



**Enter and View at
Meadowbanks Care Home**

Hall Lane

Upminster

RM13 1TT

Friday 9th May 2014

Morland House,
12-16 Eastern Road
Romford
RM1 3PJ

*Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383*



Telephone: 01708 303 300

Email: enquiries@healthwatchhavering.co.uk

What is Healthwatch Havering?

Healthwatch Havering is your new consumer local champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and are able to employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary. There is also a full-time Manager, who co-ordinates all Healthwatch Havering activity.

Why is this important to you and your family and friends?

Following the public enquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforces the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution will be vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizen's needs.

“You make a living by what you get,

But you make a life by what you give”

Winston Churchill

What is an Enter and View?

Under the Local Government and Public Involvement in Health Act 2007, Section 221 (2), Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dentists, to observe how a service is being run and make any necessary recommendations for improvements.

These visits are often prompted if Healthwatch Havering is informed of any issues about the service or after investigation, is of the opinion that such a visit is warranted. Healthwatch Havering offers advice and guidance to the service provider and will often visit those services which are reputed to carry out good practice in order to share the good news.

Background and purpose of the visit:

The Enter & View visit was carried out as a follow up to the Care Quality Commission (CQC) report published in December 2013. The home had not met the standards on:

- Care and welfare of people
- Management of medicines

Healthwatch Havering (HH) had concerns over training offered to staff.

In March 2014, the CQC issued an inspection report informing that the home had now met the standards.

Healthwatch Havering (HH) felt it necessary on behalf of the local community, to observe the home, speak to staff, residents and relatives in order to gain a wider understanding of the problems and to see if improvements had been put in place.

About the home:

The Home is owned by T L Care (Havering) Limited.

It provides accommodation and support with personal care to older people. The type of service offered is care home service without nursing.

The Healthwatch Havering authorised Enter and View representatives were:

- Christine Ebanks
- Irene Buggle
- Jenny Gregory
- Joan Smith, note taker

All the representatives have undergone the following training:

- Enter and View
- Safeguarding Adults
- Mental Capacity Act
- Deprivation of Liberties Training

They have all undergone Disclosure Barring System checks.

Preparation and carrying out the visit:

Prior to the visit, the team had read and understood the recent CQC reports on the home, and had spoken to the Inspection Manager at the CQC beforehand.

The team met and spoke about the aims of the visit and before arriving at the home wrote to the Manager informing her of a given time span of the proposed visit and enclosed a copy of the Healthwatch Havering Enter and View Governance.

The visit:

The HH representatives arrived at 11am and met with the Deputy Manager, Carla Tomasio. The registered manager, Mrs Mary Wright was not on duty that day. Mrs Wright is a new manager and joined the home at the start of this year. Ms Tomasio joined the home in June 2012 and has been promoted to her current position.

The home is on two levels, 19 rooms on the ground floor and 21 on the top floor. There are 40 rooms in total, they currently have three vacancies. There are 11 residents with dementia on the ground floor and 8 upstairs. On the top floor of the home there is the kitchen, laundry and staff rooms. All cooking is done on site.

Levels of staffing:

- Morning - 2 senior carers and 3 carers on each floor
- Afternoon - 5 carers and 2 senior carers
- Night - 3 carers and 1 senior carer

They had a member of staff call in sick the day of the visit so had to use agency staff, they use two particular agencies, they normally use Bank Staff but were unable to that day.

The previous manager and deputy manager left at the end of last year along with some other members of staff. Ms Tomasio said that it had been a bit of a struggle in recruiting. It is a long process as of course many checks have to take place.

When a person starts they shadow a senior member of staff and training is given. Malnutrition Universal Screening Tool (MUST) training is booked for the 19th May with Havering College. There is medication training for the 20th May. Manual handling training will take place over the next two months. The new manager believes that training is very important and is taking appropriate steps to ensure that all members of staff are trained to the correct level.

The plan is for all carers to do medication training. Ms Tomasio explained that she has undergone all the correct training which has enabled her to take her current position.

The pharmacist visits every month and takes bloods. There is no covert medication taking place at the home. Some residents are on pureed food.

The GP attends every Thursday and a surgery is held at the home. If the GP is needed outside that time the home contacts the surgery. Ms Tomasio said that it works well. Out of hours then they call 111. They have had a bad experience recently when the out of hours GP attended, the HH representatives advised the home to complain to NHS England.

There is an activities co-ordinator, the person previously in the post has recently resigned. At the moment the activities are organised by the new co-ordinator with the help of 2 carers in the afternoon. An entertainer comes to the home every month and with chair exercises to music every two weeks. There is a church befriending service visit every Tuesday and Mass every month.

All rooms have buzzers, it is cleared when a member of staff enters the residents room otherwise the buzzer will ring again until it has been cleared by entering the residents room.

The hairdresser visits twice a week. The Chiropodist every 6 weeks. There are 2 opticians assigned to the home and they visit. The NHS dentist is due to visit next week, the dentist will only visit if the family/home request a visit to the home.

District Nurses visit every day.

Care plans are updated and the new manager is in the process of changing them. Medicine Administration Records (MAR) are updated, one copy goes to the pharmacist and the other is kept in the home.

The HH team were informed that a new resident is met with and their family attend if possible. Their likes and dislikes are recorded, i.e. what time they like to get up and how they like to spend their day. There is no set time for a person to get up in the morning. It is entirely the resident's choice. If they do not want to eat at the set time it is kept warm for them for one hour and after that time they can order what they wish.

If a resident is in the home for respite, they may bring in their own medication in blister packs and they self-medicate under supervision.

There is zero tolerance of abuse in the home, if there is a complaint of abuse then the CQC and Safeguarding at the Local Authority are informed.

If a person wishes to leave the home to go out then they are accompanied either by a staff member or a member of the family, the home must of course be informed so a record is kept that they have left the home. They are encouraged to go out into the garden, the staff at the home are vigilant about anybody going out as the home is on a busy road.

There are residents meetings every 2 months and families attend these. There is a senior staff meeting every month. These notices were seen by the HH representatives. All staff were in uniform and name badges are on order.

Our Observations

- There is wheelchair access
- There is a keypad
- The HH team were asked to sign in and out and it was clear that other people visiting were required to sign in and out
- The entrance is easily identifiable
- Staff were smart in their uniforms.
- The aroma in all areas was pleasant
- The storerooms were all locked

- The sluice was locked
- All the bedrooms were clean and airy. They had a good view of the gardens
- All the residents seen were clean and tidy and wearing the appropriate clothes for the time of day
- Most of the rooms had flowers in them
- The rooms and all areas were clean
- The rooms were en-suite
- The lounges were empty, with the television off. A basket of knitting was evident as well as a ball and basket
- One resident was observed sitting in his room, which was light and airy reading a newspaper
- The garden areas were tidy and well kept
- There were garden tables with chairs and the garden areas were enclosed
- The nurse rooms on each floor were open and empty, the care plans of each resident were on shelves, in the opinion of the HH team this could compromise a person's privacy
- The dining rooms were clean and tidy. There were table cloths with the correct cutlery on display
- In the ground floor dining room, there is a corner with the facility for people to make their own drinks
- One member of staff was on her break but she was sitting chatting to a resident about the vegetables that had been planted in the planters and the carer suggested that the resident could make suggestions as to what was planted
- There is a prayer room which was clean and tidy
- The bath rooms were clean and well kept, with hand rails and an alarm system was in the relative place
- All the rooms that the team were invited to, it was evident that drinks were accessible and easy to lift
- The bedrooms were well decorated and colour co-ordinated
- The buzzer kept going for one particular room, this was because the person has special requirements and there are plans to move this resident to a more specialised home

- Whilst walking through the corridor, two of the HH team saw this particular resident in their room with no bottom clothing on and the door was open, the HH team pointed this out to a carer, who immediately rushed to the room to support the resident
- A couple were observed in a small lounge watching television and eating their lunch, their double bedroom was next door to this lounge
- The kitchen on the top floor was clean and tidy and in and out doors
- The laundry was clean and all clothes are labelled with ID
- The staff room on the top floor was airy and clean as well as the staff changing room, there were hand cleaners visible and an easy chair in the staff room
- Two of the HH representatives were shown the drugs cupboard which was locked. All refused medication is returned to the pharmacy in individually named labelled bottles. If any medication requires crushing it would only be done under directions from the GP. No residents are having covert medication at this time. Any medication which is difficult to swallow will be prescribed medication as dispersible where possible. There was a digital thermometer in the drug room and a record of the temperature is kept in a book downstairs. Also there was a cupboard with dressings for the district nurses. A trolley contained all the MAR chart records within the room. The door to this was room was locked.
- The pharmacist takes blood from residents prescribed Warfarin to check clotting levels and then the Warfarin dose is adjusted accordingly.
- The lunch looked and smelt appetizing
- Many of the residents had an interest in the wildlife they could see from their rooms - goslings, other birds and rabbits. The staff seemed to encourage the interest in their surroundings

Speaking to the residents

- One resident said that they “were very happy and the food was lovely”. “All the staff were very kind” and she is given the opportunity to go to the hairdresser. She takes part in the activities, this resident added that they are encouraged to go out into the garden when the weather permits
- Another resident said that they “are very well looked after and very very happy”. They are treated well and she gave “the thumbs up” sign to the HH team. She added that she could not say anything better about her treatment.
- One person said that she is encouraged to do her puzzles and likes to eat in the dining room. Her food is now pureed as she no longer wears her dentures and this has not been a problem for the staff.
- One lady said that she did not like the food but was happy in the home
- Another resident said that they were very happy and the staff look after them.
- Two of the residents the HH team spoke to had limited mobility and required walking frames. They informed the HH team that they only had to ring the buzzer and a carer would come immediately to assist them.

Talking to the Staff:

- All the staff observed were tidy and clean and appeared to be very busy
- One senior carer said that she had been at the home some 6 weeks and she “loved working there”
- She has received the relevant training and is experienced at working at different homes. The management get the staff involved in decisions. It is a home from home for the residents and all have their own carer assigned to them

- Another member of staff said that they had worked at the home since October 2012, all the training is carried out. She felt supported by the management
- Another person said that this was a very good home to work in and felt supported
- The Chef informed the team that all residents are given menus after lunch and a choice is made for the following day, there is a choice of two meals and a choice of pudding. They are in the process of moving to summer menus.
- The menus are changed every 4 rotating weeks
- The chef is aware of all the residents needs

Our Recommendation

- All care plans should be locked away and not left in an office which is open and accessible to people walking past

Conversation with the Deputy Manager at the end of the visit

The HH team said that they found the home to be homely, light and airy. It was very clean and the aroma was pleasant. The team told the deputy manager that they were encouraged that the TV lounges were empty and that the residents were not just sat in the room watching television. All the residents spoken to were happy and looked well cared for.

The HH team said that they were concerned about the care plans being visible in an open office and could be read by anyone. Ms Tomasio agreed and said that alternatives would be investigated.

Healthwatch Havering would like to thank all the staff and Ms Tomasio for the welcome shown to them and the pleasant manner in which they were spoken to at all times.

Disclaimer

This report relates to the visit on Friday 9th May and is representative only of those residents, carers and staff who participated. It does not seek to be representative of all service users and/or staff.