



Enter & View Report
St Joseph Rest Home
16-18 The Drive,
Ilford, Essex IG1 3HT

Thursday 12th May 2016



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Please contact us for more details.

020 8553 1236

www.healthwatchredbridge.co.uk

Service Provider	St Joseph's Rest Home 16-18 The Drive, Ilford, Essex, IG1 3HT.
Contact Details	Manager: Neville Bermudaz 020 8518 3004
Date/time of visit	12 May 2016 1.30pm-3.30pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Authorised Representative Team: Lead Enter & View (E&V) Representative - Anne Bertrand E&V Representatives- Sue Sidloff & Evelyn Reid
Contact details	Healthwatch Redbridge 5 th Floor, Forest House 16-20 Clements Road Ilford, Essex IG1 1BA 020 8553 1236

Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the staff and residents at St Joseph's Rest Home for their hospitality.

Disclaimer

Please note that this report relates to findings observed during our visit made on **12 May 2016**.

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visits.

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers/staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises.

Enter & View is the opportunity for Healthwatch Redbridge to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives through evidence based feedback by observing the nature and quality of services.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made with the service provider, or, if certain circumstances dictate, as 'unannounced' visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what a service does well.

Introduction

Healthwatch Redbridge (HWR) is conducting a number of E&V visits to care homes as part of a wider project in association with Healthwatch Surrey to test an assessment tool they have created to review the implementation of the Accessible Information Standard¹.

Accessible Information Standard

By 31 July 2016, all organisations that provide NHS or social care must follow the standard by law and there are a number of things they must do before then.

¹ www.england.nhs.uk/accessibleinfo

The aim of the standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they might need. As part of our Healthwatch Redbridge work programme for this year, we are using the accessible information standard as a tool to review current information provided by local health and social care organisations.

Purpose of the visit

A number of visits to residential homes have been planned as part of a larger project seeking to collect people's personal experiences of how their communication needs have been met within health and social care services.

Our findings will support the project being led by Healthwatch Surrey as mentioned above.

Strategic Drivers

- NHS England Accessible Information Standards
- Part of the HWR Work Plan 2016-17
- Local health and social care organisations must comply with the standards by 31 July 2016

Methodology

Prior to the visits, desk based research was conducted including a comprehensive review of inspection reports from the Care Quality Commission (CQC)².

A shortlist of homes was produced to support engagement with a number of homes from various areas within the borough. Homes were chosen to be representative (for older people, people with learning disabilities, people using mental health services). A project briefing was approved by the HWR Enter & View Task Group.

Visits to six care home took place between 10 May and 13 May 2016. All establishments were informed by email and letter of our intent to carry out the E&V visits. In order to ensure we did not disrupt services, we worked with the establishments to identify a suitable time to carry out the visit.

Individual reports were sent to each provider so that they had an opportunity to request any factual inaccuracies be corrected prior to publication. A leaflet explaining the role of Healthwatch was left with each person.

² <http://www.cqc.org.uk/>

Results of Visit

The visit was conducted in two parts. The Lead Representative met with the care home manager or the person in charge at the time of our visit, to confirm the details we were provided with prior to the visit were correct and to provide further information if required.

Questions	Responses
<i>Are the details given in the pre-visit request still the same?</i>	<i>No changes were noted</i>
Bed numbers and layout of home	24 places
Average occupancy levels	Generally always full
Current occupancy level	24
Current staffing numbers and ratio to patients	1 staff to 6 residents
Average agency staff usage split between care and ancillary staff.	Bank system when required Student placements for 1:1 activities
Available facilities (dining facilities, choice of menu, outside communal area and access arrangements, bathroom and toilet facilities etc.)	Communal Dining rooms. Choice of menu, caters for all dietary requirements, including those instructed by dietician.

Authorised Representatives spoke with residents, relatives (where available) and staff, using a standard set of questions (see appendices).

Representatives took the time to explain who they were and why they were there. They confirmed with individuals that they were happy to speak with them and that their responses would be confidential and anonymised before publication.

Representatives took the opportunity to speak with residents or their relatives and staff members to gather personal qualitative comments and responses.

Observations made outside the premises:

- There is clear and sufficient signage outside the premises, which is clear and easy to read.
- The home has adequate parking in the car park close to the entrance. However, the entrance is not clearly identifiable.
- The entrance has a ramp, but the assistance bell is located inside the entrance and is not at wheelchair level.

Observations made inside the premises:

- The writing on the fire exit signs is small. It was noted that it was not in braille. There is a light as well as sound but the light system is not used and it is unclear if this is the flashing light that alerts people with hearing impairments to a fire.
- The flooring is old and there are carpet grippers between the room and the corridors that representatives felt may cause trip hazards.

Provider response: The carpet grippers are designed to reduce the risk of trips. Uneven surfaces have been highlighted with yellow and black indicator tapes and sign to warn individuals of uneven surfaces. The home is undertaking steps to identify and rectify the issues as the home is also an old house and planning is being discussed to address these issues but we have to consider not to disrupt the service initially employing measures to temporarily minimise risks.

- The doors to bedrooms and other parts of the building did not have signs on them making it difficult to identify the different areas. However, staff members told representatives that ‘bedroom doors did not have signs on them as residents are always escorted’.
- The visit took place after lunch, which in retrospect we have discovered may not have been the right time to attend as the interaction may have been less than usual. However the little interaction that was noted suggested that the staff assisted the residents if required.
- The staff were not wearing uniforms or badges making it difficult to identify them. The manager told representatives that he wanted to create a ‘homely atmosphere’
- The representatives noted a complaints/compliments procedure, however it was not readily available in other formats

Speaking to the Manager:

The manager said that many of the residents are assessed by the memory clinic for dementia. Only hearing impairments are noted with regards communication needs. Resident's needs are recorded in the care plan and the computer and are flagged up on the system.

The manager said that staff are made aware of the communication needs of residents via the care plans, handover and team meetings. Staff receive dementia training and basic care work training, which is refreshed annually. One of the staff members also has visual awareness training.

Information is not available in other formats such as large print and easy read because there has been no need for it. However, the manager said he is happy to put it in place as and when required. However, there are audio and easy read books available.

The manager was unable to provide any information about how and when to access British Sign Language (BSL) Interpreters as there has not been a demand for the service. In terms of supporting a relative with communication impairments, the manager said that he hasn't had to deal with that issue yet but is happy to implement anything that is required should it or when it arises.

Speaking to Staff:

Representatives spoke to three members of staff. One staff member said that she has received training for hearing impairments, but not visual impairments or learning disabilities. The other two have received no specific training on deaf or visual impairment but have received dementia awareness training.

Training received has been both online and face to face. For residents with a specific need, the information is available in the care plan, on the computer and a sign on the bedroom door. Staff mentioned that they had pictures on the doors but this was not useful because the residents did not engage with them.

Representatives asked staff members questions to gauge their awareness of different access needs (Appendix 3 Q4): One of the staff members was unclear about the ways that information should be provided for people with hearing impairments, visual impairments and learning disabilities. The other staff member mentioned that there is no requirement for large print while the third staff member suggested the use of hearing aids for people with hearing impairment and easy read information.

There is no flashing red light to alert people who are deaf during an emergency. Staff members said that there was a fire drill and no problems were highlighted.

Speaking to Residents:

Representatives spoke to two residents. The first resident said that they were admitted after a fall in an emergency and they had no special requirements. The second resident said that English is their second language.

Both residents agreed that the majority of staff members were aware of their needs and know how to help them. Residents were unclear about how staff could improve the information provided to them.

Recommendations

- A variety of training sessions should be offered to staff such as deaf awareness training, visual impairment awareness training and training for working with people with learning disabilities.
- The home should consider changing the fire alarms so that there is a flashing light when the alarm sounds. Although there are no deaf service users at present it would be beneficial if a user with a family member who is deaf came to visit, and it could aid them in the future should new residents have a hearing impairment.
- The home should also ensure that staff are made fully aware of the materials and information that is available within the home as there seems to be confusion regarding this.
- Service users should be made aware of the different formats in which information can be provided for them.
- Consideration should be given to make identification of staff easier for residents and visitors.
- The home should review its policies with regards to the Accessible Information Standards to ensure support for people with access requirements is available.

Provider Response

We would like to thank St Joseph's Rest Home for the responses made and have incorporated them within this report where appropriate.

Distribution

- St Joseph's Rest Home
- Redbridge Clinical Commissioning Group
- Redbridge Health Scrutiny Committee
- Barking, Havering and Redbridge Quality Surveillance Group
- Care Quality Commission
- Healthwatch England

Appendix 1- Observation sheets for Enter and View Representatives

<p>GUIDANCE For Enter & View Visits to Care Homes Re: Accessible Information.</p> <p>Observation Checklist</p> <p><u>Getting to the service</u></p> <p>Tick the circle if</p> <ul style="list-style-type: none">○ There is sufficient and clear signage to the premises being visited○ Signs are clear, unobstructed and easily readable○ There is Accessible Parking available close to the entrance○ Upon approach there is clear signage to the main entrance○ A ramp/lift is available, or there is a working assistance bell○ Fire alarms have a light as well as sound○ Fire exits clearly signed in various formats. Words. Pictures. Tactile - raised letters, braille <p><u>Within the premises</u></p> <p>Tick the circle if you see</p> <ul style="list-style-type: none">○ Trip hazards/sharp edges/furniture in pathway both permanent and temporary○ Signs in various formats including pictures (e.g. on toilet doors/kitchen are they clear/contrasting/pictures)○ Rooms, beds or areas set aside for individuals using the service are easily identifiable to both service users, staff and visitors	<ul style="list-style-type: none">○ Interaction between staff and service users; are they facing service user whilst talking to them using body language to communicate as well as verbal communication, is plain language used.○ Staff treat service users as an individual and address their needs including communication needs, and are they aware of how to access assistance in order to make communication easier and clearer.○ Staff are easily identifiable uniforms/name badges○ Complaint/compliments procedure information is available in alternative formats <p>Any Further Comments:-</p>
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Appendix 2- Questions for Care Manager

<p>Questions for Lead representative speaking to Manager/person in charge.</p> <p>1. Are residents asked about their communication needs when they first arrive at the home?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2. How are these needs recorded if they have any?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3. Are resident's communication needs 'flagged up' on your system automatically?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3a. If yes, what system do you use?</p> <p>_____</p> <p>_____</p> <p>3b. If there is no system in place can you explain the reasons for this?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>4. Is there a process in place to ensure that all staff are aware of the communication needs of the residents before they start to interact with them?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>5. Please can you provide details of this system?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>6. What training is provided to support all staff to communicate effectively with the residents? E.g. Deaf awareness training, communication training, dementia awareness, easy read training.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>7. Is information available in different formats to make it accessible to all residents and are residents aware of this? E.g. large print, Easy read, Braille, Audio.</p> <p>_____</p> <p>_____</p>	<p>8. How and when would you be able to access BSL (British Sign Language), Signalong (based on BSL) and MAKATON (is a language programme using signs and symbols to help people to communicate) interpreters?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Appendix 3- Questions for Care Staff

Questions for other staff	
<p>Name of Care Home: _____</p> <p>1. Have you been provided with training on how to support residents with sensory impairments & learning disabilities on a day to day basis?</p> <ul style="list-style-type: none"> • Visual impairments: blind & partially sighted • Hearing impairments: profoundly deaf & hard of hearing <p>_____</p> <p>_____</p> <p>_____</p>	<p>4. Are you aware of the ways that information should be provided for people with hearing impairments, visual impairments or learning disability? If yes, what are they?</p> <ul style="list-style-type: none"> • Hearing impairments - British sign language, subtitles on TV • Visual impairments - Large print or audio • Learning disabilities - Easy Read <p>_____</p> <p>_____</p> <p>_____</p>
<p>2. If yes to question 1, what type of training was it?</p> <ul style="list-style-type: none"> • was the training on-line • or face to face <p>_____</p>	<p>5. If there was a fire or emergency do you know if there is an appropriate alarm for those with hearing impairments? If yes, what is it? If possible, can you show us?</p> <ul style="list-style-type: none"> • Flashing red light <p>_____</p> <p>_____</p>
<p>3. How would a resident that has a specific need be identified? i.e. had hearing impairments, visual impairments or learning disability?</p> <ul style="list-style-type: none"> • Would it be in care plan • Electronic system • Sign on bedroom door or unobtrusive signage <p>_____</p> <p>_____</p> <p>_____</p>	<p>6. Has there been a fire drill and if yes, did it flag up any problems?</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>7. Is there anything you would like to share with Healthwatch Redbridge?</p> <p>_____</p> <p>_____</p> <p>_____</p>

Appendix 4- Questions for Residents

Name of Care Home: _____

Questions for Representatives speaking to Residents

1. When you moved into this home, were you asked if you had any hearing problems, problems with your sight or needed easy read information?

2. Do you know if all the staff in here are aware of your needs?

3. Do you feel the care staff here understand how to help you?

4. What, if anything can be done to improve the way information is provided to you? i.e. large print, audio (spoken/recorded information), easy read.

5. Is there anything else you would like to talk to us about?

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