



**Enter & View Report**  
The Lodge  
40 Abbotswood Road,  
Goodmayes,  
Essex, IG3 9SL

Friday 13<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>	The Lodge, 40 Abbotsford Road, Goodmayes, Essex, IG3 9SL
<b>Contact Details</b>	Manager: Elizabeth Joseph.  020 8127 8234
<b>Date/time of visit</b>	13 May 2016 1.30pm-3.30pm
<b>Type of visit</b>	Announced visit
<b>Authorised representatives undertaking the visits</b>	<b>Authorised Representative Team:</b>  Lead Enter & View Representatives (E&V) - Naina Thaker & Kiran Kaur Singh  E&V Representatives - Bushra Tahir & David Marks
<b>Contact details</b>	Healthwatch Redbridge 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 The Lodge Care Home for their hospitality.

### **Disclaimer**

Please note that this report relates to findings observed during our visit made on **13 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>.

## 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.

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

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<sup>2</sup> <http://www.cqc.org.uk/>



## Results of Visit

The visit was conducted in two parts. The Lead Representatives 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?	<b>There have been no changes</b>
Bed numbers and layout of home	<b>15 places</b>
Average occupancy levels	<b>15 on average</b>
Current occupancy level	<b>14 residents</b>
Current staffing numbers and ratio to patients	<b>1 staff member to 2 to 3 patients</b>
Average agency staff usage split between care and ancillary staff	<b>None</b>
Available facilities (dining facilities, choice of menu, outside communal area and access arrangements, bathroom and toilet facilities etc.)	<b>Communal dining rooms</b>  <b>There is a set menu but staff will accommodate if residents want something else</b>  <b>All ensuite bedrooms have wet rooms</b>  <b>2 bathtubs downstairs &amp; 1 bathtub upstairs</b>  <b>There is a garden that is accessible to all residents</b>

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 sufficient signage to the premises and they are clear, unobstructed and readable.*
- *The main entrance has clear signage there are gates that open to allow access right up to the front of the building. The entrance is at floor level and there is an intercom system in place to help with entry.*
- *There is a normal sound fire alarm everywhere except in a bathroom on the first floor which also has a fire alarm with a light.*

### Observation made within the premises:

- *The fire exit signs are in a standard format. It was noted they were not in braille. The fire alarm only has sound, the flashing light required for people with hearing impairments was only in one bathroom on the first floor. However this is not adequate as the majority of the people in the home would not use this bathroom.*
- *The fire meeting point is outside the front of the building, inside the gates. The representatives felt that this may have been too close to the building.*
- *There are no trip hazards or furniture in the pathway.*
- *There were some signs in various formats and they were quite clear. However signs were not noted on bedroom doors or corridors showing directions to different areas of the home.*
- *The staff were facing the service users and using appropriate body language and verbal communication when interacting with the residents*
- *The staff did not have uniforms or names badges. The representatives did note that there was a notice board in the corridor with photographs of the staff on it.*
- *The complaints procedure can be seen on the noticeboard in the reception area, all communal areas, in all bedrooms and can be provided in larger print if requested by the residents.*

### Speaking to the manager:

The manager explained that prior to someone being accepted to the home, the needs of the potential resident are identified through a pre-admission assessment. The social worker and families of the potential resident may also be involved during this assessment. The representatives were provided with the pre-assessment form, which they found to be very comprehensive.

The needs of the resident are identified and communicated to all staff in writing within the care plan, on the computer system and in the risk



assessment information. The contingency plans for individual residents are also displayed on the office noticeboard. Any changes that occur to residents needs are recorded in the care plan and also explained to staff during handover between shifts.

There is mandatory training for all staff, consisting of, health and safety, fire safety, infection control, food safety, medications training, manual handling, safeguarding, mental health awareness, dementia awareness, dealing with people with learning difficulties and supporting service users. The training is face to face and the trainer comes to the home and is normally half a day.

The manager told representatives that there had not been a need for information in other formats, if this was to arise it may be possible to accommodate it. If British Sign Language (BSL) interpreters, or MAKATON (a language programme using signs & symbols) were required for any residents it may be accessed from the company that trains the staff, the local authority or social services. Any information, such as pictorial formats, that is required for people with learning disabilities can be accessed from the psychologist, social worker or online.

Information in different formats can be provided for relatives that have communication needs.

The manager asked that they be kept informed about Healthwatch activities and any training that may be available to them.

### **Speaking to staff:**

Representatives spoke to three members of staff. One staff member has had training to NVQ (National Vocational Qualification) level provided by the care home, another said they were at present undergoing level 2 training in caring for people with learning difficulties provided by the care home and the third staff member has not received any training regarding sensory impairments but had received other training. Representatives were told that the training was a mixture of face to face and online.

Only one staff member was able to tell representatives that the needs of the residents could be identified through the care plan and on the computer. Other staff members told representatives they were not clear about this.

Two staff members said that information could be provided in large print and the televisions have sub-titles. Another staff member said that if residents have learning difficulties they are able to provide easy read. Furthermore for people with hearing impairments they do not have any BSL interpreters but ensure they look at them when speaking to them, so that if they can lip read then it is easier for them to do this.





The staff members were able to tell the representatives that the fire alarms are tested every Wednesday. However, two of the staff members did not know about the fire alarm with the flashing light. One staff member informed the representatives that there had been a proper fire drill during the week and when asked about the outcome of the drill, she said, '*there are reports which we read in our own time*'

The staff members said they liked working at the home and caring for the residents.

### **Speaking to Residents:**

Representatives spoke to three residents, of these, one resident said they had not been asked about their needs prior to coming to the home whilst the other residents said they could not remember if they had been asked about their needs.

One respondent said that staff do not ask about their needs and the other respondents said that the staff are very good, take good care of them and are aware of their needs.

Two of the respondents told representatives that the staff understand how to help them and the food is good.

One respondent said the home will provide anything they require but they would like to make more friends within the home.

Other respondents said that they were happy with the home and with the staff.



## Recommendations

- The home should consider changing the fire alarms so that there is a flashing light when the alarm sounds. Although there are no deaf service users at present it would be beneficial if a user with a family member who is deaf came to visit, and it could aid them in the future should new residents have a hearing impairment.
- 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.
- All staff members should be made aware of the way in which the information regarding the needs of the service users can be accessed.
- The home should review all its policies with regards to the Accessible Information Standards to ensure support for people with access requirements is available.

## Provider Response

- The supervisor has spoken to the proprietor of the home regarding the visual fire alarm. The proprietor has agreed to speak to the fire engineer and let him know what needs to be done before the end of July.
- The training for visual awareness and deaf awareness will be discussed in staff meetings and all staff will be trained in these areas by the end of the year.
- All staff will be reminded regularly as to where they can access the needs of the service users. This will also be raised in staff meetings, handovers and supervision sessions.

## Distribution

- The Lodge 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 E&V 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 - if no signage, ask why
- o Signs are clear, unobstructed and easily readable
- o There is accessible & sufficient parking available close to the entrance - drop off point directly outside 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 - lip highlighted - keep people off uneven surface
- 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 - for residents, relatives & carers

Any Further Comments:-

Small writing on noticeboards

Trip hazards in garden not marked

Assembly point bit far away from building

Fire safety - alarms, but no light.]



## Appendix 2- Questions for Manager

<p>Name of care home: _____ Time completed: _____</p> <p>Time of arrival: _____</p> <p>Questions for Lead representative speaking to Manager/person in charge.</p> <p>1. Are residents/careers/next of kin asked about their communication needs when they first arrive at the home?</p> <ul style="list-style-type: none"> <li>Do they have difficulties with sight/hearing?</li> </ul> <p>_____</p> <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>_____</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>_____</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>_____</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 MAMATON (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>_____</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 &amp; corrections if necessary.</p> <p>Shall we email it or post it to you if please could you reply as soon as possible.</p>
1	2	3



## Appendix 3- Questions for Care Staff

### Questions for other staff

- Name of Care Home: \_\_\_\_\_
1. Have you been provided with training on how to support residents with sensory impairments & learning disabilities on a day to day basis?
    - Visual impairments: blind & partially sighted
    - Hearing impairments: profoundly deaf & hard of hearing

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
  2. If yes to question 1, what type of training was it?
    - was the training on-line
    - or face to face

\_\_\_\_\_
  3. How would a resident that has a specific need be identified? i.e. had hearing impairments, visual impairments or learning disability?
    - Would it be in care plan
    - Electronic system
    - Sign on bedroom door or unobtrusive signage

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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?
  - Hearing impairments - British sign language, subtitles on TV
  - Visual impairments - Large print or audio
  - Learning disabilities - Easy Read

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
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?
  - Flashing red light

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
6. Has there been a fire drill and if yes, did it flag up any problems?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
7. Is there anything you would like to share with Healthwatch Redbridge?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 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?

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2. Do you know if all the staff in here are aware of your needs?

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3. Do you feel the care staff here understand how to help you?

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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 (spoken/recorded information), easy read.

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5. Is there anything else you would like to talk to us about?

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## **Healthwatch Redbridge**

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