



**Enter & View Report**  
Seabrooke Manor Care Home  
Ilford  
Tuesday 6 October 2015



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**020 8553 1236**

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



<b>Service Provider</b>	Seabrooke Manor Care Home Lavender Place, Ilford, Essex IG1 2BJ
<b>Contact Details</b>	Nelly Sooben, Manager  020 8553 5538
<b>Date/time of visit</b>	6 October 2015 2pm-4pm
<b>Type of visit</b>	Announced visit
<b>Authorised representatives undertaking the visits</b>	<b>Authorised Representative Team:</b>  Harmander Singh, Lead Representative Anne Bertrand, Healthwatch Volunteer
<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 Seabrooke Manor Care Home for their hospitality.

### **Disclaimer**

Please note that this report relates to findings observed during our visit made on **6 October 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 visits.



## What is Enter & View?

Part of the local Healthwatch programme<sup>1</sup> 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.

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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 opportunity<sup>2</sup> 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 Respect<sup>3</sup> 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 CQC<sup>4</sup>. 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. The Lead Representative 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.

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<sup>2</sup> [http://www.dignityincare.org.uk/Dignity\\_in\\_Care\\_events/Dignity\\_Action\\_Day/?](http://www.dignityincare.org.uk/Dignity_in_Care_events/Dignity_Action_Day/)

<sup>3</sup> <http://www.cqc.org.uk/content/fundamental-standards>

<sup>4</sup> <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 - **No changes**

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

A - **None**

Q - Bed numbers and layout of home

A - **120 bedded home made up of 4 units. Saxon House (residential & dementia), Roman House (nursing & dementia), Norman House (nursing & residential) and Belgae House (nursing & residential).**

Q - Average occupancy levels since July 2015

A - **105**

Q - Current occupancy level

A - **104**

Q - Current staffing numbers and ratio to residents

A - **1 to 5 residents**

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

A - **Nil**

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

A - **There is a quiet lounge on each unit. A room is designed for use as a cinema. 4 bathrooms on each unit. Each room has ensuite facilities. Toilets for visitors and staff along the corridors.**

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

A - **Focus on dignity every 3 months. Supervision on dignity and respect. Trainings which are ongoing. Clothes, jewellery show in August where residents choose their own clothes.**



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

A - ***Discussions on Dignity and respect is included in our daily meeting agenda. -Resident of the day. -Resident/relatives meeting. -Birthdays celebration with family and friends. -Role plays for residents***

### ***Visit Notes - Representatives***

Spoke to three women and a man (including a relative)

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 had been asked by what name they wished to be called upon arrival.***

Q - Are you given a choice about what clothes you wear daily or are clothes chosen for you?

A - ***All respondents were given a choice or were able to dress themselves***

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

A - ***All respondents were able to exercise their free will including those that needed assistance to get dressed. Breakfast in bed can be arranged***

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 exercise their free will. There is an activity co-ordinator who ensures there are a variety of regular activities but the residents can decline. Those able to often go shopping to Ilford. There was an on-site theatre where residents could choose to watch films of the era of their choosing.***

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

A - ***All respondents were able to express their choice of meals in advance***

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 - ***Residents who need assistance with eating their meals are provided the required level of support.***

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 said the staff knew much about them and have a key worker each.***

***“The staff took the time to learn my likes and dislikes, they have comprehensive data about me.”***



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

A - **All respondents said staff did talk to them and give them time.**

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 the staff talk to them directly when providing assistance – the relative verified this.**

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

A - **All respondents said this either was not an issue for them as they were either being self-sufficient or were checked regularly.**

Q - Do staff knock before entering your room?

A - **All respondents felt this was always the case.**

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

A - **For the respondents who were observant of their religion, there was provision to meet with a visiting priest regularly.**

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

A - **All respondents said this was the case with them.**

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

A - **Most respondents were aware of quiet areas and used them when family and friends came around.**

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

A - **All respondents said yes they would be consulted.**

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

A - **All respondents were in clean clothing.**

Q - Are appropriate activities offered for residents with dementia?

A - **Noted several separate group activity sessions during visit.**

### Examples of good practice to share:

The home had organised a number of events during the year and were planning future events.

The focus on dignity is repeated every 3 months with supervision sessions including an item on dignity and respect supplemented by on-going training.





In August the home organised a clothes and jewellery show where residents chose their own clothes.

Discussions on Dignity and respect are included in daily meeting agenda where there is a focus on a 'Resident of the day' in addition to quarterly Residents & Relatives meetings. The Activity co-ordinator includes role plays for residents and the home celebrates residents' birthdays with family and friends.

Innovative initiatives include some of the bedroom corridors designed/painted with local scenes such as parks and streets that residents could relate to. The on-site replica theatre with a wide range of films of bygone years that residents could relate to and choose from was appreciated and used by residents regularly.

### **Notable concerns**

There were no concerns.

### **Recommendations**

The good practice initiatives, particularly the theatre, events and painted local scenes ought to be more widely publicised so that others could replicate such practice if possible.

### **Service Provider Responses**

The service provider response regarding accuracy has been incorporated into the report where applicable in addition to which the provider said:

*'Thank you so much for the positive feedback.'*

*I would be grateful if you could make a slight amendment for us. The home is now known as "Seabrooke Manor Care Home ".*

*I would like to take this opportunity to thank the 2 Representatives who visited us'*

### **Distribution**

- Seabrooke Manor 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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