



Enter & View Report

Cranvale Residential Care Home
36 Buntingbridge Road,
Newbury Park,
Essex, IG2 7LR

Thursday 12th May 2016

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

Please contact us for more details.

020 8553 1236

www.healthwatchredbridge.co.uk

Visit Details

Service Provider	Cranvale Residential Care Home 36 Buntingbridge Road, Newbury Park, Ilford, IG2 7LR
Contact Details	Manager: Irene Prasad 0208 554 0244
Date/time of visit	12 May 2016 11am-1.00 pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Authorised Representative Team: Lead Enter & View (E&V) Representative - Hyacinth Osbourne E&V Representatives - Neil Adie, Robin Standing, Naina Thaker
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 Cranvale Residential Care 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.

¹ www.england.nhs.uk/accessibleinfo

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.

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.

² <http://www.cqc.org.uk/>

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.

The individual reports are sent to each provider so that they have an opportunity to request any factual inaccuracies be corrected prior to publication.

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

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
Please 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.	No changes have occurred
Bed numbers and layout of home	38 bedrooms split between 2 floors
Average occupancy levels	About 33
Current occupancy level	27 at the moment, mainly for respite
Current staffing numbers and ratio to patients	AM - 4 plus team leader & manager PM -3 staff plus team leader
Average agency staff usage split between care and ancillary staff.	None
Available facilities (dining facilities, choice of menu, outside communal area and access arrangements, bathroom and toilet facilities etc.)	<ul style="list-style-type: none"> • 1 large communal dining room • All diets catered for • 4 Communal lounges. • Accessible gardens. • 3 bathrooms, 2 shower rooms • No en-suite bedrooms, only wash basins in rooms.

Authorised Representatives spoke with residents, relatives (where 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 large sign outside the premises but it is slightly obstructed by a big tree. The sign is also too far back and not easily seen from the road. There was no sign noted that clearly identified the main entrance.*
- *There is space for parking on the road, but the markings have faded. It is not clear if this space is for ambulance use only, drop off only or both.*
- *The entrance has a ramp access from the street and there is an intercom system in place. There are also some steps leading up to the entrance but the white line identifying each step has faded. The steps also do not have any tactile markings which would help people with visual impairments to identify each step by feel.*

Observation made within the premises:

- *Fire exit signs are in a standard format. It was noted that they were not in braille. The fire alarm only has sound, it had no flashing light meaning that people with hearing impairments would not be alerted to a fire.*
- *The corridors and pathways are clear of furniture. However, there are carpet grippers between room doors and corridors in some places that representatives felt may cause trip hazards. Furthermore the lighting in some areas needs to be brighter at all times to eliminate potential accidents.*
- *The signs on all doors were in both written and picture format. There were dementia friendly frames outside all bedrooms identifying the resident's likes, dislikes or ways they would like to be identified.*

- *Some of the representatives felt that staff members took the time to interact with staff giving them individual attention. Conversations with services users also confirmed that they were happy at the home as they 'felt safe and that staff took the time to understand them'.*
- *Although all staff seen were wearing uniforms, not all staff had name badges on their uniforms. The writing on the name badges was very small and difficult to see.*
- *The complaints/compliments procedure was displayed on the noticeboard in the reception area, the resident's noticeboard and in a welcome pack in resident's rooms. However, the procedure displayed on the noticeboards was in very small font size. The resident's notice board in the corridor was positioned high up on the wall which would make it difficult for wheelchair users to access the information.*

Speaking to the Manager:

The manager explained that before someone is accepted into the home, their support needs are identified through a needs assessment conducted by the social worker.

Communication needs are identified and communicated to all staff in writing within the care plan, however, Sanctuary Care, the owners of the home, have plans for these to be computerised. Staff have access to care plans and are also informed during the handover and team meeting. The care home also provides an informal session every morning where a member of staff makes themselves available to talk to residents. Communication training and online Dementia courses are also available to staff.

There are large prints books in the library and talking newspapers have been provided in the past, there is also a talking clock in the home. If needed the home could provide a BSL (British Sign Language) interpreter or MAKATON (Language programme using signs and symbols). In the past an interpreter has been used for a resident's relative.

Speaking to staff:

Representatives spoke to three members of staff, with two of them saying that they had received training to support residents with sensory impairments & learning difficulties, whilst the other staff member had not. Representatives were told that training was a mixture of both face to face and online.

Staff members spoken to said they were unsure about the fire drills and specific fire alarm for people with hearing impairments. One staff member

mentioned that they sometimes felt there was a lack of staff at times, leading to the residents getting lonely. Another said that they would like to have training on how disability can affect the individual.

Speaking to residents:

Representatives spoke to five residents of whom three said they cannot remember if they had any problems with the sight or hearing and two saying that the staff had been told about their needs. All residents felt that staff were aware of any needs that they did have and felt that the care staff understood how to help them.

One respondent said that although they were not provided with any written information due to their sight, they were told verbally about any information they required. The resident felt it would be unfair to ask for information in other formats even if they had the facilities to satisfy their needs.

On another note, residents we spoke to all felt the food was not very good with one resident commenting that the menus are 'lousy and the food lacks taste' and there needs to be a better choice. However one respondent said that the problems with the food and other problems were not due to the care home staff but the head office.

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.
- 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 entrance sign should be made more visible to those walking up to the building and should be brighter. The representatives had mentioned this to the manager on the day of the visit and were informed that Sanctuary Care were in the process of changing the sign.
- The main entrance steps should be refurbished (re-painted) to ensure they can be seen clearly.
- The home should also consider speaking to the residents regarding the menu as it is evident that they are not happy with the food they receive in the home.
- 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

- The recommendation for the fire alarm with the flashing light as well as the sound will be put forward to Sanctuary Care, in order that this may be reviewed for all their Care Homes.
- Training for Deaf Awareness and Visual Awareness has been booked for all staff on 5 July 2016.
- A new sign with brighter colours has been re-sited at the front of the building.
- The repainting of the steps on the main entrance is already a part of the annual maintenance plan.
- New chef, manager and assistants cooks from 13th June 2016. The menu is reviewed at resident's monthly meeting and the chef/cook will attend for feedback. There is also a feedback book made available to all residents/relatives and staff in the dining room.
- The home has in place large print resident's information guide which is given to residents on pre-admission or admission. The staff are also able to access translators and sign language interpreters from the local authority if required.

Distribution

- Cranvale Care Home Manager
- Sanctuary Care
- 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 - 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. <p>Tactile - raised letters, braille</p>	<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 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 <p>Any Further Comments:-</p> <p>Small writing on noticeboards</p> <p>Trip hazards in garden not marked</p> <p>Assembly point bit far away from building</p> <p>Fire safety - alarms, but no light.]</p>
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Appendix 2- Questions for Care Manager

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<p>Name of care home: _____</p> <p>Time of arrival: _____ Time completed: _____</p> <p>Questions for Lead representative speaking to Manager/person in charge.</p> <p>1. Are residents/carer's next of kin asked about their communication needs when they first arrive at the home?</p> <ul style="list-style-type: none"> • Do they have difficulties with sight/hearing? <p>_____</p> <p>_____</p> <p>2. How are these needs recorded if they have any?</p> <p>Are they recorded on a database?</p> <p>Are they recorded on care plans?</p> <p>Or any other means?</p> <p>_____</p> <p>_____</p> <p>3. Are resident's communication needs 'flagged up' on your system automatically?</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>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 MAYATON (is a language programme using signs and symbols to help people to communicate) interpreters?</p> <p>_____</p> <p>_____</p> <p>9. If the next of kin had any communication needs is information provided to them in a format that is accessible to them?</p> <p>_____</p> <p>_____</p> <p>Would you like to be kept up to date with Healthwatch activities?</p> <p>_____</p> <p>_____</p> <p>Information for Manager when leaving.</p> <p>Possibly report anything that is of concern.</p> <p>Inform them that we will send a copy of the report for your comments & corrections if necessary.</p> <p>Shall we email it or post it to you & please could you reply as soon as possible.</p>

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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