



Enter & View Report
Springfield Care Home
20 Springfield Drive,
Barkingside, Ilford
Essex, IG2 6PS

Tuesday 10th 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

Service Provider	Springfield Care Home 20 Springfield Drive Barkingside, Ilford Essex IG2 6PS
Contact Details	Manager: Mary Ng'Ambi 020 8518 9270
Date/time of visit	10 May 2016 2:00pm- 4:00pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Authorised Representative Team: Lead Enter & View Representative - Naina Thaker Enter & View Representatives- Suhasini Winter, Chandra Patel & David Marks
Contact details	Healthwatch Redbridge 5 th 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 Springfield 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 Standard¹.

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.

¹ www.england.nhs.uk/accessibleinfo

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. 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 are sent to each provider so that they had an opportunity to request any factual inaccuracies be corrected prior to publication. A leaflet explaining the role of Healthwatch was left with each person.

² <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 in the pre-visit questionnaire still the same?	No changes
Bed numbers and layout of home	80 places- 40 per floor
Average occupancy levels	77
Current occupancy level	76 residents
Current staffing numbers and ratio to patients	1 nurse and 4 carers for every 20 residents.
Average agency staff usage split between care and ancillary staff.	About 100 hours agency staff in past 4 months
Available facilities (dining facilities, choice of menu, outside communal area and access arrangements, bathroom and toilet facilities etc.)	<ul style="list-style-type: none"> • Menu to suit all dietary requirements. • 2 outside communal gardens that are fully accessible. • Communal Showers and bathrooms. • Activities are organised through the activity coordinator. The activities include singalongs, performers that come to the home etc. • There is an accessible garden which service users are encouraged to use.

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:

- On entering the car park to the premises there is a large sign that is legible and can be seen clearly. There is another sign in the car park which directs visitors to the main reception and is very clear.
- There is sufficient parking in the car park as well as 2 to 3 parking spaces directly in front of the main entrance.
- There are double doors to the front entrance but an assistance bell was not noted. Wheelchair users would be able to access the building and due to the entrance being on floor level a ramp or lift is not required.

Observations made within the premises:

- The reception area is quite small and crowded and thus may make it difficult for wheelchair users to manoeuvre.

Service Provider Response: Unfortunately the reception was built like that when the home was opened in 2000. I will forward the report to the head office so they can see what improvements can be done.

- The fire exit signs are in the standard format but it was noted that they were not in braille. The fire alarm only has sound, it has no flashing light meaning that people with hearing impairments would not be alerted to a fire.
- The reception area was crowded and quite small but there were no trip hazards that may cause accidents.
- There were signs in picture and written format on some of the doors downstairs, however this was not noted upstairs.
- In our opinion the rooms were not clearly identifiable. There were no apparent signs in corridors that showed directions to different room or places that may need to be used by residents, visitors or staff.
- Members of staff were wearing uniforms, however those where badges were noted had very small printing.
- A complaints/compliments procedure could not be seen anywhere. However when a representative enquired about the procedure, they were shown it and then it was displayed on the noticeboard in the main entrance.

Speaking to the manager:

The manager explained that before someone is accepted into the home the needs of the potential resident are identified through a pre-admission

assessment. The social worker and family members may also be involved during the assessment.

Communication needs are identified and communicated to all staff in writing within the care plan. The care plan is updated as and when the needs of the resident change. Staff have access to the care plans and are also provided with any other information relating to the residents during the handover.

Online Communication & Customer Care training, which covers verbal communication and sign language is provided to staff.

There are pictorial menus available and large print books can also be made available to residents. If needed the home could access BSL (British Sign Language) interpreters, and Makaton (Language using signs and symbols) through the London Borough of Redbridge, social services or the service providers. Easy Read for people with learning disabilities could be accessed via the occupational therapist.

Speaking to Residents:

Representatives spoke to two residents, of these one said they had been asked if they had any needs relating to their hearing or their sight, whilst the other resident could not remember if they had been asked about their needs.

Both of the residents felt that they were able to communicate with the staff effectively and have no problems. They both also felt that they are happy with the way information is provided to them.

One resident said 'the home are good facilitators and I am looked after well'.

Comments from relatives of service users:

The representatives spoke to relatives of a service user and were told that some staff don't talk to the residents or even smile at them. However some staff are very good.

Service Providers Response: With regards to the staff not talking to or smiling at the residents, this is centred on customer care training for staff, which is ongoing and done to equip staff with the knowledge and skills of how to deal with service users and their families and others, such as, professionals. I will ensure staff are updated and supervised.

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.

Service Providers Response: We, in Springfield have a policy that care assistants always stay with the service users to support and allay in anxiety while they wait for information from the senior person who after finding out what is happening goes back to the unit to give an update. This is seen to be good practice especially for services users who even if they say a flashing light may not necessarily know what was going on, for example, service users that lack capacity. However, I have shared this recommendation with the senior people at Orchard Care for their attention.

- 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 signage within all areas of the homes should be changed to make all areas of the home clearly identifiable and accessible to all service users.
- The Complaints/ Compliments procedure should be made accessible to all visitors and residents.
- The home should review its policies with regards to the Accessible Information Standard to ensure support for people with access requirements is available.

Provider Response

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

Distribution

- Springfield Care Home
- 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 E&V Representatives

- 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:-

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

Appendix 2- Questions for 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>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 MAMATON (is a language programme using signs and symbols to help people to communicate) interpreters?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Appendix 3- Questions for Residents

<p>Questions for Representatives speaking to Service Users.</p> <p>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?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>2. Have you been asked if your communication needs can be recorded on the system?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>3. Do you feel you are able to communicate with care staff in the home effectively? If not, how can this be improved?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>4. What, if anything can be done to improve the way information is provided to you? i.e large print, audio, easy read.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>5. Have you been asked to give consent for your communication needs to be shared amongst any staff or professionals that may require them?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>6. Does your next of kin have any communication difficulties and were you asked if they needed information in accessible formats?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>7. Would you like to share any other experiences or views with Healthwatch?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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