



Promoting Dignity
in Health and
Social Care
Project

Enter & View Report

Vi & John Rubens House Residential Home
Ilford

Thursday 1 October 2015

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	Vi & John Rubens House Residential Home 27 Clarence Ave, Ilford, Essex IG2 6JH
Contact Details	Mary O'Rourke, Manager
Date/time of visit	1 October 2015 2pm-4pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Authorised Representative Team: Athena Daniels, Lead Representative Bushra Tahir, Healthwatch Volunteer
Contact details	Healthwatch Redbridge 5th 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 Vi and John Rubens House Residential Home for their hospitality.

Disclaimer

Please note that this report relates to findings observed during our visit made on **1 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 visit.

What is Enter & View?

Part of the local Healthwatch programme¹ 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.

Dignity Action Day - 1 February 2016

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 (DAD2016) is an annual opportunity² 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 Respect³ 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 CQC⁴. 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.

² http://www.dignityincare.org.uk/Dignity_in_Care_events/Dignity_Action_Day/

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

⁴ <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 - *Nothing has changed. Nursing unit opened around 1993 - 24 beds (& 13 residential beds). Also residential dementia unit on 2nd floor. 29 beds altogether, divided into 2 activity coordinators. Birds in cages and aquarium.*

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

A - *One lady had asked for a more frequent bath.*

Q - Bed numbers and layout of home

A - *104 normally. All ensuite with sink, toilet and wet room. About 6 communal baths & showers. Place like a maze. Looks small from outside. Very few beds on ground floor, mainly communal areas and hairdresser. Bedrooms are on 1st 2nd and 3rd floor. Synagogue on 1st floor is open to others and can be used for resident's functions.*

Q - Average occupancy levels since July 2015

A - *98/102 residents*

Q - Current occupancy level

A - *101*

Q - Current staffing numbers and ratio to patients

A - *3 or 4:1 - 37-9 staff nursing unit and approx. 36-8 in care home. (Nursing and Dementia units 1-4. Residential Units 1-5)*

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

A - *Don't use agency staff. Low sickness rates. Most staff have been here for a long time. Have own bank of staff - good company to work for. Empathy and support for staff through training. Some training in house e.g. manual handling and train the trainer.*

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

A - **Menu every evening to choose from with reminder in morning. Choice of lunch. Breakfast eggs, cereals, smoothies, fruits. Fruit cocktail as a dessert option. Scones and tea. Garden with raised beds for resident's use.**

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

A - **BBQs, Fundraising day, skype, hairdresser, clothes show, pedicure etc. training - staff meetings etc. 2-3 times a year on dignity and respect and communication. Monthly staff meetings & supervision etc., these meetings also pick up on social occasions.**

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

A - **Events related to Jewish religion (Halvada Evening on 11 October 2015) Regular residents meeting due on 20 October 2015. Concert at which residents are performing on 06 December 2015.**

Jewish Care Dementia and Disability Team have planned workshops for staff to include dignity and support sensory deprivation.

Additional comment:

Clothes washed and changed every day. Sometimes relatives bring in too many clothes.

Visit Notes - Representative

Spoke with four residents

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 told us they are addressed by their chosen names.**

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

A - **All respondents told us they wear their own chosen clothes.**

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

A - **All respondents told us they can choose what time they wish to get up or go to bed. Appropriate support is given where required.**

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 spoken to were positive about the range of activities available to them to attend or engage in if they wished to do so.**

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

A - *All respondents spoken to were happy about the choice of meals including those on special diets.*

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 - *Most respondents felt they could ask for assistance if they needed it.*

Q - Have the staff made an effort to know a bit about your background? E.g. your likes and dislikes, family, working life?

A - *Most respondents felt that the staff knew as much as was required about them but one respondent was not quite sure how much was known about them.*

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

A - *All respondents were happy that staff made as much time to talk to them as possible while carrying out their work.*

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 staff talk to them when helping them in a personal task.*

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

A - *Most respondents were either sufficiently independent or content with the responsiveness of the staff. One respondent felt the responsiveness could be better*

Q - Do staff knock before entering your room?

A - *All respondents said staff knock before entering their room always.*

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

A - *Most respondents felt their religious needs were being met except one respondent who wanted to make a complaint.*

'We have revisited the issue with the visiting Rabbi who comes to the Home 2 to 3 times a week he will engage with residents and address any gaps.'

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

A - *All respondents said staff checked with them before contacting their family about them.*

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

A - *All respondents said there were private areas for them to talk to visitors.*

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

A - **All respondents said their families were consulted if required.**

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

A - *All residents were in clean clothes.*

Q - Are appropriate activities offered for residents with dementia?

A - **There were a range of organised stimulating activities available.**

Examples of good practice to share

The home had organised a number of social events earlier in the year noted above, and plans for the future, namely:

BBQs, a fundraising day, skype, hairdresser, clothes show, pedicure etc.

Staff training was held 2-3 times a year on dignity and respect and communication. There are monthly staff meetings & supervision that pick up on things happening socially that affect or might be of interest to residents.

Notable concerns

No concerns were noted that were not dealt with when identified.

Recommendations

The home could publicise its diverse range of initiatives for residents (such as BBQ and Skype and the clothes show) designed to make residents feel part of the local environment so that other establishments could replicate such practice.

Service Provider Responses

Service provider responses regarding accuracy have been incorporated into the report where applicable in addition to which the provider said:

'We are happy with the report as it is. It gives a good view of the home. The home is not really a "maze" but offers a selection of warm, friendly places to spend time. The home gives a really warm Jewish welcome to anyone who comes in.'

Distribution

- Vi and John Rubens House Residential Home
- Care Quality Commission
- Redbridge Clinical Commissioning Group (CCG)
- Redbridge Health Scrutiny Committee
- Redbridge Health and Wellbeing Board
- Redbridge Safeguarding Adults Board
- Healthwatch England

Healthwatch Redbridge
5th Floor, Forest House
16-20 Clements Road
Ilford
Essex IG1 1BA

020 8553 1236

www.healthwatchredbridge.co.uk