



Healthwatch Lambeth
Enter and View
Penrose Housing Visit Report

December 2016

About Healthwatch Lambeth



**Healthwatch
Lambeth is the
independent health
and social care
champion for local
people.**

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatches across the country as well as a national body, Healthwatch England.

About Enter and View Visits

Our Enter and View programme involves visiting publicly funded health and social care services in Lambeth to see what is going on and talk to service users, their relatives and carers, as well as staff.

Every local Healthwatch has a legal responsibility to carry out an Enter and View programme. But we are not inspectors. Instead, we focus on what it is like for people receiving care. We provide extra eyes and ears, especially for the most isolated and vulnerable. Our visits are carried out by trained and police checked volunteers.



Visit overview

Service

**Penrose Housing at
8 Lynette Avenue, SW4 9HD
17 Cavendish Road, SW12 0BH**

Penrose Options is a social interest group and registered charity which has been running for 45 years. It aims to support people from various backgrounds into independent, fulfilled lives. As the forensic pathway for the South London and Maudsley NHS Foundation Trust, Penrose Options provides accommodation in Lambeth for those previously staying in forensic mental health wards. It consists of six residential mental health housing projects in the borough and has capacity for 26 male service users. The six Lambeth sites are split into three tiers of support; high, medium and low. For this Enter and View visit we focused on the high-support houses on Cavendish Road and Lynette Avenue which are a few minutes walk from one another.

Date of visit

Wednesday 19 October 2016, 2pm - 4pm

Enter and View Team Anna Katirai-Jones (Lead), Janet Jones (Trainee)

Service Liaison link Titilola Ojuri (Service Manager)





Purpose of visit

Current local and national NHS strategy is to strengthen the capacity of community based mental health services. In light of this, Healthwatch Lambeth planned a series of Enter and View visits to community-based mental health services including supported accommodation, employment and training and clinical treatment services. Penrose Options was chosen to be part of this project, as it is the primary forensic pathway for the South London and Maudsley NHS Foundation Trust (SLaM). The aims of this visit were to:

- Listen to how service users experience the support and services they receive at Penrose Options' high-support accommodation projects;
- and to understand the extent to which service users engage in other community based mental health projects across the borough and whether services are themselves operating collaboratively.

About Lynette Avenue and Cavendish Road Housing

The high-level supported accommodation services at Lynette Avenue and Cavendish Road offer 24 hour support, with a minimum of two staff members on shift in each house at all times. Service users typically arrive at the house from inpatient wards and common diagnoses include schizophrenia, depression

and mood disorders. Drug use is also common and staff carry out random drug testing. Although drug use outside of the home is not grounds for exclusion, the houses operate a zero tolerance policy towards the use and selling of drugs on site.

Across these two houses, there is space for 13 male service users. At the time of our visit both houses were fully occupied. Mental health recovery workers in the house typically work with between two and four key service users, setting goals and supporting recovery. The service aims to move people on into step-down support after 18-24 months but this varies with the availability of step-down accommodation and individual progress.

We understand that these two Penrose Options facilities will be moving to Streatham early next year.

Participants

As the Cavendish Road site has no communal areas we met with service users and staff from both houses in the communal living room of Lynette Avenue. We spoke with three service users about: their satisfaction with the service, their engagement with projects and activities inside and outside of the house, their opinions on the support offered and their relationships with the staff.

On the day of the visit we spoke to two staff members and asked what they thought of the service and activities offered to service users,

their job satisfaction and training and how well they thought the project collaborated with different services in the borough. Three weeks prior to the visit we held an interview with the service manager. Before our visit, additional staff surveys were sent to the project manager with a request that they be distributed across both sites; we did not receive any responses. The Healthwatch Lambeth Enter and View team also designed an observation checklist of the service environment which was completed on the day of the visit.

Location

The houses on Lynette Avenue and Cavendish Road are roughly a two-minute walk from one another and are both terraced houses on quiet residential roads. Both houses are well served by local bus routes and within five minutes walking distance of Clapham South Station and numerous shops and cafés. Clapham Common is a few minutes walk from both houses.

External environment

On the day we visited, the outside of both houses were clean and tidy. Both are Victorian terraced houses with small front gardens. The front garden of the Lynette Avenue property was half gravelled and half cemented over and the Cavendish Road front garden was fully cemented. There were large flower pots in both front gardens. Neither house had any signage to indicate the nature or the name of

the property. There are entry phones on the wall next to the front door of both houses.

Internal environment

Lynette Avenue has six bedrooms across both floors of the house, one service user bathroom, a staff toilet, a communal living room, a communal kitchen, a staff office and a small garden. We did not see any of the service users' personal rooms during our visit. Overall, the house felt clean and tidy but with obvious signs of wear and tear.

The living room was felt to be clean and had a homely feel. There were two sofas (one of which was ripped), two chairs, a computer, a widescreen TV and a coffee table. There were books and board games on the shelves. There were also two large filing cabinets, which were locked, but the labels indicated that they contained paperwork regarding service user care and medication. They appeared to be overspill from the small office which was located across the hall.

Recommendation 1

Move confidential service user paperwork out of communal areas, even where it is locked. It took away from the 'homely' feel of the house and gave the living room a clinical feel.

The communal kitchen at Lynette Avenue is at the back of the house. It is a long room with a kitchen table, two fridges and the necessary cooking equipment. Some of the cupboards

appeared damaged but still functional. The kitchen leads out into a small garden at the back of the house which was basic but tidy.

The Cavendish Road residence has seven bedrooms, two bathrooms and a staff office; there are no communal areas. There is a small space at the back of the house with two washing machines. The back garden was tidy and has a shed which is used as an extra office as well as a barbecue in the corner. The bathrooms in the house appeared to be in need of redecoration, but were clean, tidy and smelt nice.

We were greeted warmly by a member of staff at both houses and after signing in were shown into the living room at Lynette Avenue and around the house at Cavendish Road. At Cavendish Road we were given panic alarms but not at Lynette Avenue. It was unclear why we were given these at one house and not the other.

Recommendation 2

The policy around the provision of panic alarms for visitors should be implemented consistently and explained to visitors upon arrival.

Provider response

This is the policy. It is unfortunate that the staff that attended to you at Lynette did not do this; however, it has been reiterated to all staff that the panic alarm should be given to visitors if they are going to be alone with

service user and that they should explain how to use it.

Lynette Avenue had two noticeboards in communal areas; one was in the hallway near the front door and another in the kitchen near the dining table. The board near the front door included a range of leaflets and posters, including: a small notification of our visit, a fast food leaflet, notice of the 'residents speak out meeting', an advert for service user representatives, an advert for participants for a focus group looking at mental health amongst black and ethnic minority groups and photos of house members and staff during what appeared to be a day trip. The board in the kitchen had posters about how to seek help for migraines, a notice for the Solidarity in a Crisis helpline, a notice for substance abuse meetings, notices for health and fitness clubs and a notice for the Connect and Do scheme. The Cavendish Road noticeboard had similar signs but also included an advert for the breakfast and lunch clubs held in Lynette Avenue, which are open to both houses.

Although there was some good information on the noticeboard, there did not appear to be any rationale behind the layout or the inclusion of material.

Recommendation 3

Noticeboards in both houses should be laid out in such a way that makes information clearly accessible and easy to find. For instance, the noticeboards could be split by

headings including 'your views', 'house activities', 'community projects' and 'wellbeing information'.

Meeting the service users: Quality of services and support

Relationships with staff

We asked all three service users how they felt about the staff members. One individual told us that he had gotten on very well with his first two keyworkers but that he had since been assigned a third who he did not feel understood him. He explained to us that it is important for him to be able to trust his keyworker and that they are honest, trustworthy and genuine. Being '*understood*' and seen '*as a human*' were important experiences for him. Another service user had also recently changed keyworker but could not explain to us why that had happened. A member of staff later explained that changes had been made to maximise the amount of contact service users had with their keyworkers.

Recommendation 4

Staff should actively consider the emotional impact of changes to service users' keyworkers and work to cushion this; for instance, by explaining fully the rationale behind any changes so that individuals fully understand the reasons and benefits for

them. This is especially important considering the comments made to us by service users about the need for trust and loyalty.

Provider response

Change of keyworkers are explained to service users, e.g. staff turn-over, service move-on and service user requests for a change of keyworker. The provider also told us that trust and change can be particularly difficult for some of their clients in general.

Other comments about staff included: '*I don't trust them as far as I can throw them and it's reciprocal; in the same way, I know they don't trust me*'. One service user felt that staff were sometimes laughing at the service users and that they spoke about service users without being careful about who could hear. This perception affected how much he felt he could trust the staff.

Recommendation 5

Staff at Penrose Options should be continuously mindful of confidentiality and the impact of their language and discussions on service users. This has implications both with respect to confidentiality issues but also in terms of the relationships between staff and service users. There may need to be extra staff training and focus on these issues given the challenging environment that staff are working in.

Provider response

Confidentiality is a priority to us, we try as much as possible to maintain confidentiality within the team as laid out in the Policy and we are also aware that the environment can sometimes give room for conversations to be overheard. It is not uncommon for service users to assume that they are being talked about. We do discuss our service users during our three daily handovers.

Other service users told us that the staff were 'polite, but could be more helpful' and that staff 'are OK'. One person appreciated that when staff were too busy to speak to him, they immediately identified a later time for them to meet.

Activities and community engagement

When we asked about activities and engagement, all three service users told us that they prefer to 'do [their] own thing'. One service user told us that although 'we're offered a lot; breakfast and lunch clubs, zoo trips, parks, fun days.... [We] need to pick up the reins of our own lives'. He acknowledged that 'I do try to attend some house events because otherwise it looks like I'm excluding myself'.

Each service user we spoke to expressed gratitude and pleasure at the freedom they now had over their daily routines and structure. Having independence and freedom was listed by all the service users as being the best thing about living in Penrose Housing: 'I

like the freedom, I want to be outside the house'; 'it's alright, [we have] freedom of space' and 'I like doing my own things... I'm always out and about'. One service user told us that he enjoyed socialising and going to the Dragon café in Southwark. Another listed the gym, church, internet cafés, fast food restaurants and socialising as important activities. Another had recently arranged his own work placement at First Step Trust in Norwood, which he was enjoying.

Each house has one member of staff who is responsible for organising activities and engaging individuals. The staff we spoke to all reflected on how difficult it was to organise events and activities that would appeal to the widely differing interests of the service users: 'It's hard to think of something they would actually want to do; it's been difficult getting them to engage'. We were told that the only activity which consistently yielded high attendance was the alternating breakfast and lunch club.

Recommendation 6

Considering the variety in service users' interests and needs, staff should consider running small group or peer support activities rather than focusing on large group activities. Encouraging peer activities would allow service users to maintain independence and control whilst also allowing them to form supportive, social relationships.

Provider response

Service users are provided with options of one to one activities or outings which are individualised to every person's needs and group activities both in and outdoors; they are also signposted to community activities. In fact, they are able to come up with activities they wish to participate in during their 'speak out' meeting (house meeting and keyworker sessions). However, some do not wish to participate in any house arranged activities. All of them are aware that there is a budget for service user activities. Some present the positive symptoms of Schizophrenia.

When we asked about service user input, staff members told us that service users can present ideas either directly to their keyworkers or at the monthly service users' meetings. The recent trip to the cinema had been a service user suggestion at one of these meetings. One staff member acknowledged that varying levels of wellbeing could act as a barrier to involvement; *'it's all about service user involvement, but some do have varying levels of mental health needs so some tend to keep away and keep to themselves more'*.

Staff members were vocal about encouraging service users to be more actively part of the community: *'we try to get them out into the community... meals... the zoo'* and *'we empower [service users] to feel part of where they are living'*; staff felt that this helped to build up the service users' daily routines. Mosaic Clubhouse and Lorraine Hewitt House

were mentioned as places staff referred to. However, the staff we spoke to also felt that it was hard to know where to refer individual service users more widely and that knowledge of other services and projects is variable within the team: *'we should be able to refer to more organisations but we just don't have the knowledge, or maybe those organisations just don't exist'*.

Staff also discussed how hard it is to effectively support service users with their daily living skills once they have come out of hospital, especially since *'everyone is at a different level of need and everyone has different standards'*. Specifically, they discussed service users' frequent need for support with cooking, nutrition, personal care, IT and budgeting.

Recommendation 7

Knowledge and information on other services and projects in Lambeth could be more actively disseminated amongst staff by management, who can in turn promote these services to service users. Well organised and up to date noticeboards could be a very useful tool for this. In this way, service users' clear motivation for independence and community participation could be better utilised.

Provider response

We have staff meetings where we give peer support and also have lists of other community organisations that are available in the borough for staff to make referrals. We

receive and distribute the Lambeth Talk and Focus on Clapham Magazines where local activities are advertised. We work with other providers such as Certitude's Connect and Do, Mosaic Clubhouse and First Step Trust Ambition Driving. There are new staff members in the team. They will be made aware of the relevant organisations and activities in the borough.

Goal setting

When we spoke to individual service users about the goals which they had set themselves, they all mentioned living independently and having their own flat as ideals. One service user talked about wanting to find part time work. We asked whether they had considered how these plans were to be reached; none could identify the steps they would need to take and two told us that they had not yet discussed it with their keyworker (for one, this was because he had a new keyworker whom he did not yet trust).

The staff we spoke to informed us that goals are set between keyworkers and service users in individual key work sessions. One staff member acknowledged the need for flexibility when arranging and organising key work sessions dependent on the service user and their level of need and engagement: *'sometimes you just have to catch them when they're doing something else and make it meaningful and purposeful to them at that time'*.

Recommendation 8

Individual goals should be discussed between keyworkers and service users in such a way that promotes internalisation and ownership by service users. Service users should be clear from key work sessions about the smaller steps they could take to achieve longer term goals and ideally these should be identifiable to them on reflection.

Provider response

Your recommendation is what we do, however there are some that do not engage due to the symptoms of their mental health.

Feedback and complaints

When we asked service users about how they would complain or feedback to the service and whether they would be comfortable doing so, they all told us that they would prefer to speak to someone one-to-one *'in private'*; *'I would look for someone I can trust. Depending on who it is, again, I would pick my words, select the person'*.

Staff told us that service users could speak to their keyworkers or other staff if they had a complaint, or they could raise it in the monthly residents speak out meeting. There was an anonymous comments box in the hallway near the main office door. When we looked we could not see any copies of the complaints policy on any of the communal noticeboards or in any of the communal spaces.

Recommendation 9

The complaints policy should be advertised in communal areas so that service users are consistently aware of how to raise any issues through formal complaints pathways. Again, a section on the communal noticeboards referring to 'your views' would be helpful both in gathering feedback and in advertising the complaints pathway.

Provider response

Every service user has the user-friendly copy of the Complaint Procedure given and explained to them at their induction; this is occasionally discussed in key work sessions and as and when needed. Apart from the above all of the rooms have a user-friendly copy pasted on the back of their room door.

There is a pocket of leaflets that contains 'Tell us about your experience using Penrose Services' above the Suggestion Box which contains 'Our promise' and Complaints, compliments and comments'.

Mental health support

Staff told us that they would benefit from increased training around mental health: *'some staff come from different backgrounds'; 'we should have more training on the mental health side of things... we need to know a bit about everything in this job as we are first in line and we spend the most time with the service users'.*

Another major difficulty which staff face is the lack of ongoing, consistent support once service users come out of hospital: *'there should be more therapeutic activities available for service users, even one to one activities'; 'as soon as they leave the hospital they are just cut off from any support...there should be a slow reduction in services to support independent living without any relapse'*. We were also told that problems arise when service users relapse and need to be placed back in hospital but bed shortages make this impossible. This situation means that Penrose staff are left to cope with individuals who are very unwell.

Additionally, it was felt that staff were sometimes left in a vulnerable position when individuals became aggressive as there have previously been situations where the police have been reluctant to step in.

Recommendation 10

Staff should be fully and frequently trained on forensic mental health issues. This would be beneficial for staff and may also help to bridge the gap in the service provision within hospitals and in the community. We recommend that stronger relationships are built with other mental health services by Penrose Housing management, possibly by engaging with the Lambeth Collaborative. This will also allow services to share, discuss and jointly problem-solve challenges facing accommodation services, such as access to mental health professionals post-discharge.

Provider response

Penrose prides itself on developing its staff members and so provides both internal and external training. Staff are also encouraged to self-develop by reading subscriptions of Mental Health journals and to search online for updates.

Staffs are sent online links for useful and relevant updates on the subject matter.

other services in the area. As the project moves to Streatham next year, it may be a good opportunity to integrate more fully into the area and work collaboratively across different projects.

We would like to thank Penrose Housing for their patience and courtesy during our visit.

Conclusion

Penrose Housing support service users with complex and vastly differing needs and presentations. There was evidence of good practice discussed by service users and staff and a clear desire to help support service users to recovery.

The Healthwatch Lambeth team felt that service users' desire for independence and individuality was clear. It was felt that Penrose Housing could more widely utilise external support services and resources such as employment and training projects like Status or First Step Trust to support this. There were also indications that extra training around the issues of confidentiality and forensic mental health would be useful for the team.

Overall, it was felt that Penrose Housing offered a supportive environment for those coming out of hospital and with other complex needs. To build on this, some clear steps could be taken to improve communication with the service users and more widely with

Recommendations

For ease of reference the recommendations appearing in the body of the report are repeated below:

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Recommendation 2

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