



Promoting
Dignity in Health
and Social Care
Project

Enter & View Report
Birchwood Residential Care Home
Ilford
Wednesday 7 October 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.

020 8553 1236

www.healthwatchredbridge.co.uk



Service Provider	Birchwood Residential Care Home 406, Clayhall Avenue, Ilford, Essex IG5 0TA
Contact Details	Denise Price (Deputy) 020 8551 2400
Date/time of visit	7 October 2015 2pm-4pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Authorised Representative Team: Athena Daniels, Lead Representative David Marks, Healthwatch Volunteer
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 Birchwood Residential Care Home for their hospitality.

Disclaimer

Please note that this report relates to findings observed during our visit made on **7 October 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 – ***Nothing has changed (manager has recently left and they are currently recruiting)***

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

A - ***One query regarding care in the past month (not dignity/respect). None aware of in last 2 months since deputy taken over.***

Q - Bed numbers and layout of home

A - ***44 rooms (individuals). Few en-suite 2 corridors downstairs 3 upstairs for residents. Sinks in all rooms.***

Q - Average occupancy levels since July 2015

A - ***Average of 43***

Q - Current occupancy level

A - ***38 beds + 3 expected=41***

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

A - ***Never had agency until recently due to long term leave of sickness (2 weekends). Permanent staff (flexible) NVQ2***

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

A - ***Dining room downstairs + upstairs for upstairs residents Menu everyday-choose. If change mind, resident given other option. Lounges down and up and penthouse. Garden area around home. Have fun days and BBQs.***

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

A – ***Recently the home has been raising money for a minibus which they use for days out and other trips. Staff training is promoted.***



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

A – Staff have access to electronic learning packages. Relatives and friends can visit their loved ones anytime but staff ask them to try and avoid meal times. If staff think a resident is down etc, they approach and ask. Listening skills were actively encouraged. The parent company produces a newsletter (Sanctuary Core Birchwood Newsletter) which is made available to all. Residents were enjoying activity in lounge (Regional manager visits the home regularly).

Visit Notes - Representatives

Two men and two women 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 - All respondents were called by their preferred names.

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

A - All respondents were called by their preferred names.

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. When going out, 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 said staff knew about them and could always ask more if they required to do their job.

“The staff get to know you the longer you’re in here, I can’t say I’m unhappy here”.

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

A - All respondents said staff did talk to them whenever they could.



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.***

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

A - ***All respondents said the staff would help if required but most were independent.***

Q - Do staff knock before entering your room?

A - ***All respondents said staff always knocked.***

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

A - ***None of the respondents said they were religious.***

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

A - ***All respondents said yes or expected it to be so.***

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

A - ***All respondents were aware of quiet areas they could use including the office.***

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

A - ***All respondents said yes.***

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

A - ***All respondents were in clean clothing.***

Examples of good practice to share:

The home has a listening culture embedded in the staff team. Some of the projects such as the minibus fundraising is an excellent example of resident involvement.

Notable concerns

There were no concerns.

Recommendations

Good practice such as the minibus project and listening culture could be publicised more widely so that others might seek to replicate such practice.

Service Provider Response

There was no response received from the Service provider within the agreed period.



Distribution

- Birchwood Residential 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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