

Scrutiny Review Team; David W, Dave S, Elaine E, Ann E, Dr A, Ann G, Nora O

Staff Involved; Kate-Marie Foster, Customer Experience Manager supported the review as the Scrutiny Coordinator, Kerry George, Scheme Service Manager as Scrutiny Lead.

The scope was agreed as follows;
Reviewing the PFH Aids and Adaptations service

What We Did

During the scoping and planning meeting the group agreed a number of activities and literature that was required to undertake the review. This evolved at each meeting as the review progressed and the following activities were undertaken by the group;

- Reviewed the PFH Aids & Adaptation Policy
- Reviewed the PFH Health and Wellbeing Strategy
- Reviewed the PFH More Than a Landlord Research Findings
- Reviewed the PFH More Than a Landlord Aids and Adaptations Project Charter
- Reviewed the Performance Information on volume of A&A's in 2022-2023 including themes & spend
- Requested Complaints Themes/Performance - No complaints relating to review in last 12 months
- Requested Resident Feedback / Satisfaction on Aids & Adaptations - No satisfaction data currently requested on A&A's
- Requested Customer Journey Mapping undertaken on Aids and Adaptations (Minor and Major pathways)
- Reviewed Invisible Creations Products
- Reviewed Inside Housing Article "Article on "Council ordered to pay out £13,000 after resident with disabled son forced to install own adaptations"
- Requested information on accident, incidents or near misses relating to Aids and Adaptations, either through fails or lack of A&A's – none reported in the last 12 months
- Reviewed the A&A's impact/relationship with Internal transfer requests
- Reviewed PFH Planned Maintenance Policy
- Reviewed PFH Handbook

- Reviewed the A&A impact / relationship on residents leaving PFH Homes focusing on reasons for moves Oct 22 – Oct 23
- Undertook a Q&A Session with Occupation Therapists from Hull City Council
- Reviewed PFH surveyor feedback on A&A Service
- Benchmarked other Housing Associations on the threshold value of minor aids and adaptations
- Reviewed other Housing Associations A&A approach
- Undertook a Resident Survey on A&A's
- Reviewed front line staff A&A survey

Project Timetable

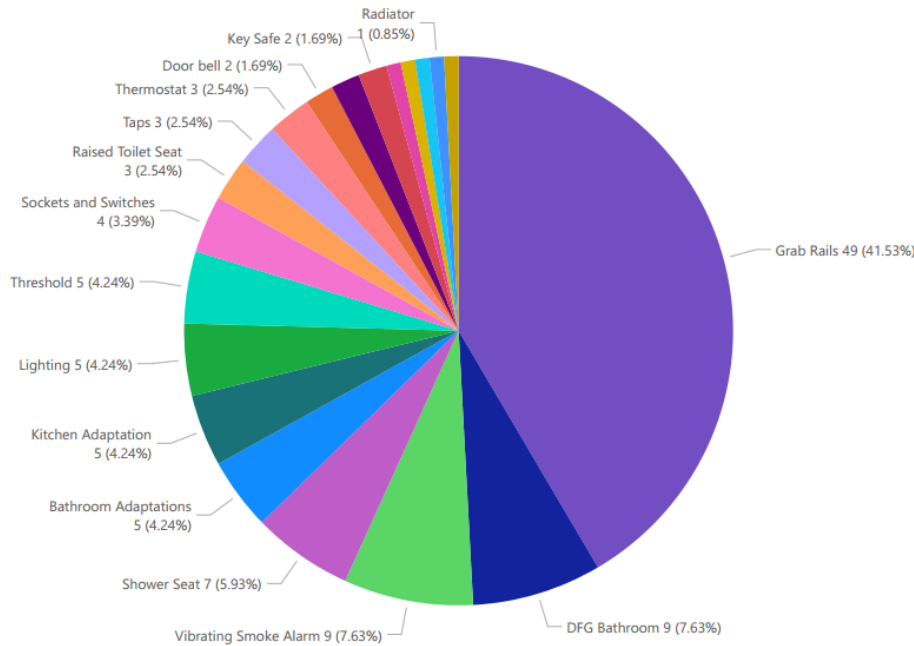
	Date
Scope & Planning Meeting	19 th Sept 2023
Scrutiny Group Meeting (residents only)	26 th Sept 2023
Update and Progress Meeting	10 th Oct 2023
Scrutiny Group Meeting	24 th Oct 2023
Update and Progress Meeting	7 th Nov 2023
Review and Agree Findings	21 st Nov 2023
Draft report circulated for final comments	24 th Nov 2023
Final Report Completed	15 th Dec 2023
Report to Resident Committee	23 rd January 2024
Report to Board of Directors	27 th February 2024
6 Month Follow Up	27 th August 2024

General

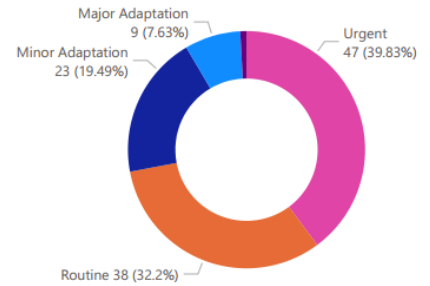
The review commenced with an introduction on the Aids and Adaptation Policy, the link to the More Than a Landlord project for offering an enhanced service and discussions around resident experiences.

The group were presented with data from 2022-2023 on the volume and spend on aids and adaptations. It was noted that this data was an estimate due to some concerns regarding the reporting from the housing management system (Castleton), however it gave the group an understanding of the which the most common aids and adaptations were and the highest costing areas.

Aids and Adaptations 2022/2023



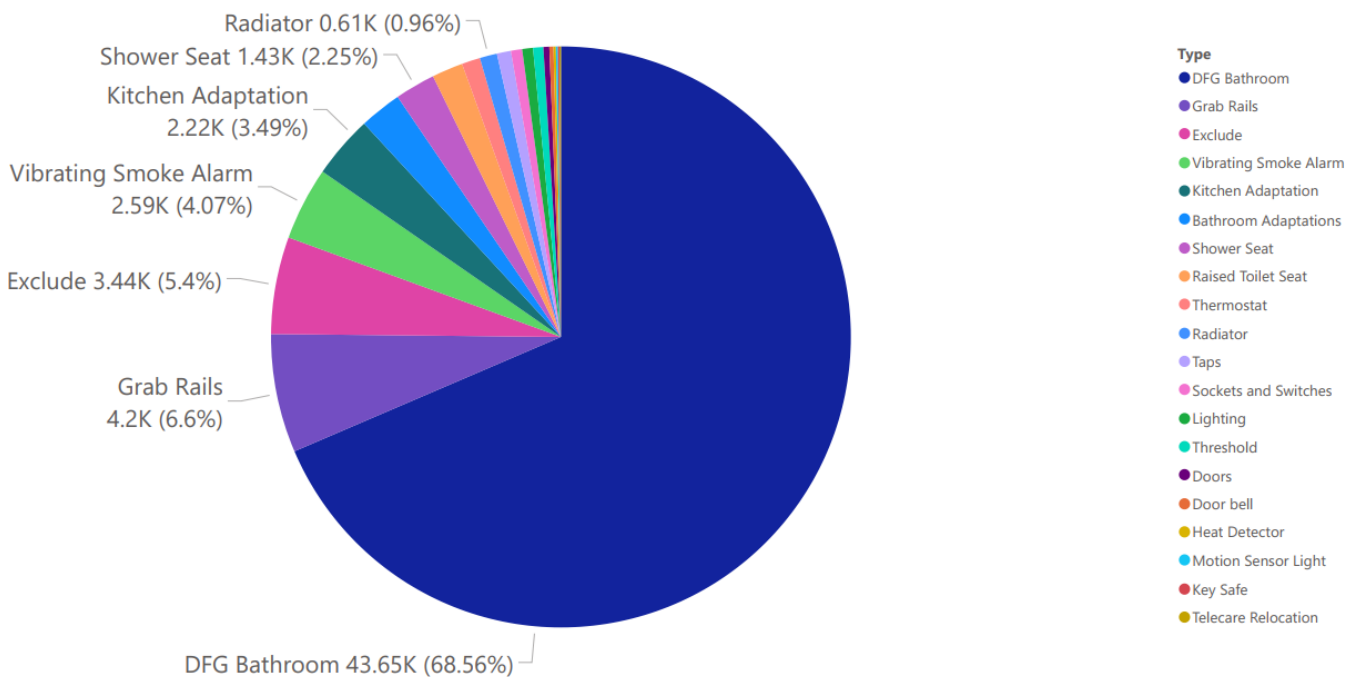
Priority



63.67K
Sum of Estimated Cost

118
Count of Type

Aids and Adaptations 2022/2023 - Costs



- DFG Bathroom
- Grab Rails
- Exclude
- Vibrating Smoke Alarm
- Kitchen Adaptation
- Bathroom Adaptations
- Shower Seat
- Raised Toilet Seat
- Thermostat
- Radiator
- Taps
- Sockets and Switches
- Lighting
- Threshold
- Doors
- Door bell
- Heat Detector
- Motion Sensor Light
- Key Safe
- Telecare Relocation

The group were informed by staff that a member of PFH had attended a conference recently in which a value could be associated with installing a DFG bathroom which had a social benefit and a cost saving to the NHS using the Housing Health Cost Calculator, the group were unable to obtain any definite costs during the review, but

understood the principle and the wider impact having aids and adaptations in homes could have.

The group reviewed void information and reasons for leaving for the period October 2022 to October 2023 and found no suggestion that residents were leaving due to unsuitability or lack of aids and adaptations.

The group also explored the connection between aids and adaptation and the Internal Transfer process. The group were pleased to see evidence that as part of an Internal Transfer assessment, the Area Coordinator would discuss with the resident the option of how aids and adaptations could support them to continue living in their home. Furthermore, that points were awarded should the resident require adaptations urgently such as a wet area shower that cannot be accommodated in their current property.

The group were informed that as part of the 12-month defect inspections at the new build site at Orchard Garth residents were asked about any accessibility issues they felt their new homes had so that PFH could continue to learn from previous design specifications and improve.

The group were also aware that PFH wishes to use its links with Hull City Council Occupational Therapy department for them to view new build plans and specification to make recommendations based on their expertise, the group supported this idea and felt it was forward thinking.

Customer Journey Mapping

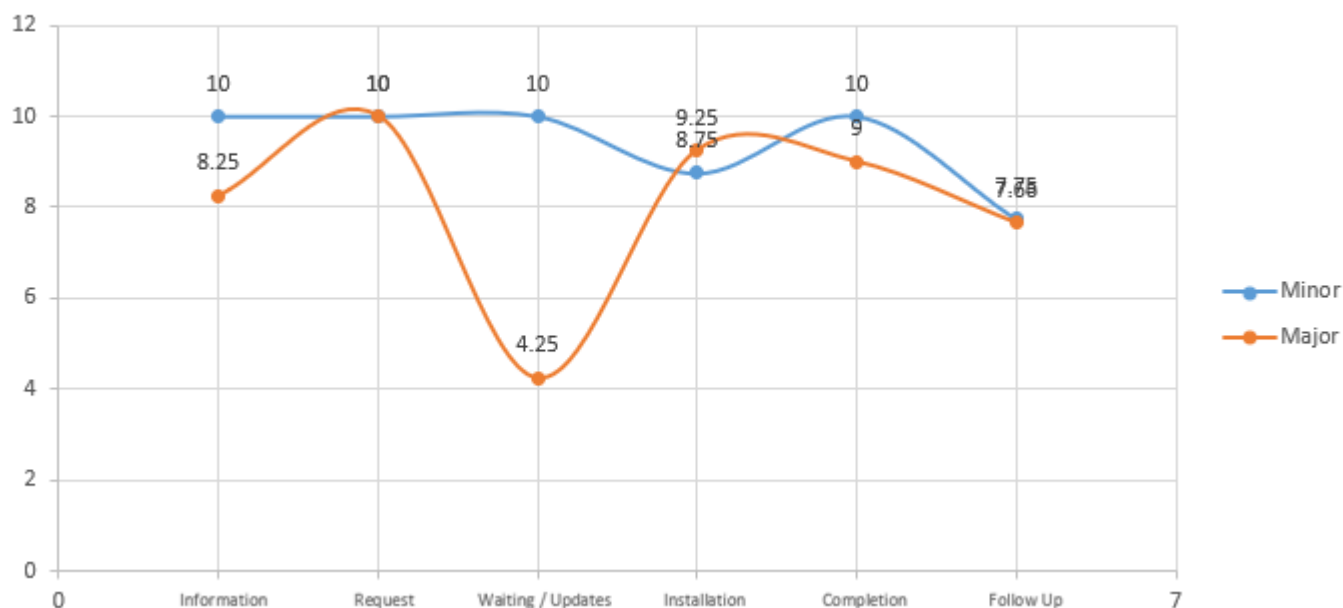
To understand the journeys of both the minor and major pathway of aids and adaptations, the Customer Experience Manager contacted 20 residents who had accessed the service via PFH in the last 12 months.

Residents on the minor adaptation pathway typically had grab rails, shower seats or louder ringing doorbells installed. Though residents were generally satisfied with the whole process, in particular the speed, the majority of adaptations were instigated from GP's / Hospital Occupational Therapists, and residents hadn't actively sought PFH for help which may indicate that residents' weren't aware of the service PFH offers. In one experience equipment was installed that the resident didn't fully understand and no proactive follow up had caught the issue. The group feel that customer journey mapping on the minor pathway highlighted that residents typically were seeking support from health professionals potentially as a reactive need, and that promotional work of the service from PFH was needed to support residents (recommendation A, B, C). The group also felt that there should be some aftercare

following any aids and adaptation service provided by PFH to help ensure the right adaptation was installed for the resident and provide insight on the impact which could be used for the promotion of the service (recommendation D).

Residents on the major adaptation pathway had all received a variation of a bathroom adaptation, predominantly full wet area showers funded by a Disability Facilities Grant (DFG) through Hull City Council. Residents were less satisfied on this pathway, which mainly was due to the length of time residents had to wait from being approved to the works commencing. Residents had said they knew it would be a long wait, but didn't know quite how long, with one resident saying he was waiting up to 2 years and thought he'd been forgotten. There was lots of frustration on the length of time DFG's take, and the lack of communication, followed by very short notice when works are to start. One resident had said they had less than a weeks notice that works were to start. He would have liked to have had his own choice of tiles and finish considered as part of the works which he'd have happily paid for himself but this wasn't an option. Another resident had said he wanted the toilet moving as part of the works as it seemed a good opportunity to do this, he called PFH head office on the day the works started and asked if this could be done, PFH's response was he'd have to do this after the works were completed and put in an alteration request. The contractor took charge of the situation contacting Hull City Council to see if they would permit it as part of the DFG works and fortunately this was agreed between the two parties. The group feel PFH should be able to offer residents choice on finish such as tiling (recommendation E) and that this would enhance the home which also benefits PFH, and prevents duplication and unnecessary waste and upheaval for the resident re-doing works at another time. The group recognised that PFH has limited ability to influence what Hull City Council will do as their part of the DFG process to improve communications during the waiting period, however it felt PFH could bridge the gap by making contact with residents who have had DFG's approved by contacting residents every 6 months to reassure them, noting that PFH are still waiting to hear when works will be due to start and some more information on the process (recommendation F). This letter could also kick start any agreed options that PFH may be able to offer in recommendation E. There was also a dip in both pathways around aftercare, this was often due to residents not knowing if anyone would come sign the works off or not, or not hearing anything post installation which reinforced the need for recommendation D.

Customer Journey Map - Aids & Adaptations



Overall it was felt the customer journey mapping work highlighted that there is limited awareness of the service that needs strengthening, that timescales particularly on major adaptations that require a DFG are frustrating for residents, and ultimately this is a time where residents are vulnerable as they have been assessed to have unsuitable bathing facilities. Residents felt there should be more choice during both minor and major pathways and that PFH should actively be making contact and obtaining feedback on all adaptations.

It was noted that what the customer journey mapping work couldn't show was the experiences of those who had DFG applications refused, and that PFH aren't always aware if an application has been refused or reasons why as this decision is made by the council. One scrutiny group member spoke of a resident in a PFH sheltered scheme who was refused a DFG because there was a communal bathroom available in the scheme. PFH were able to confirm that other DFGs have been approved and installed by the council when a communal bathroom was in place. It was felt that had PFH known about the refusal PFH could have advocated for the resident or supported them with other options as per the policy (recommendation G). The group felt by PFH having a register of those residents who were known to be applying for a DFG, PFH could better support them, particularly where applications are refused due to the means test as PFH's policy is to support by funding £1,000 towards the works, and residents may not be aware of this.

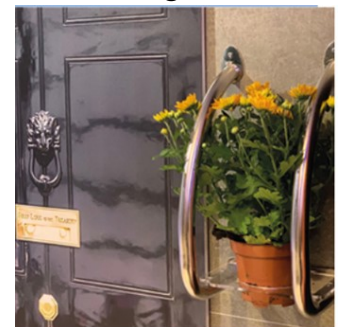
Scrutiny Led Survey

The group had discussions around the overall look of certain aids and adaptations such as grab rails looking clinical which may put residents off them, it was also raised

that having a white grab rail outside your home is an advertisement that someone elderly or unwell may live in that property, and that not everyone would want this.

To answer this, and to understand general awareness of the aids and adaptation service the group undertook surveys in their neighborhoods to understand resident perception on aids and adaptations. This was an optional and anonymous survey, and the group received 20 Responses. The findings are as follows;

- 68% Residents were aware that PFH offer Aids and Adaptations service – this again supports recommendation A, B & C to increase awareness.
- 90% have an aids or adaptation in their home – The group were surprised to see such a high volume of residents having aids and adaptations in their homes. It was noted that this is much higher than residents being aware that PFH offers the service, but this may be due to residents obtaining them privately or having existing items in their homes such as grab rails.
- 84% said the look of traditional aids and adaptations such as a white grab rail wouldn't put them off having them
- 47% said they would consider paying extra for a more modern aid and adaptations such as a concealed grab rail or with a higher quality finish such as chrome.



Residents felt that it would be good practice for PFH to offer some more modern alternatives with the difference to be paid by the resident, however felt that it didn't warrant a significant focus given that 84% residents surveyed had said they were happy with standard/traditional aids (recommendation H).

Staff Survey

One member of the group had shared that they had recently telephoned PFH some months ago and informed them they were struggling with getting in and out the bath and they had been advised that PFH would send them out an alteration form for them to progress installing their own walk in shower at their own cost. The group were concerned that the call handler was either not aware of the aids and adaptation service or was not actively listening to the residents request which should have been an opportunity to start the process of a major adaptation pathway for a DFG.

In order to understand staff views on aids and adaptations, particularly with confidence levels on dealing with queries, a short anonymous survey was submitted. This had

11 responses, with the results as follows;

On feeling confident on dealing with a query from a resident asking for a minor or major adaptation, an average score of 9.36 out of 10 was given, with the lowest score being 7.

Staff were also able to provide comments for suggestions or ways to improve. In summary;

- More information and campaign worked needed on aids and adaptations so residents know what is available
- Ensure training on aids and adaptation policy and service for new starters
- Clearer menu of options on what aids and adaptations are available
- Information to be provided to new residents on aids and adaptations

The group were pleased to hear there was good confidence from front line staff, the group were also aware that aids and adaptations 'lunch time learning sessions' were to commence after the review finished which was to provide staff with more information on the process. However, given a group members experience and the comments staff had also made, the group felt that mandatory training for front line new starters, and regular reminders of the service should be committed to periodically. This training should include advice for staff actively listening to resident's requests, for example if a resident asks for a grab rail, speaking to them about what else they are struggling with to see if they need any further support, or if a resident mentions they are struggling with getting in and out the bath they are made aware of all options such as funding this themselves going down the alteration route, or the major adaptation pathway with a DFG, ensuring good advice is given around expected timescales, mean tests and the aids and adaptation policy. (Recommendation I).

Aids and Adaptation Policy

The group reviewed the Aids and Adaptation Policy, it noted a few discrepancies in process compared to what had been presented during the review.

- Chapter 6 – This states when PFH carry out bathroom renewal works PFH will aim to consider the needs of the resident, and that an Occupational Therapist would need to undertake an assessment. The group had previously shared that their understanding was that PFH only replaced like for like historically, and resident needs or wants were not considered. It has been confirmed that, throughout the planning stage of annual programs, residents' needs are taken into account when deciding on bathroom installs. PFH Surveyors assess and take time to understand the needs of each resident throughout their pre-survey/pre-inspection visits, this allows them to determine the best component for install, whether that be the removal of a bath for a shower tray, or install of a

bath, in place of a shower tray. This approach is evidenced in information from a recent bathroom replacement program at Broadway Manor which showed that prior to the works starting there were 11 low level baths, following completion there are now only 2 baths. The group felt the policy needed changing to remove the Occupational Therapist assessment to more accurately reflect the process.

- Chapter 7. This states PFH would complete the DFG application on the resident's behalf, the group didn't believe this was accurate based on the verbal process shared from staff and that residents are encouraged to contact the council direct.
- Chapter 7. This states 50% inspections would be carried out on major adaptations and the group didn't believe this to be accurate based on conversations with staff
- Chapter 13 – This states PFH will keep applicants informed of the progress of their request at each stage and in an easy to understand format, the group hadn't seen evidence of this and didn't believe this to be accurate.
- Chapter 14 – This states that the procedure and timescales for adaptations are outlined in the "Advice Leaflet, the Residents Handbook, the Aids and Adaptations Procedure and the website". The group noted that are discrepancies between the policy, the handbook and a leaflet available online. It also noted that timescales weren't committed to anywhere.

The group recommend that PFH should ensure the policy is updated and accurate, and that all associated literature reflects the correct policy (Recommendation J).

The group feel that the above point on chapter 13 is crucial for residents, and though recommendation F covers some communication during the wait of a DFG, a clear process should be given to residents regarding estimated timescales from the outset and available to all (Recommendation K). The group appreciate that PFH have more control on the minor adaptation's timescales and noted that the residents who were contacted for the customer journey mapping were satisfied with how quick the response was. The group are aware there aren't currently any service standards on aids and adaptations, therefore the group recommend that PFH commit to what these are (Recommendation L). Based on what the group have seen and recommended, some suggested service standards are as follows;

- Minor Adaptions such as grab rails, shower seats etc to be installed within 7 working days
- Major Adaptations such as a wet area shower installation to be completed as per the Local Authority timescales, PFH will commit to 6 monthly updates direct to residents.

As part of the review, the group wanted to check if the £1,000 limit for minor adaptations was comparative with other housing providers. The group compared PFH with 9 other providers and noted that only one other organisation had a higher

limit of £1,500, noting that some were as low as £300.00. The group therefore felt that this was adequate and didn't make any recommendations, however expected this to be reviewed inline with the policy update every 3 years.

Environmental Impact

Though this didn't form part of the original scope of the review, as the weeks progressed the group became aware of the environmental impact and waste of unwanted aids and adaptations. As part of the surveyor feedback, this had already been mentioned, that often residents leave such items like walkers in homes which PFH then have to remove. During the Q&A session with the Occupational Therapists from Hull City Council, they confirmed if the aid or adaptation has a value for less than £50 it isn't economical to recycle after decontamination cleaning, pick ups etc, the group was disappointed by this, but understood the reasons why.

The group sought assurance that PFH did it's best to mitigate wastage and was pleased to see that there is advice in the notice letter regarding portable adaptations with contact telephone numbers to arrange collection, though this would still be dependent on the value threshold imposed by the council of £50. It was also noted that there are stickers on PFH issued 'Deafguards' informing residents to return these to PFH.

Conclusion

The group were satisfied that overall PFH has a good foundation with the Aids and Adaptation policy, however that this could be strengthened by the recommendations detailed in the report. It was felt that a more continuous, regular promotion of the service with better information would allow more residents to benefit from it and mean the policy itself was meeting its ambitions.

It is felt closer management of the aids and adaptation service would be beneficial for PFH to support understanding of the residents needs, looking for trends and plan for future service. It also provides a better service to the residents in understanding the process and feeling confident they know what the next steps are and not feeling forgotten. This includes monitoring those accessing the service, giving clear information on the process and providing aftercare.

The group have enjoyed looking into the aids and adaptation service offer, and particularly enjoyed the question and answer session with the Occupational Therapists from Hull City Council and felt this really broadened their understanding. The group would like to thank everyone involved in the review.

Recommendations:

A - PFH to regularly promote the offer and impact of the aids and adaptations using case studies in People First and Social Media.

B - PFH should have a clear menu of the types of aids and adaptations on offer and how these can benefit residents.

C - PFH should work with Hull City Council to work collaboratively undertaking roadshows in communal spaces inviting residents to view the different aids & adaptations

D - PFH to undertake aftercare calls or surveys on aids and adaptations works to demonstrate the impact of the adaptations and create an opportunity to confirm the adaptations is suitable to their needs, to learn from what is working well, and consider other alternatives if it is not meeting the residents needs.

E - PFH should consider offering more options on DFG finishes including tiling, or finish, additional items would be at residents' cost

F – Monitor (either through a register or the housing management system) all known residents on the Major Adaptation (DFG) pathway so when PFH receive notification a resident has been successful for DFG funding, PFH can make written contact with the resident on a 6monthly basis to touch base with the resident, and to provide clear information on the process

G – Using the same monitoring process as above monitor those residents who have either been refused a DFG or PFH haven't heard the outcome so PFH can offer support to residents on their options as per PFH policy

H - PFH should consider offering 'more modern' adaptations for residents to meet the cost difference to offer choice

I – PFH should ensure regular staff training is undertaken on aids and adaptations service and policy, this should include active listening around advice and giving options.

J – PFH should update the policy and all associated literature to be accurate, clear and consistent messaging for residents.

K – PFH to create clear information guides of the aids and adaptations service for both minor and major adaptations pathways showing key milestones and next steps.

L – PFH to commit to Service Standards for Aids and Adaptations service.

M – When informing residents how to contact Hull City Council regarding the major adaptation pathway, PFH should ensure residents are being advised of all options to access the service (The Wilson Centre, web enquiry as well as 300300).