



Enter & View Report
Chestnuts Nursing Home
63 Cambridge Park,
Wanstead,
London, E11 2PR.
Friday 13 May 2016



Please Note: This report is in draft form for provider review

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



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| Service Provider | Chestnuts Nursing Home, 63 Cambridge Park, Wanstead, London, E11 2PR. |
| Contact Details | Manager: Joanna Duke 0208 989 3519 |
| Date/time of visit | 13 May 2016 2:00pm- 3:35pm |
| Type of visit | Announced visit |
| Authorised representatives undertaking the visits | Authorised Representative Team: Enter and View (E&V) Lead Representative - Thomas Thorn E&V Representatives - Mike New, Anne Bertrand and Harbans Chahal |
| 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 Chestnuts Residential Care Home for their hospitality.

Disclaimer

Please note that this report relates to findings observed during our visit made on **13 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.

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.

¹ www.england.nhs.uk/accessibleinfo



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 |
|--|--|
| Are the details given in the pre-visit response still the same? | No changes have taken place |
| Bed numbers and layout of home | 49 beds |
| Average occupancy levels | 42 residents |
| Current occupancy level | 35 residents |
| Current staffing numbers and ratio to patients | Daytime - 6 carers & 2 nurses Night time - 3 carers & 1 nurse |
| Average agency staff usage split between care and ancillary staff. | Hardly use agency staff. |
| Available facilities (dining facilities, choice of menu, outside communal area and access arrangements, bathroom and toilet facilities etc.) | Communal lounges Conservatory to Gardens (check about dietary requirements) |

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

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 a lift available and a working assistance bell.*
- *There is a ramp to the reception area with a gutter at the end. The lip of the gutter could cause a problem if not seen for wheelchair users. The uneven surface is highlighted through a notice on the fence next to the hazard.*
- *There are clear signs pointing towards the reception of the home, with a sufficient number of parking spaces is needed.*

Observation made within the premises:

- *There were a few trip hazards, for example, in the garden there was a piece of guttering that stuck out and could be a potential trip hazard.*

Service Provider Response:

Here are the locations identified as trip hazards by our Chestnuts nursing staff:

The corridor by the kitchen and room 20 - the carpet is being replaced on 10th, 11th & 12th of June. Meanwhile maintenance have made it safe and actioned this point prior to your visit.

The Tress pass strip under door in the Icky Lounge, Room 14, Room 9 & first floor towards unit - this is being addressed by maintenance department.

On the second floor in front of the small lift the vinyl flooring has lifted up of the floor - maintenance has noted this and taken action.

The gutter pipe outside the conservatory - a garden bench is sitting over the pipe at present so no one will trip over it and maintenance has plans of replacing this.

- *Whilst there were fire alarms all around the home, there were none that had flashing lights on them which meant they only made a sound.*
- *Information on the noticeboard was a difficult to read because of the size of the font.*
- *For the rooms that had dementia patients staying in them, there were dementia friendly frames outside the bedrooms.*
- *All staff wore uniforms and wore name badges and there was a board in reception with staff member's pictures and name.*
- *There is a complaints procedure but it was hard to find around the home. Residents/guest can speak to any member of staff about making a complaint and it will be dealt with by the care home manager*



Speaking to the Manager:

The manager explained that potential residents and their next of kin have a pre-assessment meeting whereby they discuss whether the care home is capable of providing the care that the individual needs.

The needs of the residents are recorded on a form. The relatives and individual identify any wishes that they have for example pictorial menus. Any needs identified are available within the care plan for staff members to access.

Resident's needs are flagged up in a care plan. Staff members are informed about communication needs via handovers. The manager hands over the care plan to the staff members before they start to interact with the resident. The care plan is available on the computer system and in a printed form in lockable cupboards.

The care home provides several forms of training to ensure that staff can communicate effectively with residents. These include face to face training, on-line training, workshops, staff awareness sessions and tea/coffee mornings. There is an activity board available to make information accessible to residents.

The care home is keen to access BSL and Makaton interpreters in the future. There are plans for staff to be trained in basic signing. The manager said that he has not come across any relatives that require communication support but they would be able to support the person accordingly when this happens.

Speaking to Staff:

Representatives spoke with two members of staff. One respondent said that they had no training since they had started working at the home but had training in a previous job. The other said that she only learnt about the 'sensitive approach' rather than training. All staff training was conducted in-house and face to face.

Staff said that the care plan contains information about a residents communication needs. In terms of providing accessible information, the respondent said that when communicating with someone with a hearing impairment, staff would communicate slowly and then ultimately write any relevant information down. There is nothing in place for people with a visual impairment and there was no easy read for people with learning difficulties and staff relied on repetition and rephrasing.

Both staff members confirmed that there is no flashing red light on the fire alarms for those with hearing impairments. When asked about any issues that might have arisen during a fire drill, both staff members said that there were no problems.



One member of staff said that they would like to receive more training for things like visual impairments and deaf awareness.

Speaking to Residents:

Representatives spoke to five residents of which two residents said that they had been asked about their needs and require hearing aids. One said he was not aware of being asked and the others did not require any additional support.

All residents said the staff knew of their needs if they had any and care staff also understood how to help them. One resident said that they required large print books which were provided, and was also provided with audio tapes. The other residents said there was nothing.

On another note, one resident said that they enjoyed their lunch whilst another said that staff take them out to do exercises. The other residents had nothing else to say in regards to accessible information and their needs.

Recommendations

- The home should consider changing the fire alarms so that there is a flashing light as well when the alarm sounds. Although there are no deaf service users, if there is a user with a family member who is deaf, this could aid them in the future.

Service Provider Response: The fire alarm panel although very old is in perfect working order, one can add flashers to the system however this does not have to be bought up to date unless we carry out a structural change, which is not the case.

We have an assistance risk based evacuation plan in place

We have also had a fire inspection not too long ago which we passed with no recommendations.

- Whilst the home has a very good training schedule in place, a variety of training sessions should be offered to staff such as deaf awareness training or sight awareness training.

Service Provider Response: At present Chestnuts Home does not have any resident who is deaf or blind. We at Chestnuts would always assess resident needs prior to admission to ensure we can meet their needs. Therefore, if we are intending to admit residents with these needs adequate training will be provided, however this is something we would be looking at in the future.



- Whilst some trip hazards are highlighted, there are still some around the home that could be either highlighted or removed. E.g. the guttering in the garden.
- The complaints/compliments procedure should be made more easily available to all residents and visitors.

Service Providers response: Our complaints/compliments procedure is available to all, they can be found in the reception, when you sign in, information signs are in place in all the lifts and in all the residents' rooms, in the resident guide which the family and residents that has the capacity can locate easily.

'Residents/relatives in January 2016, there were no concerns raised in relation to the complaints/compliments procedure

- The home should review its policies with regards to the Accessible Information Standards to ensure support for people with access requirements is available.

Service Provider Response: Our accessible information is embedded in our resident guide, website and statement of purpose as required by Care Act Regulations.

Provider Response

We would like to thank The Chestnuts Care Home for the responses made and have incorporated them within this report where appropriate.

Distribution

- Chestnuts Care 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

GUIDANCE For Enter & View Visits to Care Homes Re: Accessible Information.

Observation Checklist

Getting to the service

Tick the circle if

- There is sufficient and clear signage to the premises being visited - if no signage, ask why
- Signs are clear, unobstructed and easily readable
- There is accessible & sufficient parking available close to the entrance - drop off point directly outside the entrance
- Upon approach there is clear signage to the main entrance
- A ramp/lift is available, or there is a working assistance bell - lip highlighted - keep people off uneven surface
- Fire alarms have a light as well as sound
- Fire exits clearly signed in various formats. Words.
Pictures.
Tactile - raised letters, braille

Within the premises

Tick the circle if you see

- 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
- 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 - for residents, relatives & carers

Any Further Comments:-

Small writing on noticeboards
Trip hazards in garden not marked
Assembly point bit far away from building
Fire safety - alarms, but no light.



Appendix 2- Questions for Care Manager

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.

8. How and when would you be able to access BSL (British Sign Language), Signalong (based on BSL) and MAWATON (is a language programme using signs and symbols to help people to communicate) interpreters?

9. If the next of kin had any communication needs is information provided to them in a format that is accessible to them?

Would you like to be kept up to date with Healthwatch activities?

Information for Manager when leaving.

Possibly report anything that is of concern.

Inform them that we will send a copy of the report for your comments & corrections if necessary.

Shall we email it or post it to you & please could you reply as soon as possible.

1

3b. If there is no system in place can you explain the reasons for this?

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?

5. Please can you provide details of this system?

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.

1

Name of care home: _____ Time completed: _____

Time of arrival: _____

Questions for Lead representative speaking to Manager/person in charge.

1. Are residents/carer(s) of kin asked about their communication needs when they first arrive at the home?

- Do they have difficulties with sight/hearing?

2. How are these needs recorded if they have any?

Are they recorded on a database?

Are they recorded on care plans?

Or any other means?

3. Are resident's communication needs 'flagged up' on your system automatically?

3a. If yes, what system do you use?

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Appendix 3- Questions for Care Staff

Questions for other staff

Name of Care Home: _____

1. Have you been provided with training on how to support residents with sensory impairments & learning disabilities on a day to day basis?

- Visual impairments: blind & partially sighted
- Hearing impairments: profoundly deaf & hard of hearing

2. If yes to question 1, what type of training was it?

- was the training on-line
- or face to face

3. How would a resident that has a specific need be identified? i.e. had hearing impairments, visual impairments or learning disability?

- Would it be in care plan
- Electronic system
- Sign on bedroom door or unobtrusive signage

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?

- Hearing impairments - British sign language, subtitles on TV
- Visual impairments - Large print or audio
- Learning disabilities - Easy Read

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?

- Flashing red light

6. Has there been a fire drill and if yes, did it flag up any problems?

7. Is there anything you would like to share with Healthwatch Redbridge?



Appendix 4- Questions for Residents

Questions for Representatives speaking to Service Users.

1. When you first came into the home, were you asked if you had any communication needs? i.e. Are you hard of hearing, do you have any visual impairment or other communication difficulties?

2. Have you been asked if your communication needs can be recorded on the system?

3. Do you feel you are able to communicate with care staff in the home effectively? If not, how can this be improved?

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

1

5. Have you been asked to give consent for your communication needs to be shared amongst any staff or professionals that may require them?

6. Does your next of kin have any communication difficulties and were you asked if they needed information in accessible formats?

7. Would you like to share any other experiences or views with Healthwatch?

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