of us. We also said that we both had proof of our double Covid-19 vaccine status and to show these to the welcoming staff member. We were told that we did not need to show any of these. It should be noted that on 11/11/21 Government guidelines stated that people entering Care Homes should be double vaccinated and have NHS proof of this. It was a concern that the procedures regarding visitors to their premises appeared to be not fully understood.



Response from Russets:

Staff fully understand the visiting guidance and I had said that you all would have the appropriate vaccine and LFD requirement to enter the home so that would be my error. At the time of the visit Russets did not have admin staff permanently in place so it would have been the support workers welcoming you into the home.

There were posters in the foyer, staff room and reception office which I remember taking down after the visit. As we are mostly a respite service the families do not tend to visit as it is to offer them a break. The families of the permanent residents are older parents and have health conditions that at the time meant they were classed as the vulnerable people at higher risk of illness if contracting covid. They have been visiting but would not have visited in the evenings when we have a high number of people in the building using the respite service. Their visits are mutually agreed for between 11-2pm when the home has the fewest number of people here.

I do have evidence of positive feedback from families regarding Russets from permanent residents and respite families should this be requested at any point.

The temperature checks were in addition to the risk assessment as advised by Public Health England for the respite service as there is no specific guidance for temporary



accommodation that does not recommend an isolation period on entry to a home or hospital of 14 days with LFD testing daily. This is also why we follow the process of spraying shoes in the foyer before entering the building.

The additional precautions have prevented an outbreak in Russets and since March 2020 only one resident has contracted Covid 19. This was after vaccines were made available and they were double vaccinated and booster.

Authorised Representatives entered the foyer of the building wearing face masks and were asked to use an antiseptic spray, which was situated by the entrance door, on our outer footwear before we could enter the building itself. We complied, although it was difficult to balance to do so and we were in the way of people entering and leaving the building.

Once in the Reception area we were told to wait and then signed the visitor book which was situated just outside the reception window – using a pen provided – and then both sanitised our hands using the hand sanitiser in the reception area.

Authorised Representatives wore Healthwatch Portsmouth identification badges. we were not provided with a visitor badge or any ID to indicate we were visiting the facility. We also were not asked to sign out when we were leaving – so a true record of our movements was not recorded.



Response from Russets:

Russets is a permanent home to 7 people. They were aware they had visitors and we would not "label" a person as a visitor as this would not be what would usually happen in your own home. As people have signed in, we would expect them to be aware of the need to sign out.

We now have an electronic reception iPad that staff, contractors, and visitors use as a more discrete way of signing in and this is removed and used as the Fire Log in the event of evacuation.



2.6 Findings

Environment

The Authorised Representatives were invited to tour the building, the environment was clean and free from bad odours. There was a choice of communal areas where people were able to socialise, a very large communal room with a range of seating and a television. Some people ate in the kitchen, others in the lounge area, and some in their room.

In the large kitchen clean area, the nutritional needs of each resident were clearly displayed on the wall, along with their name. The Authorised Representatives were concerned about confidentiality – as residents' dietary details were clearly displayed in full view in the kitchen and could be seen by other people who did not need to be provided with access to this information.



Response from Russets:

The "placemats" are kept in a folder in the kitchen for everyone that uses the service and taken out each time they visit. This gives the cook and kitchen assistant the information to ensure the correct meal is offered that is in line with the IDDIS guidelines they have been assessed for. The meals are then placed on the "placemats" for staff to then support people with their meals. As we only usually have staff in the building it has not been considered inappropriate as they do all need to know what the requirements for people are. This practice has been sense checked with PCC Compliance and GDPR lead as being a good balance of reducing risk but suggested we place the information on the wall above the hatch which we have done.

The atmosphere was pleasant and relaxed, it was felt that people were being cared for in an environment which aimed to meet their needs. This was noted in the use of specialist and bespoke high-tech chairs, designed to keep individuals with posture problems comfortable.

Space is generous on the ground floor; the dining room is a large area with plenty of seating. Around the main hatchway to the kitchen menus are written and pictorial, enabling residents to have choice in their menu at the start of every day. Residents can



make alternative choices of meals, if they are able to be catered for, if they choose. Menus are written on a two weekly rota basis.

Respite and Independent residents have rooms on the ground floor and have their own seating area with TV and karaoke. They also have access to the large garden area and can take part in gardening if they wish, we spoke with a smiling resident who told us about the time he spent happily pottering in the garden.

The First Floor accommodates permanent residents aged 30 yrs. to late 50 yrs. This is divided into Flat 1 and Flat 2. There are individual single bedrooms, a communal lounge area and a fully equipped kitchen. Each bedroom is personalised and appeared very comfortable and well equipped, some having sensory projectors and individualised kit.

The Authorised Representatives had concerns about privacy for the residents of Flats 1 and 2. It seemed that the layout was very open plan, such that it was hard to distinguish the lounge area from the resident's bedrooms. The residents all had their doors open and it was very noisy in these 'Flats' areas as the residents had different sounds in their rooms, mingled with the sound of the TV in the lounge area. To the visiting person it felt rather chaotic as it seemed that anyone could just wander around without apparently being challenged. We did not enter any bedrooms but could easily see straight into them from the corridors and lounge area.



Response from Russets:

The doors in Russets are all on closers so not able to be left open. We only have 2 residents who live here who have a best interest assessed risk assessment for keeping their doors open for monitoring health conditions.

Not just anyone could wander around as there is a keypad entry system in place but if the residents chose to visit each other's flats then we would not challenge them unless the person living in that flat wanted us to or we were aware of any risks in compatibility. The outer doors are on the hold back catch so that people can move freely around the home without restrictions and only closed if we have guests who may be risk assessed as not safe in other flats.

Every person either using the service or living here has robust risk assessments in place regarding compatibility and where they may be problems if they access a certain area. We have 3 handovers a day to ensure staff are made aware of any possible risks to monitor.



It was clear that residents were benefitting from the use of sensory areas, and the Sensory Room which was well-kept and interesting. This was complemented by the appropriately large Specialist Bathroom. The visitors felt the highly patterned carpet was out of place and possibly disorientating to someone with dementia or confusion/visual disturbance.



Response from Russets:

The building does not belong to PCC, and we have a landlord who completes an annual maintenance plan for carpets and decoration. The flooring is on the list as a request but has not yet been approved. These discussions are with PCC contracts and legal team so out of my control but agree they need replacing with your comments. We have already managed to get the flooring on the ground floor the same all the way through and this is the plan for upstairs as well.

Staff commented that Russets was not owned by Portsmouth City Council, which implied it was difficult to control the servicing of the building or the use of the neighbouring building.

The promotion of independence, privacy, dignity, and respect

Throughout the visit it was observed that people were supported by kind and caring staff and people were treated with dignity and respect. There is a designated key worker for each permanent resident. There was a strong sense that the service wanted to respond to the residents' feedback with lots of clear communication boards dotted around the building, the information was clear and concise and supported by drawing or photographs. Many of the doors had clear symbols on them showing the use and purpose of the room. The 'You said, we did' board provided feedback to service users on their expressed preferences e.g., the purchase of a karaoke kit, food choices, outings, the pub, getting Netflix, with a photographic record of action taken. Meetings are held to listen to service users and there are pictures to show the changes that are implemented following user feedback. It was explained that the residents could easily see that they were being listened to (from their feedback) by seeing pictorial evidence of the changes.

It was felt that people were supported by kind and caring staff and people were treated with dignity and respect, this was exemplified by the Champions board. We saw many good relationships and examples of knowing people well and understanding individual communication. One of the Authorised Representatives recognised a resident during the visit and attempted to interact but unfortunately this was not facilitated by staff



accompanying the resident. The visitor felt this was a missed opportunity for both concerned to reminisce over previous shared experiences. Because of the staff focus on task, there was petty cash reckoning going on, it was felt this was a missed opportunity, and it went unnoticed despite the visitor drawing attention to their shared experience.

There was good information available that supported the residents' rights, clear complaints leaflets and easy read materials on keeping safe from abuse. The HWP posters promoting the event were not visible and the visit was not attended by any friends or family of service users. Service users were able to keep track of who was available from the Staff Board in the Reception area, with photographs of staff, with names and job titles.

Health and wellbeing

People's medicines were stored in their own rooms. This meant people were supported with their medicines in a person-centred way and gave people as much control as possible over this area of their lives. A protocol is in place for residents to hold and administer their own medication during their stay and medication may be kept in their room. Each resident has their medication in a clearly labelled 'First Aid Box' fixed on the wall just inside the bedroom, often this area of rights is overlooked but it was felt there was a strong sense of the capability of people with learning disabilities, and understanding of this area of independence, and individualisation. However, the Authorised Representatives were concerned that medication is in a highly recognisable 'First Aid Box' instead of a differently labelled medication box. This could be confusing in a medical emergency – that someone could go to it thinking that it contained first aid equipment.



Response from Russets:

Noted but the staff are aware of where the First Aid boxes are kept and the label on the locked cabinets cannot be removed. We did put labels over the top, but people do then take these off. The Statement of Purpose also makes clear that the cabinets in bedrooms are for people who wish to keep their medication with them or self- medicate.

During the visit we were shown the layout of Hospital Passports and Health Action Plans and learnt more about choices on how to access services outside of Russets using day services such as "Chaos" and "Sense Plus" as part of an individual plan.

Health support can come through 'Medicare' enabling to speak to a nurse for advice about the residents if required. There is ongoing support for residents from the Kestrel Community



Learning Disability team when residents have health needs that require some specialist support. The team are involved in the event of difficulties with bedsores, catheter bags, or syringe medication, and intravenous injections. As residential care staff the team perform several nursing delegated tasks- such as tracheal suction, which would also be being delivered at home by family and carers. The residents had GP access using Medicare during the Covid 19 pandemic but are still registered at their local GP surgery.

Some of the residents had a significant degree of physical disability and the familiarity of staff in use of aids and equipment was clear. Aids and adaptations, specialist baths and chairs all appeared clean and in good condition.

Staff told us that throughout the Covid 19 pandemic and currently that PPE work t- shirts, aprons, gloves, and masks were provided and used.

2.7 Summary of findings

The HWP Authorised Representatives have extended their understanding of the types of accommodation available to people with Learning Disabilities living in Portsmouth. The visit showed good examples of working practice, and how dignity is being respected, but on this occasion offered no opportunity to capture the experience of residents and relatives and any ideas they may have for change. The Authorised Representatives were able to observe residents engaging with the staff and their surroundings.

HWP make the following recommendations and invite a response from the service provider, Russets, Portsmouth City Council.

2.8 Recommendations

- The information boards need to convey contemporary information on what is coming up that week or month. HWP provided Russets with HWP posters to inform everyone about our visit and none were visible. We recommend there is a named individual or system for managing and displaying contemporary information.
- The Authorised Representatives found the process of compliance with government directives for visiting Care Homes was somewhat confused, and as we understood the emphasis at the time was on the temperature checking requirement, rather than the unexpected wiping of shoes with anti-bacterial



spray. The visitors commend Russets on keeping residents and visitors safe throughout the pandemic, and recommend a nominated individual, a health and safety officer, receives updates on any changes to visiting guidelines.

- The Authorised Representatives from HWP were not provided with a visitor badge or any ID to indicate we were visiting the service. We also were not asked to sign out when we were leaving – so a true record of our movements was not recorded. We recommend a review of managing visitors to the service.
- The Authorised Representatives felt personal information, names and dietary needs were visible to all when more reasonably, and observing confidentiality, any residents' nutritional needs might only be easily visible to kitchen and support staff.
- Care homes are a Local Healthwatch priority, Healthwatch Portsmouth are informing the Care Home Quality Improvement Team led by Portsmouth Clinical Commissioning Group. While the service is in secluded grounds, and neighboured by another congregate building, HWP Authorised Representatives, with local knowledge and perspective, felt that it offers good access to the local community and its amenities. The main shopping area and bus routes are easily accessible, and residents have no barriers to maintaining contact with friends and families. This view recommends that the road and pavement access must be maintained and enhanced as much as possible.
- The service provider might consider a change of signage to the building and the name of the service, from respite care to that of a “short breaks service.” This language is already in place for PCC children’s service, and widely used in DoH and Local Authority guidance, “short breaks” gets away from the language of burden, from which someone needs respite, and promotes the positives of having a break at Russets.



2.9 Service Provider's Response to Healthwatch Portsmouth's Recommendations

- We do not generally display activities a week in advance as the purpose of our service is to offer a short break rather than activity as would be received in day services. With the varying degree of needs we accommodate we support activities based daily on who we have staying. We try to balance the needs of people we support with keeping the areas looking homely as this was a comment from CQC in their inspection that it was too much like a "service" being delivered.
- The visitors commend the Russets on keeping residents and visitors safe throughout the pandemic, and recommend a nominated individual, a health and safety officer receives updates on any changes to visiting guidelines. We have a process to follow that is in place following many meetings with our health partners so that we could re-open the respite service and keep the residents safe. Our new admin staff member is clear of the expectations and ensures visitors are as well. We have cover on reception now from 8.30 to 4.30pm Monday to Friday.
- We do not expect people to wear visitor badges as this is someone's home, not our workplace. We know who is coming into the building and if they are a contractor the maintenance team from Mitie will escort them around the building.
- The Authorised Representatives felt personal information, names and dietary needs were visible to all when more reasonably, and observing confidentiality, any residents' nutritional needs might only be easily visible to kitchen and support staff. We rarely have visitors due to the nature of our business and the residents' families always go to the flats. We have moved the information to a more discrete position now.
- We have changed the name to "short breaks" on our email signatures as this has been highlighted before. The company who produces signage for PCC is no longer in business, so we are waiting for information of who the company is that we now have the contract with to arrange the new sign.



- I have completed the comments for Russets and am happy that the recommendations have not been a barrier or impacted on the care and support people receive. They are more around the building and decoration so we can easily make some changes.

2.10 Results of Visit

Healthwatch Portsmouth have developed an understanding of the provision of short and long stay accommodation at Russets and its place as a service to people with learning disabilities, and their families. HWP will consider further how to develop varied and accessible methods of engaging directly with people with learning disabilities on their experience of accommodation. This may be through the Citywide Learning Disability Partnership Board, parent and carer groups, or engaging with peer led developments across the city.

HWP have asked the provider to continue to focus on issues of personal dignity, particularly to consider the importance of receiving visitors when staying at Russets. How to be aware of formal visitors such as ourselves, but also how a resident need to stay connected through visiting friends and family when staying for a short break.

HWP have identified many areas of good practice and commended Russets on keeping residents safe, physically, and emotionally, throughout the pandemic.

HWP were impressed by the range of knowledge and experience of the staff team and their resilience. The Authorised Representatives felt staff were warm and caring in their engagement with residents and consideration of their health and wellbeing.

HWP have asked that signage is changed from “respite care” to that of “short breaks” and are told this is underway. HWP feel there is a cultural shift when a service is named a “short break service” that places the focus on the quality of the residents’ experience rather than the respite of caring. With short breaks comes the potential for a range of new and different experiences of independence and personal autonomy.

HWP will provide public information by publishing this report on the Healthwatch Portsmouth website: <https://www.healthwatchportsmouth.co.uk/>



2.11 Conclusion

HWP have now undertaken two visits to accommodation for people with Learning Disabilities across the city. Russets is locally based and has the physical environment and adaptations to meet the needs of people with additional physical disabilities, it is thought that Russets is enabling short breaks and preventing placement away from family and networks. This is contributing to the goal of the [Winterbourne View report](#) that people should be supported in the community, in their home or close to their home and family.

Healthwatch Portsmouth and the Authorised Representatives would like to thank Russets for the opportunity to visit, ask questions and the provision of responses to our recommendations. Russets is local provision consistent with the principles of ordinary living and is an essential part of supporting people with learning disabilities and their families.



Any enquiries regarding this report should be sent to:
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You can download a copy of this report from:
www.healthwatchportsmouth.co.uk



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