



Enter & View Report
Oakwood House Care Home
Wanstead
Thursday 8 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.

Please contact us for more details.

020 8553 1236

www.healthwatchredbridge.co.uk



Service Provider	Oakwood House Care Home 179 Breamore Rd, Ilford, Essex IG3 9LU
Contact Details	Michelle Wimpres, Manager 0208 983 8631
Date/time of visit	8 October 2015 2pm-4pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Authorised Representative Team: Deborah Sampson, Lead Representative Harbans Chahal, Healthwatch Volunteer
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 Oakwood House Care Home for their hospitality.

Disclaimer

Please note that this report relates to findings observed during our visit made on **8 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. 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.

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 changes have occurred with registration, provider or management

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

A - None

Q - Bed numbers and layout of home

A - 8 beds - 2 at ground level, 6 on 1st floor. Lounge, office, dining, kitchen, disabled WC & laundry at ground level. 'Sleep in' room and quiet room on 1st floor

Q - Average occupancy levels since July 2015

A - 8 Residents

Q - Current occupancy level.

A - 8 Residents

Q - Current staffing numbers and ratio to patients

**A - 8 staff. 2 staff 8am to 9pm, 1 staff 9pm - 8am
And manger Mon to Fri 8-4**

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

A - 2013 - Agency staff not used

2014 - Agency staff used 3 times

2015 - Agency staff used 12 times while recruiting

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

A - Dining room - residents develop menus and foods are adapted to suit i.e. 1 resident doesn't like chicken pies so offered alternative.

All residents access community without restrictions

All rooms are en-suite



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

***A - Residents help to organise 'house coffee mornings' this is for all to talk about house issues, be informed of or asked about any changes
Always a topic or theme - always around awareness days e.g. diabetes week***

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

A - The inclusion of residents within Oakwood is continuous - our community only works if we work together.

Visit Notes - Representatives

Two male and two female 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 - There was a lack of consistency in asking respondents how they wished to be addressed

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

A - Some respondents were given a choice while others felt they had not been offered a choice

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. Another required to be accompanied when going out.

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

A - All respondents were content with the choice of meals available.

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 - Not all respondents felt the staff knew as much about them as they required.



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

A - All but one respondent said staff did talk to them when they could.

“Yes sometimes, they tell me they are busy, they can only talk for five minutes - ten minutes.”

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 they were independent and did not require assistance.

Q - Do staff knock before entering your room?

A - All respondents said staff knocked before entering their room.

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 said they were not asked if they would like to go to church.

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

A - Not all respondents were convinced that staff checked with them before discussing things about them with their family members.

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

A - Most respondents said this was the case.

Q - Are the residents in clean clothing?

A - All respondents were in clean clothing.

Examples of good practice to share

House coffee mornings are an excellent way of engaging and informing residents. They appear to provide residents with an opportunity to review issues and discuss particular changes.

Notable concerns

When asked whether residents felt they were consulted or had the opportunity to make choices; residents gave differing responses to the same questions. This suggests a possible inconsistent approach which might lead to feelings of



marginalisation and therefore impact on their dignity. There were no other concerns.

Recommendations

The home should ensure that all residents feel they are treated the same as each other when asked about their opinions or given choices.

Service Provider Responses

Service provider response regarding accuracy has been incorporated into the report where applicable in addition to which the provider said:

“Thank you for the report that I have read through today.

I have concerns that there is no mention of the home supporting residents with mental illness/learning disabilities that lack mental capacity. All residents are treated equally at the home and are given our undivided attention throughout each and every day. As you will notice by the homes layout, we do not possess a staff room and the office only accommodates 1 person. This does not enable staff to be away from residents, and the community rooms in the house are shared by all.

Because of the nature of the residents mental health most require one to one attention all day and as I am sure you will appreciate, 2 staff for 8 residents cannot make this possible. I believe that these things should be highlighted in your report as the draft does not reflect these matters, leading readers to believe that there are issues.

I would also like to point out that all of our residents do not require personal care, and those that we assist with clothing are assisted because of health i.e. wearing several jumpers when it is 85° outside or wearing shorts and t-shirt in -2°. This is a result of them lacking capacity. All these things are included in care plans that are developed with them and their care coordinators.

At present, we have no residents that have family support, this is due to the residents being older and outlived family, choosing to omit family from their care or being under guardianship with the local authority.

Deborah Sampson, Lead Representative requested that Mr Chahal carry out some of the observations and questionnaires whilst Deborah did others, to save time as they were pushed. Mr Chahal said that this would not be possible due to his language barrier.”

Michelle Wimpres, Manager



Distribution

- Oakwood 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

5th Floor, Forest House
16-20 Clements Road
Ilford
Essex IG1 1BA

020 8553 1236

www.healthwatchredbridge.co.uk

Healthwatch Redbridge is a Charity (number 1156320), and a company limited by guarantee (8389279), registered in England and Wales. Registered office as above.