



Promoting
Dignity in Health
and Social Care
Project

Enter & View Report
Belmont Lodge Residential Care Home
Ilford
Thursday 24 September 2015



This report is available to download from our website, in plain text version, **Large Print**, and can be made available in Braille or audio versions if requested.

Please contact us for more details.

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www.healthwatchredbridge.co.uk



Service Provider	Belmont Lodge Residential Care Home 392 Fencepiece Rd Ilford Essex IG7 5DY
Contact Details	Maureen McDonagh 020 8500 5222
Date/time of visit	24 September 2015 2pm-4pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Authorised Representative Team: Harmander Singh, Projects Coordinator Tom Thorn, Media & Volunteer Support Officer
Contact details	Healthwatch Redbridge 5th 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 Belmont Lodge Residential Home for their hospitality.

Disclaimer

Please note that this report relates to findings observed during our visit made on **24 September 2015**.

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 programme¹ 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.

Purpose of the visit

A number of visits to residential homes and hospitals have been planned as part of our project seeking to collect people's personal experiences of dignity and respect within health and social care services.

Healthwatch Redbridge recently conducted a local survey regarding dignity and respect in health and social care which received nearly three hundred responses from members of the public. Information from the survey has been used to form the basis for the visits (10 visits were planned to various homes and wards throughout September and October)

The findings from the visits will contribute to a stakeholder conference in December 2015 by presenting a snapshot of how dignity is experienced by service users. The conference will seek to identify good practice and to provide an opportunity to discuss how improvements could be made.

Section 221(2) of The Local Government and Public Involvement in Health Act 2007:
<http://www.legislation.gov.uk/ukpga/2007/28/section/221>



Dignity Action Day - 1 February 2016

Dignity Action Day (DAD2016) is an annual opportunity² for health and social care workers, and members of the public to uphold people's rights to dignity and provide a truly memorable day for people who use care services.

To mark DAD2016, HWR is planning publicity and promotional engagement events to encourage local organisations and individuals to become involved.

Strategic Drivers

- Improving dignity and respect through the quality of services received by local people is one of our key strategic objectives within our work programme.
- Dignity and Respect³ is one of the Fundamental Standards reviewed at Care Quality Commission (CQC) Inspections

Methodology

Prior to the visits, desk based research was conducted including a comprehensive review of inspection reports from the CQC⁴. We reviewed the findings from our dignity survey and spoke at length to Healthwatch members and local voluntary organisations to ask for their feedback and advice on the range of establishments we should visit. A shortlist was produced and discussed by the HWR Enter & View Task Group and visits took place between 24 September and 8 October 2015.

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.

Visits were conducted in two parts. The Lead Representative met with the 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 and to provide further information if required.

Representatives took the opportunity to speak with residents or their relatives to gather personal qualitative comments and responses. A question sheet was designed for this purpose but its use was left to the discretion of the representative.

A leaflet explaining the role of Healthwatch was left with each person.

² http://www.dignityincare.org.uk/Dignity_in_Care_events/Dignity_Action_Day/?

³ <http://www.cqc.org.uk/content/fundamental-standards>

⁴ <http://www.cqc.org.uk/>



Results of Visit

Each time a resident or their relative was spoken with, it was explained who we were and why we were there. Residents were informed that their responses would be confidential and anonymised prior to any comments being included in the public report. Representatives were asked to confirm with the individual that they were happy to speak with them.

Visit Notes - Lead Representative

Q - Can we confirm that the details about the home given in response to HWR request for pre-information have not changed since the request was made such as change of ownership or category?

A - **No change.**

Q - How many complaints regarding dignity have been recorded in the last year?

A - **None**

Q - Bed numbers and layout of home

A - **Registered for 46**

Q - Average occupancy levels since July 2015

A - **38**

Q - Current occupancy level

A - **36**

Q - Current staffing numbers and ratio to patients

A - **23 hrs per resident per week. 826 hrs per week. 2 Senior & 4 Care Assistants - a.m. 1 Senior & 5 Care Assistants p.m. 1 Senior & 3 Care Assistants at night.**

Q - Average agency staff usage split between care and ancillary staff.

A - **None**

Q - Available facilities (dining facilities, choice of menu, outside communal area and access arrangements, bathroom and toilet facilities etc.)

A - **2 dining rooms, 2 lounges, garden, courtyard, activity room, 38 ensuite rooms, hairdressing room, bathroom, 2 wet rooms, menu choices**

Q - Can you provide any details of any Dignity related event the home has organised in the past? When?

A - **3 Feb - Dignity Day with dignitaries**

29 Mar - Dignity & end of life

25 Apr - People like me (connecting residents with staff & relatives)



Q - Do you have any planned Dignity related events between now and end of January 2016?

A - A 'Music for Health' session was in progress and observed in a quiet room. There were plans for a National costume day scheduled for November 2015 with a talk on Dignity & end of life care planned for December.

Visit Notes - Representatives

Two male and one female resident and the relative of another female resident were spoken to.

Q - When you first came into the home, were you asked how you would like to be addressed, e.g. Mr/Mrs, first name; nickname?

A - One respondent could not recall but is called by their preferred name while all others said yes they were asked.

Q - Are you given a choice about what clothes you wear daily or are clothes chosen for you?

A - All respondents were given a choice or were able to dress themselves

Q - Can you decide when you want to get up or go to bed?

A - All respondents were able to exercise their free will.

Q - For residents unable to go out: Are you given a choice about how you spend your day? i.e. In the lounge, privately in your room, taking part in an activity?

A - All respondents were able to exercise their free will. One preferred to stay in their bedroom. Representatives were informed that a number of activities take place throughout the year.

The relative said 'Yes there is a variety of regular activities and day trips to the seaside for example. Relatives can accompany them'

Q - Are your dietary requirements being met? i.e. preferences, intolerances, cultural?

A - All respondents were able to express their choice of meals in advance

Q - Are you given any necessary help to eat your meal? i.e. help to be comfortably seated, food cut up if needed, help to eat if needed?

A - None of the respondents needed assistance with eating their meals.

Q - Have the staff made an effort to know a bit about your background? E.g. your likes and dislikes, family, working life?

A - All respondents felt the staff knew as much about them as they required to do their job well.



Q - Do staff listen to you and take the time to chat when possible?

A - All respondents said staff did talk to them when they could. One felt it was also up to the residents to ask. Another valued the quiet alone time.

Q - When carers are helping you in a personal task do they talk to you or do they talk over you to colleagues?

A - All respondents said the staff talk to them directly when providing assistance - the relative verified this.

Q - Do staff willingly take you to the toilet when you need to, or are you kept waiting for a long time?

A - Three respondents said this was not an issue for them as they were self-sufficient with one being incontinent but was checked regularly.

Q - Do staff knock before entering your room?

A - All respondents felt this was a norm.

Q - Are your religious needs being met? Do you have the option to attend services outside of the home?

A - For the respondents who were observant of their religion, there was provision to meet with a visiting priest regularly.

Q - Do staff check with you before discussing things about you with your family members?

A - One respondent did not know and another felt confidentiality could be better.

Q - Do you have a quiet or private area where you can talk to visitors?

A - Most respondents were aware of quiet areas except one was immobile and did not know.

Q - Where appropriate, are family members consulted before any decisions are taken about a resident's care?

A - All respondents said yes they would

Q - Are the residents in clean clothing, their own clothing?

A - All respondents were in clean clothing.

Q - Are appropriate activities offered for residents with dementia?

A - Noted two separate group activity sessions during visit.

Examples of good practice to share:

The home celebrated Dignity Action Day 2015 and made a 'Dignitree' that residents were invited to help produce.

Additionally the home organised a Dignity Day with dignitaries and held an event about Dignity & end of life as well as one called 'People like me' connecting residents with staff & relatives.

Notable concerns

There were no concerns.



Recommendations

From our findings we believe the following recommendations would be useful:

Events held on Dignity Action Day 2015 and the construction of a 'Dignitree' could be shared with others and could be widely publicised so that others could replicate such practice.

Service Provider Responses

Thank you for your report. I am happy for this report to be published.

Distribution

- Belmont Lodge Care Home
- Care Quality Commission
- Redbridge Clinical Commissioning Group (CCG)
- Redbridge Health Scrutiny Committee
- Redbridge Health and Wellbeing Board
- Redbridge Safeguarding Adults Board
- Healthwatch England



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