



**Enter and View at  
Romford Care Centre  
107 Neave Crescent  
Harold Hill  
Romford RM3 8HW  
Tuesday 20<sup>th</sup> May 2014**

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## 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:**

Healthwatch Havering had visited the home on the 24<sup>th</sup> October 2013 as a result of concerns raised. The Care Quality Commission (CQC) had taken enforcement action against the home regarding the care and welfare of people who use services. There had also been concerns over staffing levels.

## **About the home:**

Romford Care Centre is registered to provide accommodation and support with personal care and nursing for 114 adults. It is a care home service with nursing. It provides accommodation for persons who require nursing or personal care. Diagnostic and screening procedures. Treatment of disease, disorder or injury.

The registered owner is Ranc Care Homes Ltd.

The Manager is Shelley Hickey. The home is on three levels and is detached.

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 them of a given time span of the proposed visit and enclosed a copy of the Healthwatch Havering Enter and View Governance.

### **The visit:**

The Healthwatch Havering (HH) representatives arrived at 4pm on Tuesday 20<sup>th</sup> May 2014. They met with the Manager, Shelly Hickey and explained to her the activities and development and role of HH.

The reception area was clean, and the odour was pleasant. The entrance has wheelchair access. There was a keypad system and the signing in book showed evidence of visitors signing in and out.

On the wall in the reception there were photographs showing the staff. There was an activity board present and flyers for a garden party for July and a notice by the

signing in book giving details of the next relatives meeting. The staff rota was visible in the reception area. Staff are required to sign in and out.

Ms Hickey said that she had been in post since December 2013, HH explained that they had visited in October last year and met with the former manager Mark Nithsdale. Ms Hickey said that there was a lot of work to do at the home. Rom Valley unit has been closed as the home is not to full capacity. There are 114 beds with 74 residents on the day of the visit.

The home no longer uses agency staff and has access to bank staff.

On the top floor is Manor Unit which is dementia nursing. There are 20 residents in Manor Unit with 2 nurses on duty the day of the visit as one nurse was new in the post, usually there is 1 nurse on duty, and 4 carers. Ms Hickey said that staffing can fluctuate but it is based on dependency. Some of the residents are advanced in dementia and the home has tried to make it dementia friendly. There is a greenhouse and it is decorated in bright colours.

On the first floor are two units, Raphael Unit which is a residential dementia unit with 20 residents with 1 senior carer and 3 care assistants. Amy Unit is on the first floor and is a small residential unit with 12 residents, staffing levels are 1 senior carer and 2 care assistants. There is now one senior carer who covers and oversees both units, this person has just been promoted.

On the ground floor is Meadow Unit which is a residential nursing unit. It has 22 residents with 1 nurse, 4 carers and the deputy manager.

A new clinical lead has been recently employed and works 9.30 to 2.30, Monday to Friday. Ms Hickey added that all staff are hands on.

There are monthly dependency assessments written by the staff and their observations are observed. The staffing levels can be adjusted, depending on the needs.

The HH team explained that when they visited in October last year, it transpired that there were a number of GPs allocated to the home. HH thought that this could only hinder matters and had contacted the CCG asking if a single GP could be assigned to the home. Ms Hickey thanked HH and said that she had met with the assigned GP that day. The meeting had been productive and there are plans that there will be a weekly surgery at the home.

At night the staffing levels are:

- Meadow Unit - 1 nurse and 2 carers
- Amy Unit - 1 Senior Carer and 1 floater
- Raphael Unit - 1 senior Carer and 1 floater
- Manor Unit - 1 nurse and 2 carers

Domestic staff used to leave at 4pm but there is now one on duty until 6pm every day and some of the cleaning is done at night.

If a physiotherapist is needed the home has a single point of access. An optician comes in regularly and if a more complex case such as diabetes then the resident will travel with a carer by taxi.

When questioned about the issues over the upkeep of charts the manager and senior carer said that it is more stable, they are examined and updated first thing in the morning and the middle of the day. They are spot checked at the end of the day.

For turning residents they are documented and signed by the clinical manager as well as skin integrity. Staff meetings are held often and as well as a more involved monthly meeting there is a daily meeting which is called “11 at 11” where all the staff on each unit including the housekeeper meet with the manager. At such meetings issues relating to such things as skin problems are discussed. As soon as a resident is discharged from hospital a report is sent to the District Nurse and it is ensured that all documentation is completed. There are body plans and if there is a need, an air mattress. In the past the home would wait for the District Nurse to formalise such procedures but this is now done by the home. The daily body checks are now being reduced and at the time of the visit there were two residents with pressure sores.

The HH team were shown the training record - all staff are paid when undertaking training. And there were records showing planning for:

- Pressure care
- Manual handling
- Infection control
- Dementia champion

- Food safety
- Mental Capacity Act and Deprivation of Liberties (DoLs) HH informed Ms Hickey about the recent changes to the DoLs Act and the staff will need retraining.

The training is held at the home. Ms Hickey informed the HH team that she is liaising with the Lead Palliative Care Nurse, Amanda Young, to undertake the Gold Standard Framework, in end of life care.

There are regular activities at the home such as bingo, cookery, jewelry making, flower arranging and exercise. There are plans to go out and visit a local wildlife park. Ms Hickey has plans to open a coffee bar with cakes baked by the residents for the residents.

The residents can spend their day as they want. If a resident wants to go out this will be facilitated. One idea is to have a “pop up” pub where the residents can go to. This would offer common pub games such as dominoes and cards. The relatives have shown an interest in this. Ms Hickey said that there are also plans to have a summer fete. Singers visit the home on a regular basis.

There are some residents with complex needs such as one resident having a nasogastric tube, feeding via percutaneous endoscopic gastrostomy-tube (PEG) and residents who are catheterized.

One lady had a tracheotomy RIP.

A Church of England Vicar and Catholic priest visit regularly and communion takes place. There are residents with other denominations and the home is aware of their needs.

Ms Hickey said that activities had been neglected in the past which is why another activity coordinator has been recruited. On Meadow unit there is 1-1 interaction such as manicures, playing dominoes as long as the resident is stimulated. There are 3 coordinators who work on a rota basis 7 days a week.

They are working on having “This is Me” files where a residents needs and wants are recorded, these will be written when a resident moves in.

At least 60 of the current residents have dementia. There are no covert medications, there are monthly medication meetings.

Safeguarding is taken very seriously, with safeguarding training and incident reports. Ms Hickey speaks to the staff every day, she does random checks also at night. Any unexplained bruising is reported to safeguarding. All staff must undergo criminal disclosure barring checks and furnish two references. The workforce is more stable, Ms Hickey said that all staff undergo supervision and work either 2 or 3 long days a week with extra shifts if wanted.

The staff are asked to complete pre supervision forms and the first aim is to complete the initial supervision, some of the staff had not undergone this prior to the arrival of Ms Hickey.

### **The Visit:**

The HH team first visited Manor Unit and made the following observations;

- The lounge was bright and cheery with some residents sitting in the lounge
- There were games visible such as snakes and ladders
- There were no drinks by the residents side in the lounge, when questioned the reason given was that supper was about to be served
- There were painted “Bus stops” on the walls and benches for people to sit
- It was decorated in bright colours
- There was a play post office evident with parcels on shelves. This is because one of the residents used to work for the Post Office
- There was a greenhouse in the hallway which was very colourful and the plants looked well maintained
- The dining room was well decorated and in a café style
- There were contrasting table cloths
- Some of the rooms had the doors open and some rooms had gates across the entrance
- Outside the rooms were memory boxes and these looked cheery
- There was a sweet shop which was attractive in appearance
- The HH team observed staff moving hoists around the unit, when questioned, a member of staff confirmed that each resident had their own sling for the hoist
- Ms Hickey said that staff also used slide sheets and there was a rota stand on the ground which can be used instead of a hoist for transferring patients



- Ms Hickey informed the team that there were no residents on the day of the visit who were prescribed with Warfarin
- Nurses can take blood and involve the local pharmacist for re-calculation of medication
- Bedridden residents had call bells to hand if necessary

#### Amy Unit

- The dining room was pleasant and airy with the radio playing
- Bright table cloths
- Safety locks on the windows
- The rooms were large and well decorated
- All odours were pleasant
- In the dining room, picture menus were displayed and the residents choose their food via this method
- All the toilets were clean with the appropriate aids
- In the lounge there were some relatives with a carer watching television
- It was clean and tidy with books, puzzles on display
- On the hat stand were various hats
- All staff looked smart and presentable with name badges

#### Raphael Unit

- The dining room was off limits as it was being decorated
- Some residents in the lounge were in their pyjamas
- There were tools for activity prominent such as “4 in a row” and balls
- Drinks were accessible and next to the residents
- All staff were smiling and appeared to have good interaction with the residents

#### Meadow Unit

- The hairdresser visiting times was available on the wall
- One resident was observed in her room completing the crossword
- A couple were observed in one room eating their supper
- The bathrooms and toilets were clean
- One member of staff was seen to knock on a residents door before entering

- A resident was crying out in distress and a carer immediately attended to them

### The Garden Area

- The garden area was maintained but does need some attention

### Speaking to the residents and relatives

- One relative visiting a resident with dementia said that they were very happy, it was a lovely unit and the staff could not do enough for them. They had “no worries”
- One resident said that they were happy in the home - when talking to this resident in their room it was observed that there was no pillow case and no quilt on the bed
- One resident was observed walking with nothing on his feet
- A resident was spoken to and is taking “Thick and Easy” food and takes pureed food - has supplements such as Complan twice a day
- One resident was seen to have bruises on her left arm
- Another resident was seen to have a bump on his head
- A resident said that “the food is not good here, it is all processed food such as spam, processed turkey, corned beef. This resident felt compelled to be taken by a relative to go shopping outside the home to buy their own food. They added that the food on a Sunday “was fine”
- One resident said that the staffing had not improved
- A person said that it was quiet at night and did not hear any person call out in distress
- One man said that his mother was well treated in the home and he had done a lot of research before placing his mother in the home

### **Speaking to the staff**

- One said that they had been working at the home over 4 years and that there had been a sharp improvement
- Morale was high and they felt supported and a good team
- The “11 -11 “ meetings worked well and was a good idea
- A member of staff said that the residents dignity was paramount and this was their home
- One said “I am very happy here”
- One senior carer said that each resident had their clothes labelled and the staff usually have a laundry pen market and do check for unmarked clothes
- A member of staff had been at the home for about a year and said that they had received training

### **Conversation with the Manager at the end of the visit**

The HH team said that the atmosphere in the home was much better than when last visited in October. It appears homely and it is good to see people reading newspapers and books. When asked about the processed food, Ms Hickey said that the chefs make their own pastry and recently served homemade steak and kidney pie. It is not processed.

When questioned about the bump on one residents head, the reply was that this was a medical condition and the lady with bruising on her arm, easily bruises. Ms Hickey was informed by the HH team that this will be disclosed to the Local Authority for further investigation.

When asked about the rails across the doors - Ms Hickey said that this is at the family's request and takes place after discussion.

Ms Hickey said that there had been a recent occasion on patient discharge at Queen's Hospital, one resident with complex needs and on a tracheotomy, the hospital wanted to discharge the resident and this had to be challenged as the assessment needed to be done.

### **Recommendations**

- The use of gate rails across the door has to be questioned - is this a deprivation of liberty - and if so - has one been applied for. HH will inform the Local Authority about the use of gate rails
- With summer approaching the garden area should be attended to - Ms Hickey informed the HH team that an advertisement for another gardener has been placed

### **Conclusion**

Since our visit in October it is obvious that improvements have and are being made. The home has a good atmosphere and it is clear that Ms Hickey and her team are very keen to improve matters. HH would like to thank Ms Hickey and the staff for the welcome that was accorded to them.

### **Disclaimer**

This report relates to the visit on Tuesday 20<sup>th</sup> May 2014, 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.