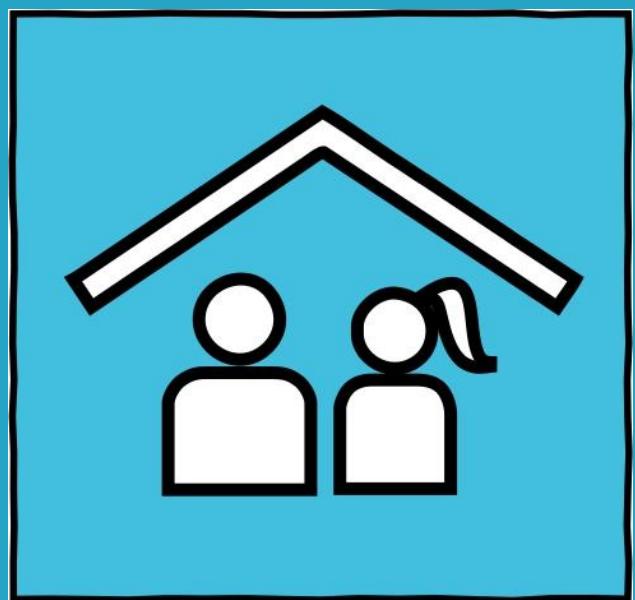


# ROOM MANAGEMENT SUPPORT GUIDE



City of Westminster



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## Introduction

Supporting residents who have complex care and support needs with their living spaces requires more than completing routine checks or cleaning tasks. It means recognising that a person's room may be their only private refuge and that entering it can touch on sensitive, emotional, and deeply personal parts of their life. Staff must balance the need to maintain health and safety with empathy, patience, and respect for personal boundaries. This work can be both practically and emotionally demanding.

Integrating room checks into support planning is essential. Room checks should always be understood as part of the core support work, not as a separate or punitive task. They are an opportunity to engage with residents in a consistent, respectful way that helps them manage their environment safely and hygienically, while building confidence and control over their living space. This approach supports autonomy and is a key step toward independence beyond services.

This guide has been developed to help staff understand and respond to the barriers residents may face in managing their rooms and to provide clear, trauma-informed, and person-centred guidance for practice. It offers practical advice on planning and carrying out room checks, communicating respectfully (including helpful language examples), preparing for contractor or pest-control visits, supporting residents to make small, achievable changes, and keeping clear, shared records. It emphasises consent, choice, privacy, dignity, cultural awareness, and the importance of consistency and familiar staff.

Later sections set out how and when to escalate concerns and involve other agencies, ensuring that no staff member is left to manage high-risk situations alone. Overall, the guide promotes safety, respect, and collaboration, supporting both residents and staff to feel equipped, protected, and confident in their roles.

## Understanding the barriers and how to respond

People experiencing self-neglect or facing multiple disadvantages often find it difficult to engage with room management. This section explains the barriers and provides ways staff can respond to increase engagement. Appendix 1 provides a summary of the practical support that staff can provide in one table for reference.

Staff are encouraged to:

- Lead with curiosity, not judgement.
- When a resident's room appears cluttered, dirty, or unsafe, the instinct can be to jump straight into problem-solving, to "fix" what we see. However, before taking action, it's essential to understand why the space appears that way. A resident's environment often reflects what's happening in their life or emotional world. Understanding context helps tailor support to what will work for that person, whether that means starting small, offering reassurance, or adjusting expectations, rather than simply trying to "fix" the visible problem.
- Empathy and patience are crucial - **small, consistent support** is more effective than large, rushed interventions.

## 1. Physical barriers

- Poor eyesight, hearing difficulties, or reduced mobility can make cleaning, organising, or even reaching certain areas challenging.
- Pain or chronic health conditions may reduce energy or ability to complete tasks.

### Practical support:

- **Offer easy-grip/long-handled tools:** lighten loads (small bin liners, caddies).
- **Pace tasks in short bursts with rests:** agree a “stop point.”
- **Keep walkways clear;** stabilise furniture: consider grab rails.
- **Loop in Adult Social Care Occupational Therapists** for adaptive kit or pain/energy management.

## 2. Substance use seeking priorities

- For residents with substance use challenges, obtaining or using substances may take precedence over maintaining their living space.
- Cleaning may feel less urgent compared to immediate needs related to addiction.

### Practical support:

- Time visits for higher-motivation windows (you and the resident agree when).
- Link actions to harm reduction (clear exit routes, sharps containers, sealed food).
- **Keep language non-judgemental:** focus on comfort, safety, and control.
- Coordinate with substance-use workers for consistent messaging.

## 3. Low motivation / executive dysfunction

- Executive dysfunction is not a lack of intelligence or motivation, it's a set of difficulties with cognitive skills that regulate behaviour including planning, organising, prioritising, managing time and following through on tasks. Decision-making can be particularly difficult for residents experiencing executive dysfunction. **Staff should gauge when to offer direct choices versus when to provide structured direction, adapting support to the individual's needs.**
- Conditions like depression, Attention Deficit Hyperactivity Disorder (ADHD), or cognitive impairments can make simple tasks feel overwhelming.
- Residents may struggle to initiate tasks, break them into steps, or sustain effort over time.

### Practical support:

- **Micro-steps:** Set small, achievable goals (e.g., “clear one surface” or “sort one bag”) and use visible checklists.
- **Externalise planning:** Provide photo prompts of the desired outcome and use short timers (10–15 minutes) to structure activity.
- **Consistency:** Assign familiar staff; same day/time routine to reduce decision fatigue.
- **Positive reinforcement:** Praise effort as well as outcomes, and record “micro-wins” to build confidence and momentum.

## 4. Overwhelm

- The scale of clutter can create paralysis; residents may feel *“I don’t even know where to start.”*
- Clutter can trigger anxiety, shame, or fear of judgement, reinforcing avoidance.

### Practical support:

- **Start small:** doorway, bed edge, or table only; set a short time box.
- **Co-prioritise safety spots:** hob clear, exits, plug points.
- **Build in pauses:** Use grounding/breathing if anxiety rises.
- **De-shame the work:** “*We'll go at your pace; good enough is good.*”

## 5. Psychological meaning / emotional significance

- A neglected room may serve as a symbolic boundary (“keep out”), protection, or a way to cope with trauma.
- Items may carry memories or emotional weight, making removal difficult.

**Practical support:** Respect attachments, explore meanings gently, and encourage resident-led decisions to retain autonomy.

- **Ask about the story/meaning of items:** reflect back without pressure.
- Create “keep/save/decide later” categories to preserve control.
- **Never remove without consent:** move slowly and check in often.
- The Safeguarding Adults Executive Board (SAEB) [Hoarders Toolkit](#) includes tips on how to work with those that live in hoarded homes.

## 6. Systemic issues

- **Distrust of services:** Previous experiences of being judged, dismissed, or “failed” by professionals can make residents wary of engaging again.
- **Service fatigue:** Repeated assessments, changing workers, or promises of help that never materialise can lead to disengagement and hopelessness.
- **Inconsistent support:** Frequent staff turnover or differing expectations between services can confuse residents and erode trust.
- **Stigma and discrimination:** Experiences of bias related to homelessness, mental health, substance use, or culture can make people expect rejection or punishment.
- **Rigid systems:** Strict rules, inflexible routines, or tick-box approaches can unintentionally re-traumatise residents who need flexibility and choice.
- **Fragmented communication:** When services don't share information effectively, residents may have to repeat distressing stories or feel “passed around.”

**Practical support:**

- **Be predictably reliable:** keep times, keep promises, explain delays.
- **Offer real choices** (now/later; area A/B): use plain, transparent language.
- **Name past service harms if raised:** validate and reset expectations.
- Coordinate with other services to avoid mixed messages or duplication. Read the [Multi-disciplinary Case conference toolkit](#) for more information.
- **Document in shared notes** (resident-voiced where possible) so everyone follows the same approach.

## Tips for engagement

Working alongside residents to improve their living environment is about more than cleanliness, it is about safety, dignity, and collaboration. Residents are more likely to engage when they feel respected, supported, and in control of decisions about their own space.

A core principle of effective engagement is **using a graded approach to support**, adjusting the level of involvement in line with the resident's needs, confidence, and engagement. This involves knowing when to step back and support independent planning, **when verbal prompts and encouragement are sufficient, and when more hands-on assistance is necessary**. When more support is needed, staff can offer practical assistance alongside the resident, working collaboratively rather than taking over. This might include starting a task together, modelling how to approach it, or providing structure while ensuring decisions remain led by the resident. **Hands-on support should be used, when necessary**, such as when there are immediate health or safety concerns or when a resident feels overwhelmed and requests direct help.

**Where a resident is highly resistant to room-related interventions**, the priority should be to build rapport and focus on other areas of support. Forcing engagement can lead to disengagement across all services; in some cases, deliberately "backing off" and addressing other aspects of life creates the conditions for progress later.

The table below **highlights 8 key focus areas and practical strategies** that frontline staff can use to build trust, reduce risks, and encourage sustainable change. Each focus area explains why it matters, offers practical tips for staff, and includes example language to support sensitive, constructive conversations with residents. The 8 focus areas include: Supporting autonomy and choice, prioritising dignity and safety over cleanliness, being culturally aware, building trusting relationships, keeping tasks consistent and bite-sized, breaking goals into achievable steps, using motivational interviewing, and reinforcing progress.

Appendix 2 provides an example of how motivational interviewing could be used to help with room management.

Focus Area	Why It Matters	Practical Strategies / Tips	Example Staff Language
<b>1. Supporting Autonomy and Choice</b>	Residents engage more when they have control, increasing cooperation, confidence, and ownership.	Offer options rather than instructions. Let residents set the pace and make decisions. Co-create achievable goals and involve residents in planning tasks. Seek permission before acting and validate choices.	"What part of the room would you like to focus on today?" "You're in charge of how we do this. I'm here to help where you want me to."
<b>2. Dignity and Safety over Cleanliness</b>	Ensures a safe, functional, and respectful living space. Safety and dignity are more important than aesthetic perfection.	Prioritise safety: fire hazards, trip hazards, pests, hygiene. Respect belongings; never discard without consent. Avoid shaming; use neutral, supportive language. Work collaboratively on	"Our main goal is to make sure you can move around safely." "We don't need it to look perfect, just safe and comfortable for you." "Let's work together to clear a small area, you decide what stays and what can go."

Focus Area	Why It Matters	Practical Strategies / Tips	Example Staff Language
		achievable improvements.	
<b>3. Cultural Awareness</b>	Residents' ideas of "clean" or "tidy" vary based on culture, lived experience, or personal preference.	Explore what "order" means to the resident. Ensure solutions meet safety standards while respecting identity.	"We don't need it to look perfect, just safe and comfortable for you."
<b>4. Relationships First, Trust</b>	Trust underpins collaboration; residents are more likely to engage when they feel respected.	Build rapport through regular positive interactions. Listen actively and show genuine interest. Frame checks/support as help, not control.	"I can see this feels overwhelming. Let's see what we can do together, one step at a time."
<b>5. Keep Tasks Consistent &amp; Bite-Sized</b>	Large tasks feel overwhelming. Small, predictable steps increase cooperation.	Focus on one action at a time (e.g., dishes, bin). Create routines to reduce anxiety.	"Would you like to start with the desk or the wardrobe today?"
<b>6. Break Goals into Achievable Steps</b>	Smaller goals build confidence and momentum.	Identify one specific task (clear surface, bag laundry). Celebrate completion of each step.	"Once we've cleared this table, we can see how it feels and decide what to do next."
<b>7. Use Motivational Interviewing (MI) (see appendix 2 for example)</b>	Encourages residents to articulate goals and motivations, increasing self-directed change.	Ask open questions. Reflective listening and affirmations. Help residents weigh pros and cons without judgment.	"On one hand, this feels hard, but what benefits might you see from making this area safer?"
<b>8. Reinforce Progress</b>	Positive reinforcement sustains engagement and builds confidence.	Offer praise, recognition, or small rewards. Celebrate micro-successes.	"Well done for getting this area cleared! That's a great start."

## Tips for room checks

Room checks are an essential part of supporting residents in a safe and dignified way. They help staff monitor hygiene, identify health or safety risks, and offer practical support while respecting residents' autonomy. Checks can be conducted daily, weekly, or monthly, depending on risk level and agreed-upon routines. The aim is not to "police" residents, but to provide consistent, structured support that promotes wellbeing, reduces hazards, and builds trust.

Room checks should balance safety with dignity and respect. The following 4-step approach helps staff build trust, promote wellbeing, and maintain a positive, person-centred environment.

### **1. Before the Room Check**

- Be consistent with who attends, familiar faces reduce anxiety and increase cooperation.
- Avoid surprises: explain in advance if someone else will accompany you (e.g. pest control, contractor, new staff).
- Check what time of day works for the room check.
- Always seek consent and explain the purpose clearly.
- Frame the check as collaboration, not inspection: e.g. "Let's take a quick look together to see what might make things safer or easier."

### **2. When Entering the Room**

- Knock and wait before entering: respect privacy and personal space, even if you have permission to check.
- Use calm, neutral language: avoid words like "messy" or "dirty"; use "safety," "cleanliness," or "comfort" instead.
- Stay attuned to mood and body language: if a resident seems anxious or distressed, slow down, check in, or offer to pause.

### **3. During the Room Check**

- Notice and acknowledge positives first: recognise small improvements or effort ("I can see you've cleared that space, great progress").
- Encourage residents to complete one small task at a time.
- Give clear choices: "Would you like me to look now or come back in half an hour?" Choice helps residents feel in control.
- Be aware of barriers such as mobility issues, mental health challenges, substance use, or emotional attachment to belongings.
- Link what you see to wellbeing rather than blame: "Let's make sure this area stays clear so it's safer for you to move around."

### **4. After the Room Check**

- Offer practical follow-up, if you spot something beyond the resident's capacity, log it immediately so they see action being taken.
- Record observations and actions accurately to ensure continuity of care.

- Keep conversations private; never discuss a resident's room condition in communal areas or with other residents.
- End on reassurance, thank the resident for their time, confirm next steps, and remind them they can ask for support when needed.

## Helpful vs Unhelpful Language During Room Checks

**The language staff use during room checks directly shapes how residents experience the process.** Staff balance two responsibilities during room checks: providing person-centred, trauma-informed support, and meeting housing and safety requirements. These roles can feel contradictory, as one focuses on empowerment and choice while the other involves standards and compliance. However, when approached thoughtfully, they are not in conflict. Using respectful, clear, and supportive language helps staff carry out necessary checks in a way that maintains dignity, builds trust, and reinforces shared responsibility for safety and wellbeing.

In practice, staff can align these responsibilities by being transparent about non-negotiable safety duties, while offering choice and flexibility in how checks are carried out. This includes explaining the purpose of the check before entering, asking what feels manageable for the resident, and agreeing the focus of the visit together. Using neutral, safety-focused language, inviting the resident to participate, and acknowledging effort or progress, however small, helps reduce defensiveness and build trust.

Where concerns are identified, staff should focus on collaborative problem-solving rather than instructions, clearly separating immediate safety issues from longer-term improvements. Ending the check by confirming next steps, thanking the resident for their cooperation, and reinforcing that support is available helps maintain dignity, consistency, and shared responsibility for wellbeing.

The table below highlights phrases staff should avoid, suggests alternative wording, and explains why the recommended approach is more effective.

Avoid saying...	Try saying instead...	Why it helps
This room is disgusting.	We all have a role in keeping spaces safe. Let's see how we can make this space safer or more comfortable for you.	Focuses on safety and collaboration rather than shame.
If you don't let us do the checks, there will be consequences.	These checks are about safety, not punishment. We do need to complete them, but I want to work with you to make this as comfortable and manageable as possible. What would help right now?	Removes threat-based language, clearly states the safety purpose and non-negotiable requirement, and invites the resident to influence how the check happens

Avoid saying...	Try saying instead...	Why it helps
You need to clean this up, it's not safe	Let's work together to make sure your space feels good for you and meets safety requirements. Would it help if we worked on one small area together today?	Offers support and choice instead of issuing orders.
Why haven't you done this yet?	I know it can feel hard to get started, what's been getting in the way?	Opens dialogue and reduces defensiveness.
You're living in a mess.	I can see things have built up, let's look at what feels manageable right now.	Avoids labels and recognises emotional overwhelm.
If you don't sort this out, we'll have to report it.	I'm worried this might become unsafe, how can we work together to prevent that?	Shifts from threat to shared responsibility.
You're refusing help again.	I can see you're not ready today, that's okay, I'll check in another time.	Acknowledges autonomy and keeps the door open for engagement.
You've got to get rid of all this stuff.	Are there any things here you'd like to keep safe, and maybe some we can sort through together?	Respects attachment and promotes gradual change.
This is a fire hazard.	I'm concerned this area might be risky if there's a fire, can we make a bit more space here?	Keeps focus on safety without shaming.
It smells terrible in here.	Let's look at what might help with air flow or freshness.	Avoids embarrassment; offers practical action.
I can't believe you live like this.	I can see this has been really hard to manage, let's start small.	Shows empathy instead of judgement.
You've made no progress.	I noticed you cleared that surface last week, that's a great step forward.	Reinforces positives and builds confidence.
We must do this now.	Would you prefer to start now or after lunch?	Offers control and reduces anxiety.
You should be ashamed of this mess.	It looks like things have been difficult lately, how can I support you with this?	Normalises struggle and invites problem-solving.

Avoid saying...	Try saying instead...	Why it helps
If you don't let me in, I'll have to come anyway.	It's your space, I want to make sure we're keeping it safe. When would be a good time for you for me to come back?	Respects consent and boundaries.

Appendix 3 provides a suggested room check schedule, which can be adapted as required.

## Q&A script when a resident refuses access for checks

This Q&A provides frontline staff with clear, safe, and consistent responses to use when a resident refuses access for room checks. It helps staff remain calm, respectful, and trauma-informed while also maintaining professional boundaries and meeting the service's safety requirements.

### Q1. What should I say first when they refuse access?

*"Okay, thanks for letting me know it's not a good time. We do need to complete the room check today because it's part of our safety requirements. Can we talk for a moment about what's making it difficult?"*

### Q2. What if they seem embarrassed or anxious?

*"It looks like this is causing you some stress. Room checks aren't about judging anyone, they're about making sure the environment is safe. Let's look at what would make this feel more manageable for you while still meeting our safety duty today."*

### Q3. What if they say: 'My room is too messy'?

*"I appreciate you telling me that, lots of people feel that way. The check doesn't need to be perfect; we just need to confirm there's nothing unsafe. We can keep the check brief, but it does need to happen."*

### Q4. What if they say: 'I don't want anyone in my space'?

*"I understand that, your room is your private space. At the same time, the service has a responsibility to make sure environments are safe. Let's see if there's a way we can complete the check today that still respects your boundaries. For example, would you prefer just me, or me and a worker you trust?"*

### Q5. What if they repeatedly refuse due to feeling overwhelmed?

*"I understand it feels overwhelming. We can keep the check very focused and just the key safety areas, but we can't postpone it further. What part would feel easiest to start with?"*

#### **Q6. What if substances are involved?**

*"I can see things are a bit chaotic right now. We still need to confirm you're safe and that the environment is safe. I can keep the check extremely short if that helps, but it does need to happen today."*

#### **Q7. What if they worry we'll throw things away?**

*"I want to be clear, we won't remove anything without your consent unless it poses an immediate and serious safety risk, like fire hazards or sharps. The check is only about identifying risks, not removing items today."*

#### **Q8. What if they still refuse after reassurance?**

*"I hear that you're not comfortable right now. The room check still needs to be completed today for safety reasons. What would make it possible; a different worker, a set time within the next hour, or a very brief check?"*

#### **Q9. What if refusal continues and I believe there may be a risk?**

*"I'm concerned there may be a safety issue we need to check, especially because we haven't had access recently. If you're still not able to let me in, I'll need to speak with my manager so we can decide the next step."*

#### **Q10. How do I end the conversation if they are still refusing?**

*"Thanks for talking with me. I'm going to let my manager know that we couldn't complete the check, and we'll work out the safest next step. If you change your mind, let me know, we can still complete it together today."*

### **Hostel Structures to Support**

An organisational structure helps prevent rooms from deteriorating into unsafe conditions and ensures that self-neglect risks are identified early. Hostels should have consistent, supportive systems in place that combine routine monitoring, practical help, and clear pathways for escalation.

#### **Routine Weekly Checks**

**Weekly room checks** should be carried out for all residents and could use a **traffic-light rating system** (e.g., *green* = safe, *amber* = emerging concerns, *red* = unsafe/urgent action).

Staff could take photos (with consent or in line with policy) to document the condition of the room, track changes over time, and support multi-agency communication.

Where amber or red issues are identified, staff should work with the client using methods explained in this toolkit.

#### **Accommodation Adjustments**

- *Room swap within service*: if a space is too unmanageable, pest-infected, or linked with trauma.

- Consider providing new residents with a basic cleaning pack (e.g., mop, bucket, broom, cloths). During room checks, confirm that the resident has adequate bedding, as it can often go missing or be left in communal laundry areas. Record any rooms that require replacement bedding so that fresh bedding can be provided promptly.
- *Planned blitz cleans*: can reset the environment.
  - **Pros**: reduces risk, improves safety, offers a fresh start.
  - **Cons**: may be traumatic, cause loss of belongings, or damage trust if not resident-led.

### **Build Structured Support Into the Service Offer**

Hostel environments are most effective when the support offer includes regular, proactive practical help, not only reactive responses.

#### **a. Regular linen changes and routine room cleans**

Some services (e.g., *The Lodge model*) include a standardised cleaning and linen-refresh cycle for every resident, regardless of need level.

This prevents problems from escalating, supports hygiene for residents with fluctuating capacity or mental health, and reduces stigma (no one is singled out).

This can include:

- Weekly bedding and towel change
- Light room clean (bins emptied, floor vacuumed, surfaces wiped)
- Monthly deeper clean for agreed high-risk rooms

#### **b. Carer or cleaning support embedded into hostel**

Models such as the **Look Ahead model** integrate cleaning staff or support workers into the core staffing structure to provide **planned and ongoing environmental support**.

These staff members work alongside keyworkers to deliver:

- Help with decluttering
- Support with laundry
- Guidance on maintaining a habitable room
- Regular monitoring for pests, damp or hazards

### **Policies, Procedures & Toolkits**

Staff should know where to find and how to use:

- **Organisation policies**: hoarding, pests, property standards, safeguarding.
  - Delays in repairs can lead to frustration and disengagement. Hostel staff should escalate promptly and, where necessary, remind landlords of their legal duty under housing standards legislation to maintain habitable conditions.
- **Toolkits**: [Bed Bugs guidance](#), [Scabies guidance](#)
- **Escalation routes**: internal (managers, safeguarding leads) and external (pest control, Adult Social Care (ASC), fire service, Turning Point).
- **Clear red flag list**: when to escalate immediately (e.g. sharps risk, fire hazard, hoarding, infestations affecting health).

## **Clear Escalation Pathways When Risks Persist**

When rooms remain unsafe despite support and action plans, there must be transparent and agreed escalation steps from management, so staff know exactly what to do.

Escalation may include:

- Increased frequency of welfare/room checks
- Joint visits with mental health, community health, or social care
- Referral to Adult Social Care for a Care Act assessment (where care and support needs are suspected)
- A safeguarding alert if the conditions suggest significant self-neglect and the resident cannot protect themselves
- Fire hazards in supported accommodation must be addressed promptly. The London Fire Brigade (LFB) offers tailored support to reduce fire risks. You can start by using their online [Home Fire Safety Checker](#), which asks a short series of questions and provides personalised advice. If needed, LFB can also arrange an in-person visit to review fire safety in the property, including rooms, alarms, cooking habits, and resident-specific risks.
- The Safeguarding Adults Executive Board has provided guidance for agencies working together to reduce fire risks among vulnerable adults. This guidance incorporates lessons from Safeguarding adult reviews, risk factors, assessment tools and can be found [here](#).
- Consider a referral for support via the Self-neglect and hoarding (SNAH) pathway and/or safeguarding (more information in Getting Extra Help section).
- These pathways should be written, shared, and reinforced through supervision so they are consistent across staff teams.

## **Preparing for Contractors**

When contractors are attending for repairs, deep cleaning, or pest treatment, staff should ensure the resident and their room are properly prepared, so the visit is safe, effective, and minimally distressing.

This includes giving clear notice, explaining what the contractor will need to do, and supporting the resident with any practical preparation that may feel overwhelming, such as clearing access routes, bagging laundry, or safely containing pets. Staff should also be available on the day to reduce anxiety, help coordinate the visit, and ensure that any necessary after-care actions (such as ventilation, laundry, or follow-up checks) are completed.

See appendix 4 which suggests required actions before, during, and after a bed bug treatment.

Staff can also refer to the [Bed Bugs Management sheet](#) & [Scabies Information sheet](#) as needed.

## Getting Extra Help

When room management issues are persistent, high risk, or linked to wider health and social needs, it is important to involve the right services and share responsibility.

This section outlines the different types of support that can be called upon, from statutory care and safeguarding referrals to practical environmental resources and multi-agency meetings. The aim is to provide clear routes for escalation, ensuring that residents get the right help at the right time, and that staff feel supported rather than isolated.

**Care Act Assessment:** If a client struggles to keep their room clean or safe, staff can consider making a referral to Adult Social Care (ASC) only when this difficulty forms part of a broader pattern of unmet care needs. **A messy or untidy room on its own is not enough for a Care Act referral.** Staff should consider referring when the home environment is unsafe or unmanageable, and there is **clear evidence of additional unmet care needs linked to an underlying impairment.**

Under the [Care Act 2014](#), a person is eligible for support **only if all three of the following conditions apply:**

**1. Their needs arise from a physical or mental impairment or illness**

(e.g., mental health conditions, cognitive impairment, physical disability, substance misuse, brain injury).

**2. They are unable to achieve at least two of the specified outcomes**

“Keeping the home sufficiently clean and safe” is one outcome, but **at least one additional outcome must also be affected**, such as:

- Managing personal hygiene
- Maintaining nutrition
- Dressing appropriately
- Moving around the home safely
- Managing toilet needs
- Maintaining relationships
- Engaging in work/education/volunteering
- Using community facilities

**3. These difficulties have a significant impact on their wellbeing**

This may include risks to health, safety, dignity, social isolation, unsuitable living conditions, or lack of control over daily life.

Further guidance, the contact details, and the step-by-step process for making a referral can be found in the HHCP [Adult Social Services Referral toolkit](#).

### **Referrals for support via the Self-Neglect and Hoarding (SNAH) pathway and/or safeguarding:**

Consideration should be given to raising a safeguarding concern with ASC when a person’s self-neglect places them at **significant risk of harm** and, due to their physical or mental health needs, they are **unable to protect themselves**. Indicators include hazardous living conditions, significant

decline in health or hygiene, repeated crises, fluctuating or impaired capacity, persistent inability or refusal to engage with support, and risks to others.

Where possible have a conversation with the person before raising a concern to seek their views and consent to making a referral to ASC. Where consent is not given, but there are concerns that the person is at significant risk to themselves or there is a risk to others, consent can be overridden. The reasons for doing this should be explained to the person with assurance that their wishes will be respected as far as possible. The person's mental capacity in relation to the risks relating to their self-neglect should also be considered (see section below) and if the person is deemed to lack capacity to make decisions in that area, then a referral can also be made in the person's best interests.

In line with the Care Act 2014, concerns in relation to self-neglect do not necessarily immediately trigger a Section 42 safeguarding enquiry, and in the first instance the SNAH Pathway will be used. If there is a risk of life-threatening significant harm or the SNAH Pathway has been exhausted and risk to the adult has not sufficiently reduced, a Section 42 enquiry should be instigated.

**In all cases, whether a concern is dealt with via the SNAH pathway or a Section 42 enquiry, the same working principles apply – working to engage effectively with the person and build trust and have a shared multi-agency responsibility for managing risks.**

Refer to the [SAEB Self-Neglect and Hoarding Strategy](#) and accompanying [Hoarding Toolkit](#) for more information.

### **Mental capacity concerns:**

When engagement is inconsistent or decisions **appear unwise**, it is important to consider whether the [Mental Capacity Act 2005](#) applies.

#### **Key Principles**

- **Decision-specific and time-specific:** The MCA provides a framework for assessing whether a person has the capacity to make a particular decision at a given time.
- **Fluctuating capacity:** Capacity is not fixed; it may change depending on circumstances, health, or environment.
- **Support first:** Always support individuals to make their own choices wherever possible, using clear communication and appropriate adjustments.
- **Best interests:** If a person is found to lack capacity, any decision made on their behalf must be in their best interests, taking into account their values, wishes, feelings, and past experiences.
- **Balancing duties:** Applying the MCA helps staff respect autonomy while fulfilling safeguarding responsibilities.

#### **Practical Guidance**

- Observe patterns of engagement and decision-making.
- Use the [MCA screening tool](#) to guide your assessment of capacity.
- Document your observations and decisions clearly, ensuring transparency and accountability.
- Involve family members, advocates, or other professionals where appropriate to ensure decisions reflect the person's values and preferences.

## **Specialist Services**

- **Occupational Therapy services** can support staff when a resident's room environment is impacting their ability to function safely or independently.

They can:

- Assess physical, cognitive, and sensory barriers to maintaining a safe room.
- Identify risks such as clutter, falls hazards, or reduced mobility.
- Develop structured room-management plans with clear, achievable steps.
- Recommend equipment, adaptations, or strategies the resident can use.

- **Psychologists** can help staff understand the underlying reasons behind room-management difficulties, particularly where trauma or self-neglect is present.

They can:

- Provide trauma-informed formulations to explain patterns such as hoarding, chronic neglect, or avoidance.
- Explore how past experiences, loss, attachment issues, or coping mechanisms impact room care.
- Support staff to approach room management in a way that is collaborative, compassionate, and sustainable.
- Offer guidance on how to reduce distress and build motivation with the resident.

- **Substance-use support services** can help when room-management issues are linked to drug or alcohol use.

They can:

- Support safer living by advising on sharps management and harm-reduction strategies.
- Work with residents to reduce harmful use and engage them in ongoing treatment.
- Help staff understand relapse patterns and how these may affect room condition.

- **Mayhew's community outreach team** works directly with people and **their pets**, offering practical support that can make room-management plans easier to achieve. For residents whose room conditions are affected by pet-related challenges, The Mayhew can provide welfare checks, basic veterinary care, microchipping, neutering and advice on safe pet management. They can also temporarily support or transport pets for essential treatment, reducing stress for both the resident and the animal. To find out more about the Collect & Care scheme, staff can contact the Community Vet Clinic by emailing [vetclinic@mayhewanimalhome.org](mailto:vetclinic@mayhewanimalhome.org) or by calling **020 8962 8017**.

## **Environmental Resources**

Pest control issues can occur anywhere in a large building and are not a reflection of an individual's cleanliness or personal behaviour. In supported accommodation, pests such as mice, insects, or bedbugs are usually building-wide environmental issues that require a coordinated response.

Pest control services can:

- Provide practical treatments to remove pests safely and effectively.
- Offer guidance on preventative measures that staff and residents can put in place.
- Work with housing teams to identify structural causes (gaps, drainage issues, shared vents, waste-storage problems) that contribute to recurring infestations.
- Reduce anxiety by explaining the process clearly and reassuring residents that infestations are common in multi-unit buildings and **not their fault**.

**The Westminster City Council Environmental Health team** can become involved when a resident's living conditions pose a significant health or safety risk, or when an issue affects multiple parts of a building. They support any tenant in Westminster where serious hazards such as severe damp or mould, structural dangers, major pest infestations, or unsanitary conditions exist. Environmental Health can assess the situation, advise on required actions, and enforce remedial work if a landlord or provider has not resolved the problem, making them an important escalation point for high-risk room-management cases. For more information or to report a concern, contact Telephone: **020 7641 6000** or email: [healthandsafety@westminster.gov.uk](mailto:healthandsafety@westminster.gov.uk).

### **Health Resources**

- GPs and district nurses can support room-management work when the living environment is directly affecting a resident's health. They can treat issues such as infections, bites, skin conditions, or breathing problems linked to damp, clutter or pests, and identify medical or mobility difficulties that make it harder for the resident to manage their room. While they cannot clean, declutter, or resolve environmental problems themselves, they can provide clinical advice, raise concerns with other agencies, and help ensure that any health needs related to the room environment are addressed as part of a wider support plan.

### **Multi-disciplinary team (MDT) meetings**

A multi-disciplinary case conference is an opportunity for a structured conversation about a person who has complex issues, potentially involving a range of practitioners associated with the person's care. Each practitioner brings his or her knowledge about the person/ or their area of specialist knowledge, to inform and jointly create an action plan to be co-ordinated by the key worker. Multi-disciplinary meetings work best when they are well structured, with a clear agenda and responsibilities.

#### **Key points for effective MDTs:**

- Multi-agency meetings should be organised and run by the lead agency.
- The multi-disciplinary case conference toolkit can be downloaded [here](#) and the Information Sharing Agreement [here](#).
- Utilise existing multi-agency forums such as the Monthly Enhanced Vulnerability Forum or other multi-agency risk meetings – see the [Westminster MDT forums directory](#). These platforms provide a structured environment to share information, coordinate actions, and agree on a consistent support plan.
- Make sure to share detailed information about what interventions have already been tried, including what has been effective, even if only for a short time. Understanding what has worked can help guide future approaches.

- Identify and highlight which individuals or professionals have established trust and rapport with the person. This can be critical in engaging them and ensuring ongoing support.

## Support for New Workers

New staff often need clear structure and guidance when supporting residents with room-management needs. The following resources and approaches help build confidence, consistency, and safe practice

### Room-management checklists

Providing daily, weekly and monthly checklists helps new workers know exactly what to look for and how to record concerns. These can include wellbeing observations, safety risks, signs of pests, changes in clutter, fire-safety issues, and progress on agreed room-management plans. Checklists also ensure consistency across the team.

### Shadowing experienced workers and peer support

Shadowing allows new staff to observe how experienced colleagues communicate with residents, set boundaries, manage difficult conversations, and escalate concerns appropriately. Pairing new workers with a buddy or encouraging informal peer support helps them feel connected and supported. A buddy can answer quick questions, review room-checks together, and model good practice.

### Regular supervision and debriefs

Room-management work can be complex and emotionally demanding, especially when involving self-neglect, trauma or safeguarding concerns. Debriefs after challenging incidents help staff process their experiences and prevent burnout.

### Access to training

New staff should have access to relevant training that strengthens their skills and confidence, such as:

- **Trauma-informed practice** – understanding the impact of trauma on behaviour, engagement and room conditions.
- **Self-Neglect and Hoarding awareness** – recognising self-neglecting and hoarding behaviours, risk factors and appropriate support strategies.
- **Motivational interviewing** – using respectful, collaborative techniques to build motivation and reduce resistance.

## Appendix 1: Addressing barriers in practice

Barrier	What Helps (Practical Actions)
Physical barriers	<ul style="list-style-type: none"> <li>Offer easy-grip or long-handled tools; use small, lightweight items.</li> <li>Pace tasks in short bursts with rest breaks; agree a clear “stop point.”</li> <li>Keep walkways clear; stabilise furniture; consider grab rails or handholds.</li> <li>Involve OTs or health teams for adaptive equipment or pain/energy management.</li> </ul>
Substance-use priorities	<ul style="list-style-type: none"> <li>Time visits for periods of higher motivation (agreed with the resident).</li> <li>Link actions to harm reduction (clear exit routes, safe storage, sealed food).</li> <li>Use non-judgemental language focused on comfort, safety, and control.</li> <li>Coordinate with substance-use services for consistent messaging and support.</li> </ul>
Low motivation / executive dysfunction	<ul style="list-style-type: none"> <li>Break tasks into micro-steps such as “one surface” or “one bag.”</li> <li>Use visual prompts, checklists, or timers to support sequencing.</li> <li>Keep consistent staff and predictable routines to reduce decision fatigue.</li> <li>Praise effort and small successes, not just outcomes.</li> </ul>
Overwhelm	<ul style="list-style-type: none"> <li>Start very small (doorway, table, or one area only).</li> <li>Prioritise immediate safety (clear hob, exit routes, plug points).</li> <li>Build in pauses or grounding breaks to manage anxiety.</li> <li>Reassure residents that “good enough” progress counts; avoid shame-based language.</li> </ul>
Psychological / emotional meaning	<ul style="list-style-type: none"> <li>Ask gently about the story or meaning behind items.</li> <li>Use “keep / save / decide later” categories to retain control.</li> <li>Never remove belongings without consent; check in often.</li> <li>Move slowly, respecting attachments; use hoarding scale or policy when updated.</li> </ul>
Systemic issues (distrust, inconsistency)	<ul style="list-style-type: none"> <li>Be reliably consistent, keep times, promises, and follow through on actions.</li> <li>Offer real choices (now/later, area A/B) and use plain, transparent language.</li> <li>Acknowledge past service harms or mistrust if raised; validate experiences.</li> <li>Coordinate with other services to avoid duplication or mixed messages.</li> <li>Record agreed actions in shared notes (resident-voiced where possible).</li> </ul>

## Appendix 2: Using Motivational interviewing for room management

### Scenario:

A resident's room is cluttered, and staff need to support them in improving hygiene and safety. The resident feels overwhelmed and resistant to change.

### Step 1: Open with empathy and build rapport

- Staff: *"I can see that keeping this room tidy feels really overwhelming. Many people feel the same."*
- Purpose: Acknowledge feelings without judgment, creating trust.

### Step 2: Explore ambivalence

- Staff: *"On one hand, you might feel it's too much to manage, but on the other hand, are there any reasons why having a safer, cleaner space would be helpful for you?"*
- Purpose: Encourage the resident to articulate both pros and cons themselves, rather than being told what to do.

### Step 3: Reflective listening

- Resident: *"I guess it would be easier to move around, and I wouldn't have to worry about pests."*
- Staff: *"So having a safer space and fewer pests sounds important to you."*
- Purpose: Reflect back to show understanding and reinforce motivation.

### Step 4: Collaboratively set a small, achievable goal

- Staff: *"Would it help if we started with just clearing this table together today? It's one small step, and we can build from there."*
- Purpose: Break the task into a manageable step, increasing likelihood of success.

### Step 5: Affirm progress and plan next steps

- After completion: *"Well done for getting this table cleared! You've made a great start. How do you feel about doing a small section of the floor next?"*
- Purpose: Reinforce success, encourage continued engagement, and maintain collaboration.

### Key MI principles demonstrated:

- Express empathy
- Develop discrepancy (benefits of change vs current state)
- Roll with resistance
- Support self-efficacy

## Appendix 3: Sample room checklist

Frequency	Tasks / Focus Areas
Daily	<ul style="list-style-type: none"> <li>• Walk-through (if agreed/allowed): hygiene, food waste, pest signs.</li> <li>• Encourage one small task (e.g. bin out, dishes away).</li> <li>• Record issues in case notes or handover.</li> <li>• De-escalation tip: if residents resist, acknowledge their feelings first ('I know this feels intrusive...') before explaining the safety reasons.</li> </ul>
Weekly	<ul style="list-style-type: none"> <li>• Check hygiene: laundry, bathroom use, and surfaces are clean.</li> <li>• Look for hoarding or fire hazards.</li> <li>• Support a basic clean with the resident.</li> <li>• Report repairs or pest issues to contractors.</li> <li>• Celebrate progress, however small.</li> </ul>
Monthly	<ul style="list-style-type: none"> <li>• Full room check (with consent): fire safety, exits clear, smoke alarms working.</li> <li>• Inspect mattress and bed frame for pests.</li> <li>• Review support plan goals around room care.</li> <li>• Escalate persistent risks at team meetings using the agreed pathway.</li> </ul>

## Appendix 4 – Checklist for bed bug treatment

Step	Actions
Provide Advanced Notice	<ul style="list-style-type: none"> <li>• Check mattress/furniture condition and plan replacement if needed.</li> <li>• Offer the resident at least 24 hours' notice, unless urgent risk requires faster scheduling.</li> <li>• Inform them of the time slot, the contractor's name/organisation, and specify the type of work.</li> <li>• Reassure them that help will be available to prepare and follow through.</li> </ul>
Explain Clearly What Will Happen	<ul style="list-style-type: none"> <li>• Outline the process (e.g., remove bedding, bag clothes, clear furniture, vacate room when required).</li> <li>• Give expected duration and recovery time (e.g., 4–6 hours after spraying).</li> <li>• Mention precautions such as ventilation, vacating during treatment, avoiding re-entry until safe.</li> </ul>
Help the Resident Prepare	<ul style="list-style-type: none"> <li>• Bag clothes/linen for hot wash (60–65°C) or freezer treatment.</li> <li>• Clear access routes and move furniture as needed.</li> <li>• Contain pets and safely store belongings.</li> <li>• Remove clutter and vacuum thoroughly.</li> </ul>
Be Present to Reduce Anxiety	<ul style="list-style-type: none"> <li>• Meet the contractor and explain the process to the resident.</li> <li>• Stay nearby to reassure and support.</li> <li>• Ensure residents have a safe alternative space.</li> </ul>
Ensure Safety & Compliance Post-treatment	<ul style="list-style-type: none"> <li>• Ensure the resident avoids entering the room until safe.</li> <li>• Support after-care tasks such as laundry, ventilation.</li> <li>• Ensure contractor documentation is received and explained.</li> <li>• Verify all removed items are safely returned.</li> </ul>



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