
 <p><b>Brent</b> Clinical Commissioning Group</p> 	<p align="center"><b>Health and Wellbeing Board</b> March 2017</p> <p align="center"><b>Report from the Julie Pal</b> <b>Chief Executive Officer,</b> <b>Healthwatch Brent/</b> <b>Community Barnet</b></p>
<p align="right">Wards affected: ALL</p>	
<p align="right">Arial, font 12</p> <p align="center"><b>Review of Healthwatch Brent Enter and View Reports</b></p>	

## 1.0 Summary

- 1.1. Healthwatch Brent is the independent voice through which Brent residents can share their experiences of using health and social care services.
- 1.2. CommUNITY Barnet is commissioned by the London Borough of Brent to deliver the local Healthwatch contract.
- 1.3. The contract commenced from 1 July 2015 for an initial period of 12 months and then extended for a further 12 months.
- 1.4. This report summarises the Enter and View visits undertaken by Healthwatch Brent from September 2015 to March 2016. These are presented to the Health and Wellbeing Board for information and for any further actions that the Board considers that Healthwatch Brent or other agencies should take forward.

## 2.0 Recommendation(s)

- 2.1 That the Health and Wellbeing Board notes the report and recommends any further action to be undertaken by Healthwatch Brent or other agencies.
- 2.2 That the Health and Wellbeing Board considers establishing a central portal where all Brent inspections can be accessed publicly (including Enter and View, CQC reports, annual Brent Council customer feedback reports etc).

### **3.0 Detail**

#### **Background**

The national Healthwatch network was established through the Health and Social Care Act of 2012. Through this, each Healthwatch has the legislative right to undertake announced and unannounced visits to health and social care settings for adults.

These visits are carried out by staff and volunteer lay-people and review the quality of care for patients/residents and their friends and relatives. All Enter and View representatives have current DBS checks and receive training for this their role. As in accordance with the Healthwatch network, settings to visit are identified through meetings and guidance from the CQC. The care homes covered by this report were a mixture of types of services and large and smaller homes.

The most important aspect of Enter and View is that it is intended to add value; the representatives review services from a lay-person's/potential users' point of view and work in collaboration with service providers, residents, relatives, carers and those commissioning services. As such, the visits do not apply CQC or other standards to their review and checks, rather it is an opportunity to reflect on what the setting may be like for a potential resident/patient with an emphasis on gathering feedback on areas that can significantly affect quality of life, such as activities, engagement, food and the levels and approach of staff.

The Enter and View reports are written by the Enter and View team and sent to the care provider to check for factual accuracy and to respond to the report recommendations. The Reports are reviewed and authorised at each stage by Healthwatch senior staff, and once finalised are uploaded to the Healthwatch Brent website.

The reports are then sent to Healthwatch CQC Liaison Officer, who has expressed the team's appreciation for the additional insight that the reports provide.

#### **Overview**

During this period, Healthwatch Brent visited five residential homes through announced visits. A summary of the reports is below. The majority of the recommendations relate to activities and engagement of residents and relatives. This is sometimes overlooked, but in our view, a key aspect that helps achieve a good quality of life, stimulation and continued wellbeing for the residents.

## Healthwatch Brent Summary of Reports

Location	Service	Main Conclusion and Recommendations	Response
<b>Ogilvy Court Wembley Park, HA9 Sept 15</b>	Nursing care and including for people with learning disabilities and those with dementia.	<p>“A well run residential care home with a warm and friendly atmosphere”</p> <ul style="list-style-type: none"> <li>• Increase dedicated time spent with residents individually and as a group. [This was based on feedback from 1 staff member, 2 residents and observation of the visit of a resident with dementia.]</li> <li>• Monitor fluid intake as one resident said s/he fills the water jug with water from the room (not kitchenette).</li> </ul>	<p>The Home provided further clarification that</p> <ul style="list-style-type: none"> <li>• Resident-staff ratios are above the Royal College of Nursing recommendations.</li> <li>• Clifton Assessment Procedure for the Elderly (CAPE) assessed weekly for staff levels and care.</li> <li>• Staff levels are discussed at team meetings.</li> <li>• Activity Co-ordinator meets with residents regularly to gather feedback.</li> <li>• Each resident has a key worker for key activities, care and appointments.</li> <li>• Regular reviews of needs so that increased funding can be assessed if necessary.</li> <li>• Staff speak the residents’ community languages.</li> <li>• Staff will clarify that water is available from the kitchenette.</li> </ul>
<b>Edinburgh House Wembley HA9. Dec 2015</b>		<p>“Clearly a well-run and very caring home”.</p> <ul style="list-style-type: none"> <li>• Ensure regular meetings take place of the Residents’ and the Relatives’ Forums.</li> </ul>	<ul style="list-style-type: none"> <li>• No response.</li> </ul>
<b>Kenbrook House Wembley HA9. Feb 2016</b>	Nursing care, including for people with dementia.	<p>“Caring and friendly with both residents and families giving praise. The range of activities ... were impressive.”</p> <ul style="list-style-type: none"> <li>• No recommendations.</li> </ul>	
<b>Middlesex Manor Nursing Centre</b>	Nursing care, nursing for people with dementia and	<p>“Centre appeared to be well-run providing care in a holistic and person-centred context.”</p>	

<b>Wembley, HA9</b> <b>Mar 2016</b>	care and nursing for young adults with physical disabilities.	<ul style="list-style-type: none"> <li>Review staffing levels and provide feedback. [There seemed to be limited activities on the day of the visit.]</li> <li>Reflect on meal-times, including staggered seating times so residents do not have to wait for their meals.</li> </ul>	As a result of the report, the Home: <ul style="list-style-type: none"> <li>Employed 2 activity workers to provide 75 hours of activity per week.</li> <li>Revised the meal times so they are now scheduled to provide two service times.</li> </ul>
<b>Franklyn Lodge Care Home</b> <b>Wembley, HA9</b> <b>Mar 2016</b>	For adults with sensory impairment, learning and physical disabilities.	“Staff interact with residents warmly and compassionately.” <ul style="list-style-type: none"> <li>The home is in need of refurbishment, the furniture being dated, untidy and the rooms are dark.</li> </ul>	<ul style="list-style-type: none"> <li>The Home clarified that the approach and forecourt is due to building work in this area.</li> <li>The Home noted that the rooms have dark, heavy curtains to prevent excess heat and cold during the seasons.</li> <li>However, the home welcomes the feedback and will take on board the recommendation.</li> </ul>

### Findings and recommendations

We found that the overall standard of care was appropriate and the homes had in place processes for key care requirements, such as Care Plans, staff training, relative and resident engagement.

We are pleased to see the majority of homes responded positively to our recommendations, as detailed below.

<b>Number of care homes visited</b>	5	Number of homes that responded to our recommendations	4
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Number of recommendations made overall		6
<b>Type of recommendation</b>	<b>Number of times recommendation made</b>	<b>Number of positive responses from care home.</b>
<b>Day to day activity and staff engagement</b>	2	1 (1 home clarified this was already in place).

<b>Gathering structured and regular feedback from residents and relatives engagement</b>	1	0
<b>Scheduling of meal-times</b>	1	1
<b>Access to water</b>	1	1
<b>Refurbishment</b>	1	1

A link to all the Enter Reports can be found by clicking on [Healthwatch Brent Enter and View Reports](#)

#### **4.0 Financial Implications**

4.1 There are no financial implications as all costs are within the current agreed contract.

#### **5.0 Legal Implications**

5.1 Healthwatch Brent was established through the Health and Social Care Act 2012 to give users of health and social care a powerful voice both locally and nationally and formally launched in 2013 as an independent charity.

5.2 Under the Healthwatch regulations, local Healthwatch organisations have the power to Enter and View providers so that our authorised representatives can observe matters relating to health and social care services.

5.3 From 1 July 2015 its services have been delivered as an arms-length department of Community Barnet (CB) a charity and company limited by guarantee.

5.4 Financial and contract accountability remains with CommUNITY Barnet's Board of Trustees and delegated through the Chief Executive Officer to the Head of Healthwatch.

5.5 The contract is expected to run until 30 June 2017.

#### **6.0 Equality Implications**

6.1 The reports presented reflect Healthwatch Brent's commitment to equalities and believes that they support Brent Council in meeting its Public Sector Equality Duty as defined in Section 148 of the Equality Act 2010.

#### **7.0 Staffing/Accommodation Implications (if appropriate)**

7.1 There are no staffing or accommodation implications.

#### **Background Papers**

N/A

#### **Contact Officers**

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