



**Enter & View Report**  
Greenmantle Care Home  
Woodford Green,  
Essex IG8 0TL

Tuesday 10<sup>th</sup> May 2016





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



<b>Service Provider</b>	<b>Greenmantle Care Home</b> 20 Mornington Road, Woodford Green, Essex IG8 0TL
<b>Contact Details</b>	<b>Manager: Maryum Ahmad</b>  020 8506 2301
<b>Date/time of visit</b>	<b>10 May 2016 1pm-3pm</b>
<b>Type of visit</b>	<b>Announced visit</b>
<b>Authorised representatives undertaking the visits</b>	<b>Authorised Representative Team:</b>  Lead Enter & View (E&V) Representative - Athena Daniels  E&V Representatives - Miranda Peers, Chesing Lee & Sue Sidloff
<b>Contact details</b>	<b>Healthwatch Redbridge</b> 5 <sup>th</sup> 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 Greenmantle Care Home for their hospitality.

### **Disclaimer**

Please note that this report relates to findings observed during our visit made on **10 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 Standard<sup>1</sup>.

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<sup>1</sup> [www.england.nhs.uk/accessibleinfo](http://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)<sup>2</sup>.

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.

Draft 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.

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<sup>2</sup> <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 request still the same?	YES
Bed numbers and layout of home	15, 1 double and 13 single
Average occupancy levels	About 10 - 11
Current occupancy level	11 at the moment
Current staffing numbers and ratio to patients	AM - 1 cleaner, a cook (also helps with feeding). 1 senior carer and 2 other carers plus manager. PM 2 carers plus manager. Overnight- 1 carer on duty & 1 sleeping. The proprietor also lives on site
Average agency staff usage split between care and ancillary staff.	Do not use agency.
Available facilities (dining facilities, choice of menu, outside communal area and access arrangements, bathroom and toilet facilities etc.)	Open plan lounge and dining room. A conservatory which opens out in to the garden.  There is a 2 week menu which consists of traditional English meals. When asked about meeting other ethnicity dietary needs, they said they had previously catered for 2 Jewish residents by bringing in the food.  Activities, such as, bingo, word games, painting, music, exercises are provided using work experience students. However, they are limited at present due to refurbishment.



Authorised Representatives spoke with residents, relatives (where available) and staff, using a standard set of questions (see appendices). 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 only one entrance to the building and a sign which reads 'National Care Home Association' outside the main entrance.



*Provider Response: This is not the main sign for the care home, this is one of the few signs we have for other organisations that we are a part of. There is a huge sign board at the entrance of our care home, which clearly states all our details.*

*Healthwatch Response: We are happy to correct our error in this regards.*

- There are eight accessible parking spaces available close to the entrance.
- There is one step up to the front door but a removable ramp is available which can be put in to place to make the building accessible to all service users and visitors.

### Observations made inside the premises:

- Fire exit signs are in the standard format. It was noted that they were not in braille. However when the representative spoke to the staff regarding this they were told 'they are not in braille as the staff said this was not needed as they don't have any residents with visual impairments'. 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 notices and complaints procedure on the noticeboard cannot be clearly seen as it is blocked by a large plant. The size of the font is also quite small, however the representatives were told that they can all be provided in large font.
- The rug in the entrance hall has been anchored so that it does not move. However, a painting that has was 'propped' against the wall at the top of the stairs could cause a trip hazard for anyone using the stairs. When the





staff were alerted to this the representatives were told ‘it had been put there by the decorator that was carrying out the refurbishment’.

- There are clear signs on all doors leading to the toilet and kitchen. The font on the signs that contained more information was too small.



*Provider Response: The signs contain a picture and writing in bold. This is sufficient for our residents, as they can read it and was also complimented by the Care Quality Commission on their last visit.*

*The care home belongs to the residents and we treat it in a manner that we make it suitable and homely for them. We would not like it if someone came into our home and started sticking larger than needed signs on. The font of the writing is in accordance with the needs of the residents and visitors of the care home.*

- There was also a fire safety procedure sign to the right of the front door which was in a small font and a plastic cover, making it difficult to read.
- The rooms have the names of the residents on them but were removed for confidentiality as Healthwatch were visiting.
- The staff seemed friendly when talking to residents. A representative noticed one member of staff speaking very closely up to a resident’s face, to engage with them and make communication easier for the service user.
- Members of staff were wearing green tabards. They are also going to make a staff noticeboard in the entrance hall displaying photos of all the staff.

### **Speaking to the manager:**

The manager conducts a pre-admission assessment to decide whether the home can meet the needs of the potential resident. The needs are then recorded in the care plan and computer system. These are updated every four weeks and reprinted for the staff.

The staff are made aware of the needs of the residents via the care plan, staff meetings held every 3-4 weeks and at shift handover. There is also a system of encrypted group messages which enables staff to be informed of changes immediately.

Dementia awareness, and working with people with challenging behaviour training is provided for all staff. Online training focusing on safeguarding, infection control and manual handling is available from the Careskills Academy.





The representatives were told that all the residents can see and hear sufficiently so there is no need for interpreters, braille or large print. However the home does have some items available in these formats.

### **Speaking to residents:**

Representatives were only able to speak with two residents during the visit. Although the residents said they had not been asked any questions regarding their communication needs when they came to the home. They also stated they felt able to communicate effectively with the staff although they have not had much communication with them, however they were not sure if any activities had taken place recently as they could not remember.

The manager felt it was important to point out that the home supports people who are living with advanced dementia and therefore some of the responses may have not been a true reflection of their current experiences.

*Provider Response: 'I do not mind that all the conversation that was carried out with the residents is stated here. However as I told your team on the day we are a dementia registered care home. The two residents that your team spoke to have advanced dementia, however they are the most responsive. I informed the team that they sometimes say things that have not happened or happened a year ago or that might not make any sense.'*



## 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 home should ensure that any workmen in the premises understand the dangers of leaving items in pathways being accessed by anyone residents or visitors.
- 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

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

## Healthwatch Update

After the visit, we reviewed and amended the questions and made them more accessible. We also added questions for staff.

## Distribution

- Greenmantle Care Home
- Redbridge Clinical Commissioning Group
- Redbridge Health Scrutiny Committee
- Barking & Dagenham, 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**

- o There is sufficient and clear signage to the premises being visited
  - o Signs are clear, unobstructed and easily readable
  - o There is Accessible Parking available close to the entrance
  - o Upon approach there is clear signage to the main entrance
  - o A ramp/lift is available, or there is a working assistance bell
  - o Fire alarms have a light as well as sound
  - o Fire exits clearly signed in various formats. Words.
- Pictures.  
Tactile - raised letters, braille

Within the premises

**Tick the circle if you see**

- o Trip hazards/sharp edges/furniture in pathway both permanent and temporary
- o Signs in various formats including pictures (e.g. on toilet doors/kitchen are they clear/contrasting/pictures)
- o Rooms, beds or areas set aside for individuals using the service are easily identifiable to both service users, staff and visitors

- o 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.
- o 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.
- o Staff are easily identifiable uniforms/name badges
- o Complaint/compliments procedure information is available in alternative formats

**Any Further Comments:-**



## Appendix 2- Questions for Care Manager

<p>Questions for Lead representative speaking to Manager/person in charge.</p> <p>1. Are residents asked about their communication needs when they first arrive at the home?</p> <p>_____</p> <p>_____</p> <p>2. How are these needs recorded if they have any?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3. Are resident's communication needs 'flagged up' on your system automatically?</p> <p>_____</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 MAKATON (is a language programme using signs and symbols to help people to communicate) interpreters?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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## Appendix 3- 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?  
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2. Have you been asked if your communication needs can be recorded on the system?  
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3. Do you feel you are able to communicate with care staff in the home effectively? If not, how can this be improved?  
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4. What, if anything can be done to improve the way information is provided to you? i.e large print, audio, easy read.  
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5. Have you been asked to give consent for your communication needs to be shared amongst any staff or professionals that may require them?  
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6. Does your next of kin have any communication difficulties and were you asked if they needed information in accessible formats?  
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7. Would you like to share any other experiences or views with Healthwatch?  
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\_\_\_\_\_

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## **Healthwatch Redbridge**

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

020 8553 1236

[info@healthwatchredbridge.co.uk](mailto:info@healthwatchredbridge.co.uk)

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