Enter & View
Cranham Court
Nursing Home

12 April 2016

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

What is Healthwatch Havering?

Healthwatch Havering is the local consumer 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, supported by two part-time staff and a number of volunteers, both from professional health and social care backgrounds and people who have an interest in health or social care issues.

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

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

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local 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 is 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 citizens' 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 Section 221 of the Local Government and Public Involvement in Health Act 2007, 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 dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and we would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Background and purpose of the visit:

Healthwatch Havering (HH) is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the safety of the resident is not compromised in any way.

About the Home

Cranham Court Nursing Home is a large, older style building registered to provide accommodation for up to 82 residents; at the time of the visits, there were 61 residents. The home provides for persons over the age of 60 years needing 24-hour nursing, frail and elderly care, end of life care, palliative care as well as persons with varying degrees of dementia. The Manager of the home has owned the home since 1982

and the Deputy Manager has been employed there for 24 years, which means continuity of care is lasting and acted upon with great meaning. The Deputy takes charge when the Manager is not there.

The home is divided into three units, with two lifts serving all floors – however, on the day the team visited, one lift was out of order whilst maintenance work was carried out.

The main house has 8 rooms upstairs and 2 downstairs. There is room for 12 residents in the dementia unit, and 13 downstairs. In the extension there are 19 rooms downstairs and 12 rooms upstairs. In total there are 66 rooms, with 16 double rooms being used as single occupancy, leaving capacity reduced from 84 to 66 residents. The team observed hand gel units throughout the home.

No offensive odours were noticed. Store rooms were locked and case notes were locked away.

The communal rooms and corridors are brightly painted in contrasting colours. Individual rooms are also bright and spacious with en-suite facilities. The team felt, however, the home was in need of redecoration and as the quality of finishes had deteriorated over time. The team was advised that there was a rolling programme of maintenance.

The gardens are landscaped and well-maintained, with ease of access for residents with reduced mobility or who are wheelchair dependant. A gardener/maintenance person is employed on a full time basis. An independent PAT Testing Company is employed to ensure all electrical equipment is safety tested.

The owner and her staff were aware of our visit, engaged fully in the process and answered all questions put to them in great depth. The team were invited to look round the home unescorted, but were assured that staff were at hand should the team wish to ask further questions or seek clarification on any particular matter.

Staffing

The staff who were seen were dressed in uniform, were not wearing jewellery or nail varnish and could be easily identified.

Staff are employed on a ratio of 1:5 during the day and 1:10 during the night. At the time of the visit, there are 12 RGNs on the staff, with two more being recruited. The three units of the home are the main house, a new extension and the dementia unit. The shift patterns are a long shift from 7am to 8pm, with a half an hour hand over. Part-time staff complete shifts from 7am to 2pm and 2pm to 8pm. The ratio of staff in the dementia unit is 1:4 during the day and 1:6 at night. Cover for staff absences and annual leave is sought through an agency; wherever possible, agency staff that know the home are used, to maintain continuity of care.

The team was assured that all staff had undertaken statutory training and regularly attended refresher courses, which took place either in house, led by a member of the qualified nursing team, or externally. All staff training is paid for by the employer. They also cover training online with e-learning. Training is up to date and the training records are held for each member of Staff. Although the team was told that the home was signed up to the Gold Standard Framework for End of Life Care, no evidence of this was seen. The team was told that all staff attended a workshop and had signed up for it; the Home is in the process of collecting evidence towards their portfolios.

The team was advised that all staff were aware of the whistle blowing policy and know how to implement it should the need arise.

Staff members were aware of procedures to be carried out in the event of a fall, such filling out an accident report and documenting the incident in the falls manual, informing relatives and, if applicable, raising a safeguarding concern.

There is a fifteen-minute handover between each shift to allow staff sufficient time to highlight any areas of concern to oncoming staff. Staff meetings are held on a monthly basis.

A receptionist is on duty at the front desk from 9am-4.00pm. During this time, the front door is left unlocked, but for the remainder of the time it is kept locked and visitors are able to gain 24hr access via two doors with security keypads. The foyer had a number of folders on display, providing the protocols of the home along with helpful information for visitors and staff. The team felt, however, that it appeared cold and uninviting; the area could be made more acceptable if it were decorated with pictures, notice boards, staff photos and general information for families. There are 2 visitors' toilets with washbasins in Woodlands Unit. There are key pads throughout each area of the home to maintain security.

The registered manager's role is to carry out monthly quality audits of all aspects of the home, including health and safety.

There was clear evidence on each floor of fire evacuation equipment, which would be easily accessible in an emergency. When the CQC had visited the home in 2015, it had reported on an incline in a corridor area on the ground floor, which was considered hazardous. The team observed that this had since been addressed: large warning notices are prominently displayed on the walls in the vicinity, along with high visible hazard tape placed on the incline itself.

The team felt that, whilst the building had charm and character and generally a warm, welcoming feeling, there were areas that could possibly benefit from some attention. For example, the stair carpet was stained, along with some of the soft furnishings in some of the residents' rooms. It was also noted that, at the time of the visit, many of the wash-hand basins and toilet bowls had a build-up of lime scale, which could be easily remedied; whilst not a matter of hygiene, this discolouration is unsightly and detracts from the home's ambience. The home has subsequently confirmed to Healthwatch that this has been remedied: as part of the on-going refurbishment programme, the Home had already arranged for the carpet in Woodlands Lounge to be replaced and incorporated with wooden effect flooring. In addition,

several of the bedrooms are to have wooden effect floors, as is the Nurses Office.

Most of the notice boards appeared sparse; the staff explained that one of the residents with dementia would remove notices as soon as they are put in place. The owner acknowledged to the team that some parts of the building were in need of updating; she said there was currently an ongoing programme of refurbishment taking place, but because of the scale of the work required it would take some time before completion.

There are eight domestic staff, four employed for each shift, all on a part-time basis. The team spoke to one domestic who had been working at the home for a number of years.

The laundry room was large, clean and well organised. Two full-time and one part-time staff are employed to attend to the laundry.

Food and mealtimes

The team observed that the kitchen was clean and well stocked, with a good variety of food. Two members of kitchen staff were preparing sandwiches for tea at the time of the visit, all of which looked very appetising. Menus were displayed on the wall in the dining room, which was a small, but pleasant room with bright red tablecloths, good for dementia residents. The team was told that all staff, both Care Workers and Nurses, help at mealtimes and food is kept in the hot trolley during this period.

Residents have a good selection of meals to choose from the menu, which is changed on a four weekly basis. When asked, staff gave assurance that residents could have alternatives to their original choice, right up to when the food is being served: light alternatives such as jacket potatoes, salad, sandwiches etc are available.

The staff advised that the general routine at mealtimes is for all staff from all floors to get involved in helping to feed the residents timely,

whilst food is still at the correct temperature. The team were told that food and fluid intake charts are maintained for those residents who need assistance and a regular supply of fluids is provided on an hourly basis. The team were also told that residents are weighed monthly, with the exception of patients receiving palliative care because of the frail nature of their condition.

Medication, personal health and hygiene, and well-being

There are currently three residents prescribed Warfarin. However due to frailty two of the residents have their blood samples taken by pharmacy staff who visit the home; the remaining resident attends hospital.

The team was advised there no residents were on covert medication at the time of the visit and that two residents on were on controlled medication. The manager confirmed that strict protocols and procedure were adhered to, with two qualified nursing staff always attending to the administration, storing and signing of all controlled drugs used in the home.

The medicine round is undertaken by a qualified nurse in uniform and staff confirmed that they remain with the residents to supervise and to ensure that their medication has been taken.

Commenting on the fact that, at their last inspection, the CQC had expressed concern that medical charts had not been signed for when administered by staff, the manager explained that on a few occasions agency staff had not signed some of the residents' medicine charts after having administered the medicines. It had also been discovered that some fortified food supplements given by carers were on prescription and therefore needed to be signed for on the medication chart. Agency staff were not aware of this.

The team was told that these issues had since been resolved through ongoing training, supervision and regular auditing of MAR Charts.

Care plans/Mar charts and risk assessments are carried out monthly.

Charts were used to ensure residents are turned regularly.

Residents are assisted with weekly baths, but staff said they are flexible in their approach and are happy to accommodate residents if they request an additional bath, when possible. The team saw a hoist being used by two staff to get a resident from their bed to a chair. The home's regular GP from Cranham visits once a week, and more frequently if asked to. Access to opticians, dentists and chiropodists is arranged on a regular basis.

An activities coordinator works Monday to Friday 2pm-4.30pm. She encourages those residents that are up and about and are more mobile to participate in creative activities and light exercise. She also visits the rooms of all those residents that are confined to bed either by choice or illness and will engage them in conversation and or light exercises. The staff informed the team that some relatives/visitors occasionally take their family member out for the day. Asked if residents on the upper floor go down to the ground floor for activities, the staff replied that they prefer to stay in their room and only go down when the hairdresser visits the home.

All bed-bound residents are given a full body wash daily, as and when required. All residents are fully body mapped on admission and/or return from hospital (unless on the occasion when a resident arrives late at night, then the procedure is then carried out first thing the following morning).

One dementia resident is looked after on a 1-1 basis by the home because a suitable care home has not been found for him at the present time. This resident is funded by NHS for 1-1 for 12 hours per day, the remaining 12 hours being funded by the home in order to maintain his safety and that of the other residents and staff.

There are currently two residents who are subject to Depravation of Liberty Statement (DoLs) authorities and several more awaiting authorisations.

The team was pleased to note that no bed-bound residents had bed sores and that only one resident had a leg ulcer, which had developed whilst they were in hospital and was being managed by the staff. Staff were aware that they could request a visit or seek guidance from the tissue viability nurse if required.

There are hairdressing facilities on site, used twice weekly by a visiting hairstylist (Thursday &Friday)

It was noticed in one of the bedrooms the team visited, that the call bell was well out of reach of the resident sitting in a chair by the bed and that she would not have been able to reach it should she require assistance. When asked how she would get the staff's attention if needed, the lady replied that she would "just have to shout" for someone. The Home has advised that, on checking, it was discovered that a call unit was in fact on the bedside table within the resident's reach. It was, however, clear to the team that the resident in question was unaware that a call unit was nearer to her than she thought; the remedy for this would be for care staff to check regularly that residents know where their call units are and ensure that they are to hand.

Relatives' meetings take place bi-monthly, although attendances fluctuate.

The local minister visits to conduct a church service the1st Sunday of the month.

The team observed that residents were dressed appropriately, although most were in their rooms due to frailty or by personal choice; there were two residents in one lounge.

The residents and visitors spoken to by the team were generally happy with both the quality and choice of food on offer, except one resident who said "it's never as good as your own cooking", while acknowledging the limitations placed on the home by the number of residents it has to cater for. One of the visitors spoken to said that the staff were only too willing to make her mother's favourite, toasted

sandwich and/or jacket potatoes when requested. Drinks and snacks if asked for can be provided.

One of the visitors told the team that, although her mother is currently in hospital, she still visits the home to "chat to the other residents and their visitors and it was a proper little community". Another family spoken to praised the home as the father (since passed away) and mother (still in residence) found the home to be excellent.

Another visitor spoken to by the team said the staff were "very approachable and easy going" and were very flexible where visiting times were concerned.

Before leaving, the team were handed a letter by a staff member, which they had received from a daughter whose mother has been a resident in the home for the past 4 years. It praised the staff highly for the wonderful care and the kindness shown to her mother.

Recommendations

Having viewed the home, the team recommend as follows:

- That all toilets, wash hand basins and bathing areas be descaled and thoroughly cleaned as a matter of priority.
- That staff ensure that all residents are able to use the call bell system and check regularly to ensure that they have the call bell button within easy reach of their person.
- That, during the course of refurbishment, consideration be given to incorporating toughened glass on notice boards in order to ensure that notices are secure and cannot be removed
- That photos of the permanent staff, with names and titles, be displayed in the foyer, which should also be brightened.
- That the condition of decorations and carpets be reviewed and deep cleaning arranged where needed.
- While acknowledging that all residents have the right to stay in bed or in their rooms if they so wish, those residents who are

capable of moving around the home should be encouraged to do so

- That ambulance staff be encouraged to return blankets to Queen's Hospital via a laundry bag on the ambulance.
- That patients who are sent to hospital be given a set of clean clothes for their return to the care home when discharged.

The team would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 12 April 2016 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.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**; or email
enquiries@healthwatchhavering.co.uk

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