

Enter and View Visit Report – Leecroft House

Name and address of service:	Leecroft House Supported Housing Service, Leecroft Road, London, EN5 2TH
Website:	https://www.richmondfellowship.org.uk/services/leecroft-house/
Service provider:	Richmond Fellowship
Service manager:	Lauren Corradi
Date and time of visit:	21 st September 2022, 10.00-14.00
Healthwatch Barnet 'Enter and View' Authorised Representatives:	Sarah Mann, Andrea Reece, Marion Kafetz, Susan Collett

EXECUTIVE SUMMARY

Overall, we found that Leecroft House is a **very well run service which actively seeks to meet residents' individual needs** in terms of both day-to-day support and the longer term goal of living independently. Specifically, we found:

- A **positive staff culture**, including good relationships with the manager and an apparent culture of improvement. Everyone we spoke to described it as a “family” environment. Since Covid, there has been less face-to-face education and training.
- **Residents are respected** as individuals and effort has been made to build a relationship of trust with them. Staff and the manager appear available to residents, although this can sometimes be harder due to volume of paperwork.
- **Activities** within Leecroft House appear to be generally **well run**, but the potential for external outings and activities has begun to be **impacted by financial constraints**, as well as having been impacted by Covid. In particular, residents are keen to return to Butlins and the seaside.
- Staff appeared concerned about a **lack of mental health support in the wider system** for residents, beyond medication needs.
- There is an **empty bedroom that has been difficult to fill**, in part due to inappropriate referrals and increasingly high levels of need among those in the mental health system. Some are also deterred by the shared living spaces and bathrooms. HWB felt that the quality of the service and facilities is not currently reflected in the information available online.

Recommendations

Based what we have observed, HWB would recommend the below.

For Leecroft House and Richmond Fellowship:

1. Make **more information about Leecroft House available online** and for the relevant professionals, in order to highlight what the service has to offer and attract appropriate referrals. For example, a brochure could be considered.
2. Consider what steps could be taken to **help reinstate trips to Butlins and the seaside**, including how these are communicated to residents. If more funding is not available, it may be helpful to involve residents more in the planning of the trips so that they can see the value of saving some of their personal budgets for these.
3. Reinstate more **face-to-face training sessions** so that staff can benefit and develop from the interaction this would offer.

For Leecroft House:

4. Consider allocating specific **roles and responsibilities to individual residents** to help prepare them for living independently – eg. taking out the recycling, helping out in the garden.

For Richmond Fellowship:

5. Look at how **paperwork can be streamlined** so that staff are able to spend more time with residents. There is currently a project being led within central services to streamline our current system and to make it more efficient and user friendly for staff.

1. INTRODUCTION

Leecroft House is a supported housing service for adults experiencing mental health difficulties ranging from low, medium to high needs. The service aims to “help residents manage their accommodation and assist with reintegration back into independent living”. During our visit, HWB spoke with the service’s manager, two recovery workers, the Pets as Therapy volunteer, and five residents. We also spoke to one relative after the visit by telephone.

A full description of the house can be found [here](#). We found Leecroft House to be a clean, well-kept home in good condition, with a large garden and smoking area on the patio. The manager told us she has made efforts to improve the décor and homely feel since starting in the role, and this was noticeable. The building is not suitable for anyone physically disabled, as none of the bedrooms are on the ground floor.

The house has 12 bedrooms, 11 of which were occupied at the time of HWB’s visit (10 male, 1 female). Currently, residents are aged between 22-68 years, with an average length of stay of between 3-4 years. One resident is currently missing, and staff described the actions they were taking to locate them as per the organisation’s Missing Persons Policy. The service receives two or three referrals per month via the Barnet brokerage service. Generally, the referrals involve people with higher levels of need than the service can safely meet. This trend has increased over the past two years and since the pandemic. Some potential residents are also deterred by the shared living spaces and bathrooms. As a result, filling the 12th bedroom has been a challenge for Leecroft House.

2. MANAGEMENT AND STAFFING

2.1 Staffing arrangements

The service employs a manager, four permanent full time Recovery Workers, and two bank staff. Each resident is assigned a key worker from the staff, who is responsible for helping residents meet the ‘goals’ in their care plan. One member of staff told us that in reality, they each work closely with all the residents in what was described as a “family” working environment. When HWB visited, there was one manager and two recovery workers on duty. We were told that at night, one member of staff does a ‘sleep in shift’ between 10pm-8am; during this time, residents can knock on the door if needed. Turnover is generally low and staff felt that staffing levels were sufficient for supporting residents and managing risk. The manager was very positive about the “loyal” and “reliable” bank

staff, one of whom was previously a permanent staff member. Bank staff are also used at times where risk may be higher in the home, such as when a resident is 'relapsing'.

2.2 Training and supervision

Staff reported that they feel well supported to do their job and appeared to have a good awareness of training requirements, as well as a positive relationship with the manager. The manager has recently introduced a system for individual staff to share the findings from trainings they have attended, which staff described as very helpful. Training now takes place online; one member of staff told us that they would appreciate the opportunity to do in-person training again, as this allows them to interact more freely and ask more questions. Another said that staff used to have away days and in person training sessions from services such as the police and fire service, which were very helpful. Supervisions take place every 4-6 weeks and were described as helpful and "very constructive".

2.3 Staff culture and wellbeing

Staff and management were positive about the working culture, "we're like a family here". We were told that the manager is very present and regularly interacts with both staff and residents. The manager described how she makes efforts to talk positively and be mindful of how she presents information to staff, in order to maintain morale. She also asks about wellbeing in supervisions and tries to be flexible with holidays. We got a sense of a general culture of improvement among staff at Leecroft House, with one telling us that they are "always talking to each other" about what can be done differently.

The challenges described were mostly external ones, such as insufficient external support for mental health crises. Staff also said that salaries are low and that improving this would increase workplace satisfaction. They reported that they no longer receive a Christmas bonus, although they did get a Covid bonus, and one said that they were concerned about the rising cost of living. One staff member also said that increasing levels of paperwork meant that they weren't getting as much time as they would like to spend with residents.

2.4 Relationship with residents

Staff and management spoke about residents with respect and compassion and seemed to know them as individuals. They explained different ways in which they build trust with the residents and described themselves as their advocates in the wider system. The word "family" was used on several occasions, with the manager stating that they try to be a "constant" for the residents who have not often experienced this elsewhere in the system. This was supported by comments from residents, "it's a nice group of people. In other places, staff used to come and go, it's not like that here". Staff were variously described as "easygoing", "very caring" "go[ing] the extra mile", and offering "lots of help" and "great" support.

One relative told us that she felt residents were "treated as adults" and had the sense that her relative was "much loved" in the home. As a result, staff and management thought that residents felt comfortable communicating with them and approaching them with any issues. The relative also said that staff – including the manager and key worker - were very approachable and "reassuring" about any concerns. In addition to the official key worker sessions (see section 3.1), we were told that staff speak with residents every day and alongside pre-arranged outings, it is often possible for residents to go out spontaneously with a member of staff. Residents said that staff "can always help me" and that "having younger staff is good – they're very helpful and they chat".

NB. It should be noted that we did not speak with residents who remained in their rooms throughout HWB's visit, so these views cannot necessarily be taken as fully representative of the resident experience.

3. HEALTH AND CARE NEEDS

3.1 Care planning

Residents have a session with their key worker every two weeks. These meetings are guided by residents' Care Plans, which are drawn up with residents and reviewed every six months. Care Plans are based on risk assessments and include 'goals' based on where residents want to be in a few years' time. These can range from leaving the house once a week to working towards getting a job. There is currently a varied level of need among residents, ranging from medium to high. The manager explained how she allocates key workers based on their specific strengths and the individual needs of each resident, taking into account the balance of therapeutic vs practical skills.

Staff are encouraged to approach key worker sessions informally, going out for coffee without paperwork. It was felt that this made the care planning process feel more relevant to residents and "brought them out of themselves more". We were told that most residents don't have regular contact with their families, but one relative we spoke to was happy with how she was involved in the care planning process. For example, she described how her relative's key worker would include her in conversations with the resident if he had been saying no to something they thought might help him.

3.2 Access to health services

All residents are registered with a GP and dentist and are supported to access other services such as the hairdresser. In terms of mental health, the manager reported a good relationship with the Intensive Enablement Team. The psychiatrist visits the home once every one or two months and each resident has an annual psychiatric medication review. One resident has a key worker from the mental health team and one has regular psychotherapy. The manager described difficulties in accessing therapy for the other residents, from which she felt they would benefit. In many cases, where therapy is offered, this would be six sessions of Cognitive Behavioural Therapy, which would not be appropriate for residents' needs and potentially retraumatising. Access to mental health services beyond medication appeared to be a real concern. One member of staff said that there is not enough support to prevent relapse, with residents deemed "not risky enough" to be given support from the Crisis Team until they have actually relapsed.

3.3 Safeguarding

Staff reported that residents feel safe in the home; this was supported by comments from the relative we spoke to. Residents previously said that the house felt empty at weekends when staff were in their sleepover room. Due to this concern, staff now stay in the office to give a sense of security. Staff seemed aware of how to monitor patterns in residents' behaviour, in order to ask questions about potential mistreatment or abuse. The relative we spoke to described financial exploitation previously experienced by her relative (sometimes by other residents) and felt that staff and management were able to handle this appropriately. The manager also highlighted that residents are vulnerable to exploitation and explained how two residents keep a small amount of money in a safe in the office, as per their Care Plans. One member of staff described a situation

where had supported a resident during a relapse and expressed concern that a less experienced member of staff may not have been able to cope with this situation.

3.4 Covid

Management and staff generally felt well supported by Richmond Fellowship during the pandemic, “they looked after us very well through Covid. The staff got us through it really.” They continue to receive updates and offer lateral flow tests to residents when they have a cold, and felt there have been some positive takeaways regarding approaches to infection control. They also emphasised the importance of avoiding fear based messages when communicating with residents, due to the risk that this can pose to their mental health. One member of staff said that they could see an ongoing impact of the pandemic on residents’ mental health, with many being less keen to leave the house now. The manager said she had felt a lot of pressure to make staff take the vaccines and described the negative impact that the initial (since reversed) government vaccine mandate for care workers had on staff morale at the time.

3.5 Spiritual needs

Staff reported that there are many different religions practiced among residents, and that they can support them to attend religious services where necessary.

4. ACTIVITIES AND COMMUNITY

4.1 Within Leecroft House

Two members of staff are responsible for coordinating activities. Residents have the opportunity to suggest ideas and give feedback on existing activities at community meetings and keyworker sessions. There are three fixed weekly activities to meet practical, emotional, and bonding needs: cooking group; Pets as Therapy; and movie night. Residents were very positive about Pets as Therapy, which was taking place during HWB’s visit. The manager told us they try to implement new weekly activities, such as art and music, but that they don’t tend to be well attended. One member of staff said that some residents would like more activities.

The residents we spoke with praised the “relaxed” environment at Leecroft, for example the fact that “you can watch TV all night if you like”. There are 4 or 5 residents who like to socialise downstairs; others are encouraged by staff to interact more and this is included in Care Plans. We were told that there is generally a good atmosphere between residents and that where tensions do arise, they will usually approach staff straight away to help resolve the issues. They can each have one friend to visit at a time. Leecroft House also runs BBQs in the summer, which neighbours are invited to. The manager explained the work they had done to build good relationships with neighbours, which had previously been somewhat negative due to disruption.

4.2 In the community

Staff arrange one day outings, once per month, for example to London Zoo; the service tries to cover at least half of the cost. There were photos of these trips in the dining room, which are used to encourage other residents to join future trips. Previously they have been to the seaside, which the manager said is now no longer possible due to a lack of funding. One resident told us they would be very keen to go again. One barrier to continuing to organise these trips is encouraging residents to contribute financially, which we are told they are not used to doing after spending time elsewhere in the mental health system.

Residents are also encouraged to leave the house day to day, which can be difficult; we heard that they are generally less engaged with the outside world since the pandemic. One of the staff leads a walking group. Other outings can include going for coffee, as well as supporting residents to engage individually in activities they enjoy such as going swimming or to the library. The manager told us that some of the residents don't like group off-site activities as they don't like to be associated with an 'unwell' group, so supporting with individual outings is important. The manager also suggested that it would be helpful to have access to more community spaces for socialising that aren't focusing on a specific condition or activity, as these can create pressure and put people off. She noted that a lot of activities available in the community are not close enough to High Barnet to be accessible for residents (who face barriers using public transport), with much of this taking place in Hendon.

Staff can also support residents to make their own trips further afield. One relative told us that she was "very impressed" with how a member of staff accompanied her relative on the train to her home elsewhere in the UK for Christmas. Everyone we spoke to expressed regret that the annual holiday to Butlins no longer takes place. The trip was popular and a member of staff told us how the holiday would "bring them out of them

elves... It was almost like they're not sick". We were told that the trip no longer takes place due to financial constraints.

5. SUPPORTING RESIDENTS TO LIVE INDEPENDENTLY

We were told that residents are supported to work towards a two-year plan for living independently. Some stay longer at Leecroft House, while others may meet their goals and leave sooner.

5.1 Food and nutrition

Residents prepare their own food; most prefer easy meals and some cook together. The kitchen is large and has recently been refurbished. There is also a weekly cooking group (see section 4.1); the budget for this has recently had to be increased due to rising food costs. Food shopping is done by staff; residents are encouraged to get involved in this, but we were told that most generally do not wish to do so.

5.2 Personal budgets

The use of personal budgets is discussed in key worker sessions and residents are encouraged to manage their money appropriately. This can be included in their Care Plan if the resident asks for this. Some residents' money runs out before the end of the month, in which case staff will accompany them to food banks, for example. The manager will sometimes ask for more food than necessary to be ordered for the weekly cooking sessions, to avoid residents going hungry in these situations. However, she is conscious of striking the right balance of this, so that residents are prepared for living independently after they leave the home.

5.3 Building maintenance

The house has a gardener and a cleaner for communal spaces. Residents are responsible for cleaning their own bedrooms and emptying their own bins; staff support them with this by doing room checks and taking steps to avoid things deteriorating. Residents do their own washing and are encouraged to separate recycling, clean up after themselves in communal spaces, and plant vegetables. Residents do not have any individually allocated responsibilities in communal spaces.

5.4 Transition

Practical measures are taken to support residents with the transition, such as helping them get furniture and ensuring that they have all the medicine they need. The manager described an example of advocating for a resident who had been offered an inappropriate council flat. This approach was described by staff as “culture not policy”, stating that “we do extra” for residents. Again, the “family” environment of Leecroft House was referred to. Staff and management said that they felt confident in judging appropriate boundaries around the transition to independent living.

6. RESIDENT VOICE

Among the residents we spoke to, the atmosphere was relaxed and friendly. They expressed that they were happy at Leecroft House and described some of the advantages: “It’s like a real home”; “the staff”; “it’s very comfortable – good TV, YouTube access, a Zanussi kitchen”. They also enjoyed the proximity to local amenities such as the shops, church, doctor and dentist. The relative we spoke to said there was “not a bad word” to say about the service.

In terms of giving residents space to voice their opinion, there are monthly community meetings, a suggestion/complaint box, and an annual survey to monitor satisfaction. Residents are told the procedure for making a complaint and staff make sure they understand this. Staff also have an ‘open door’ policy for raising any issues and believe that “they [residents] do feel empowered”. Where residents are in touch with their families, staff seek to communicate them via residents in the first instance, but may get in touch outside of this if there is a safeguarding concern.

NB. More comments from residents and relatives can be found in sections 2.4, 3.1, 4.1 and 4.2

7. CONCLUDING COMMENTS

Everyone we asked said that they would recommend Leecroft House to a friend or relative, and the HWB Enter and View team was generally impressed by the service. We saw staff and management treat residents with respect and appear aware of the need to balance day to day support with the longer term goal of living independently. We also found a positive staff culture and would encourage Richmond Fellowship to take into account the examples of best practice highlighted in this report, to help inform the running of other RF services. In particular, we would like to highlight the clear sense of loyalty and commitment of the staff to the residents and RF. Difficulties at Leecroft House included the impact of financial constraints on external activities and outings, a lack of mental health support in the wider system, and challenges filling the empty bedroom.

7.1 Recommendations

Based what we have observed, HWB would recommend the below.

For Leecroft House and Richmond Fellowship:

1. Make **more information about Leecroft House available online** and for the relevant professionals, in order to highlight what the service has to offer and attract appropriate referrals. For example, a brochure could be considered.

2. Consider what steps could be taken to **help reinstate trips to Butlins and the seaside**, including how these are communicated to residents. If more funding is not available, it may be helpful to involve residents more in the planning of the trips so that they can see the value of saving some of their personal budgets for these.
3. Reinstate more **face-to-face training sessions** so that staff can benefit and develop from the interaction this would offer.

For Leecroft House:

4. Consider allocating specific **roles and responsibilities to individual residents** to help prepare them for living independently – eg. taking out the recycling, helping out in the garden.

For Richmond Fellowship:

5. Look at how **paperwork can be streamlined** so that staff are able to spend more time with residents.

8. ACKNOWLEDGEMENTS

We would like to thank the residents of Leecroft House for welcoming us into their home, and to the staff for giving up their time to speak with us. Many thanks also to Lauren for working so openly with us to facilitate the visit. Finally, HWB would like to thank Enter and View volunteers Marion Kafetz and Susan Collett for their work in the planning, delivery and evaluation of this visit.

9. SERVICE RESPONSE

I am so grateful to the HWB team for making the visit an enjoyable experience for both staff and the people who use the service.

Please find my comments below for each recommendation made by HWB:

1. The RF website has just undergone a transformation to a refreshed site consisting of an updated template as well as new content and graphics. It was a project implemented by the Communications and Marketing team whom I will work with to include some further information about Leecroft House with the new, refreshed website appearance.
2. While I have made various efforts in recent years to make small changes in the budget to allow for more funding for another Butlins or seaside trip (which was last held over 6 years ago), with the recent pandemic, cost of living crisis and the rate of inflation, it has become unrealistic to offer this to residents in addition to the wide range of daytime and daytrip activities we provide. As the Butlins trip is only desired by 4 of the 12 people who use the service, it would not be fair or just of me to remove our variety of day trips (which currently are enjoyed by all) to fund one trip to which only a third of the service would enjoy. Last year, a variety of proposals for a seaside or Butlins trip were created with the support of the activity leads to present to the people who use the service during monthly service meetings. The proposals varied in number of days and locations however, due to financial constraints, all included some contribution from those who would want to attend. Unfortunately, no one wanted to attend if it included a contribution, and it was not feasible for the cost to be fully funded. In the last year however, we have ensured to hold a variety of exciting day time

activities which meet the interests of all of the residents. These have included a summer BBQ for friends and family, Longleat Safari park day trip, London Zoo day trip, ComicCon day trip at the Excel Centre, Cafe and games of Boules as well as plenty of activities funded within Leecroft House. We will continue to work with the people who use the service to make proposals for Butlins and Seaside trips and hope that, with our support to budget, we can once again hold the trips and continue to provide a range of day activities which are so far thoroughly enjoyed.

3. Richmond Fellowship are aware of the value and importance of face-to-face training and have spent time ensuring that it is re-introduced in a way which incorporates the hybrid approach which has proven to be so successful in recent years. This month we have released a schedule of training courses which will be taught in person over the next quarter and are offering these at various venues across the country to make this more accessible to staff.
4. This is something that is already in place at Leecroft House. We have someone who uses the service who is our fire safety champion and they support us once a month to complete the fire checks. We have another person who uses the service who is responsible for the recycling and refuse bins and takes these in for us each week. We also have someone one who enjoys gardening and is responsible for watering the flowerpots and hanging baskets. Other responsibilities of the people who use the service include participating in the recruitment process by joining the end of each interview and asking a question they have made themselves and organising donations received.
5. This is an ongoing project in central services with all systems being reviewed to streamline processes for staff and making them more user-friendly. Richmond Fellowship are aware that this project will be vital for operational staff to provide more time and space to spend time with the people who use the service.

Thank you so much to HWB for your valuable comments and recommendations and all the positive comments in the report. The team and I are so pleased that our hard work and care has been noted.