



Promoting Dignity
in Health and
Social Care
Project

Enter & View Report

Tomswood Lodge Residential Care Home
Ilford

Tuesday 29 September 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	Tomswood Lodge Residential Care Home 154, Tomswood Hill, Ilford, Essex IG6 2QP
Contact Details	Jack Meetaroo, Manager 020 8500 7554
Date/time of visit	29 September 2015 2pm-4pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Authorised Representative Team: Ann Bertrand, Lead Representative Kiran Kaur Singh, 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 Tomswood Lodge Residential Care Home for their hospitality.

Disclaimer

Please note that this report relates to findings observed during our visit made on **29 September 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 visit.



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 - **Yes**

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

A - **None**

Q - Bed numbers and layout of home

A - **8 on 2 floors**

Q - Average occupancy levels since July 2015

A - **50-60%**

Q - Current occupancy level

A - **50%**

Q - Current staffing numbers and ratio to residents

A - **3:4**

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

A - **No agency staff employed**

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

A - **All these facilities are available**

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

A - ***Birthday parties and Christmas concert church services***

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

A - ***Christmas concert***



Visit Notes - Representative

Spoke to three male residents

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 said they were asked 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 - All respondents could express a choice as to the clothes they wished to wear daily

Q - Can you decide when you want to get up or go to bed?

A - All respondents were able to choose when they went to bed - including those on medication.

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 decide what they wanted to do during the day including going out to events such as football matches.

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

A - All respondents were happy with the choices of meals and could express preferences and dislikes (tomato and cheese for example).

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 - All respondents are given appropriate assistance with their meals if required.

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 agreed that staff made an effort in learning about them as individuals.

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

A - All respondents said the staff engaged with them whenever possible.

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 staff always talk to them when assisting with any personal task in which they may require assistance.

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



A - Two of the respondents were independent and the other said staff did provide help when needed.

Q - Do staff knock before entering your room?

A - All respondents said staff knocked on the door before entering.

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

A - All respondents said they were religious and the home gave them a choice if they wanted to go to church.

‘Yes I go to church of St. Francis of Assisi’

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

A - All respondents said staff checked with them before consulting the family.

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

A - Respondents said they had a choice of the conservatory garden or their room to talk to visitors.

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

A - All respondents said their family members were consulted about their care.

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

A - All residents were in clean clothes

Q - Are appropriate activities offered for residents with dementia?

A - One respondent said yes, another said no and one did not think it applied to them.

Examples of good practice to share

The home organises events to celebrate resident related occasions such as birthday parties and the Christmas concert as noted above.

Notable concerns

There were no notable concerns.

Recommendations

The home could explore introducing additional dignity related events to enhance the existing resident related events.

Service Provider Response

No response received from the Service provider.



Distribution

- Tomswood Lodge 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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