



**Enter & View Report**  
Clayhall House Care Home  
Ilford  
Wednesday 7 October 2015

Promoting  
Dignity in Health  
and Social Care  
Project



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.

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**020 8553 1236**

[www.healthwatchredbridge.co.uk](http://www.healthwatchredbridge.co.uk)



<b>Service Provider</b>	<b>Clayhall House Care Home</b> <b>363 Clayhall Avenue</b> <b>Ilford</b> <b>IG5 0SJ</b>
<b>Contact Details</b>	<b>Kamran Sheikh, Manager</b>  <b>020 8503 6423</b>
<b>Date/time of visit</b>	<b>7 October 2015 2pm-4pm</b>
<b>Type of visit</b>	<b>Announced visit</b>
<b>Authorised representatives undertaking the visits</b>	<b>Authorised Representative Team:</b>  Harmander Singh, Projects Coordinator Ann Atkins, Healthwatch Volunteer
<b>Contact details</b>	<b>Healthwatch Redbridge</b> <b>5<sup>th</sup> Floor, Forest House</b> <b>16-20 Clements Road</b> <b>Ilford, Essex IG1 1BA</b>  <b>020 8553 1236</b>

## Acknowledgements

Healthwatch Redbridge (HWR) would like to thank Kamran Sheikh and the staff at Clayhall House 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 programme<sup>1</sup> 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.

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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 opportunity<sup>2</sup> 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 Respect<sup>3</sup> 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 CQC<sup>4</sup>. 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. Lead Representatives 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.

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<sup>2</sup> [http://www.dignityincare.org.uk/Dignity\\_in\\_Care\\_events/Dignity\\_Action\\_Day/?](http://www.dignityincare.org.uk/Dignity_in_Care_events/Dignity_Action_Day/?)

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

<sup>4</sup> <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 in details***

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

A - ***None***

Q - *Bed numbers and layout of home*

A - ***6 bedrooms - 2 on ground and 4 on 1st floor***

Q - Average occupancy levels since July 2015

A - ***5 service users***

Q - Current occupancy level

A - ***5***

Q - Current staffing numbers and ratio to patients

A - ***3 during day and 2 at night. 1:1 support provided according to need***

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

A - ***None. We have a team of permanent staff***

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

A - ***All bedrooms are en-suite. Choice of food on daily basis - residents can choose one of 3 meals on the menu every day. Both back and front gardens are wheelchair accessible.***

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

A - ***Staff and residents are given yearly training by an authorised trainer on 'Dignity & Respect'. Group meetings are also held.***

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

A - ***There is a planned staff training day focussed around dignity in Dec 2015***





## Visit Notes - Representative

*Two male residents 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, the other 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 are 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 are 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 are able to exercise their free will including to stay in or go out (accompanied if required).*

**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*

***“The cook provides me with whatever I want this is the best care home I have been in; the level of care is very high.”***

**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** - *Neither of the two respondents needed assistance with eating their meals. It was noted that there is 1:1 support for those who need it.*

**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 or what they wished the staff to know.*

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

**A** - *All respondents said staff did talk to them all of the 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.*

**Q** - Do staff knock before entering your room?

**A** - *All respondents said this was standard.*



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

A - ***Both respondents were independent and did not require assistance.***

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

A - ***The respondent who was observant of their religion, there was no problem for them to attend church. The other was not religious.***

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

A - ***Both respondents said yes.***

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

A - ***Both respondents said yes, such as the garden or their bedroom.***

### Examples of good practice to share

The home organises events as requested by residents throughout the year as noted above, and plans for the future, namely:

- Staff and residents attend yearly training on 'Dignity & Respect'
- Next formal training is on 15 December 2015
- Group meetings are held regularly

### Notable concerns

There were no concerns.

### Recommendations

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

Good practice events, such as the joint dignity training could be shared with other homes and be more widely publicised so that others could replicate such practice.

### Service Provider Responses

There was no response received from the Service provider

### Distribution

- Clayhall House 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





## **Healthwatch Redbridge**

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