

# Enter & View Abbeleigh House

28 June 2016



## 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.

### The home

On entering the home, the team noted a few informative notices, including an Environmental Health Officer's 5\* hygiene rating. There was a visitors' book to sign in. There were no unpleasant smells, but a strong smell of odour-neutralizer was noted.

The home was originally formed from two houses, which were linked together, but some 10 years ago an extension was built which houses 19 of the available rooms. All rooms have en-suite toilet facilities, except for some in the old part of the establishment. Three rooms are double rooms that are currently used for single occupancy but which could be used for couples if required.

The stairs to the old building were steep and narrow but there was a lift which was quite roomy and which could accommodate a number of residents and/or carers. The steepness may present a risk to residents.

All of the rooms were bright and cheerful, and residents were clearly encouraged to personalise them with pictures, ornaments etc. Rooms seen during the visit all had a lockable drawer in the bedside table.

In general, the home was well presented and clean and tidy. The décor in some of the corridors was plain magnolia but effort had been made to introduce a different colour scheme. All doors were dark in colour, which provided the contrast recommended for homes that provide care for residents with dementia. Toilets and bathrooms were clean and tidy and there was no evidence of scale build-up. All of the facilities appeared to be in working order.

The home is registered for dementia residents. There are 37 residents, 10 of whom have Deprivation of Liberties statements (DoLs). Of the remainder, many are frail, some with complex issues and only 10 have mental capacity. One resident is blind; some of the staff use sign language to assist with the deaf residents.

The Manager takes responsibility for assessments before admission.

The Manager has personal responsibility for the management and administration of all drugs, and for keeping detailed records. However, care plans and MAR charts are only reviewed when medicines are causing issues or patients are refusing, at which time the GP is consulted. The drugs round

takes about 2 hours in the morning and about 40 minutes at lunch times and evenings. There is a one-hour handover at shift changes.

Details of falls are recorded and most are dealt with in house.

Nutrition is monitored. Many of the residents prefer to eat familiar foods and do not like change. The Manager has consulted a nutritionist on occasions for advice.

## Staff

The Manager explained the training and staff appraisal systems in use in the home, explaining that most of it was done in-house and in a somewhat informal manner. She felt supported in her role and was able to meet the owner if she had problems.

Staffing cover appeared to be adequate for the home and one carer agreed with this but said that it would always be good to have extra help. In general, the staff seemed to lack a certain awareness of training. One told the team that they were signed up to Gold Standard Framework for End of Life Care, although this appeared to be contradicted by the manager. One member of staff did not appear to know about the regulations concerning Control of Substances Hazardous to Health (COSHH) although he had worked at the home for nearly two years. When challenged about hazardous substances, he did not appear to think about anything other than medical fluids.

All staff were wearing uniform and appropriate shoes but a number were not wearing name badges. None were wearing jewellery or nail varnish.

## The facilities

The dining room close to the kitchen was sparsely furnished and the flooring was in need of repair/replacements with open joints visible, which could cause residents to fall. The team was advised that this dining room was being redecorated - as evidenced by paint splashes on the floor.

The kitchen was clean and tidy and the store cupboard was very well stocked. Catering supplies are provided by Brake Brothers with supplementary items obtained from the local Tesco's. The fridges and freezers were clean and frost free. All opened foods were dated apart from some bottles of sauces, dressings etc., which did not appear to be dated. There was a 4-week menu cycle and the team was shown the afternoon version. The menu was not, however, on display in either of the dining rooms. A few residents had pureed diets. There were no residents with diets allied to ethnicity or religion.

Cold drinks were available in the sitting rooms and afternoon tea was served during the visit.

The controlled drugs cupboard was secure in the manager's office. Only two residents were currently on controlled drugs in the form of patches.

The gardens were large and well-kept, with flowerbeds around the perimeter. There was a good ramp to the lawns but there was only one table and chairs for residents and, despite it being a warm day, there were no residents in the garden.

The front sitting room, where most residents were sitting, was furnished in a more traditional style with a large number of pictures on the walls while the rear sitting room - in the new annex - was more modern.

There was little evidence of activities but the team was advised that an activities person had commenced work on the day of the visit (a former care assistant, now retired) and that she would be working four hours per day. Proposed activities appeared only to include sedentary games etc. and there was no evidence of residents going out. We were advised that students from Redden Court School were involved in providing tea parties on a regular basis. Staff members from St. Peter's Church came each weekend to conduct an ecumenical service.

Call bells were available in all rooms and details of how to complain, should the occasion, arise were also in all rooms. There were residents staying in their rooms at the time of the visit.

A hairdresser attends on a weekly basis and basic charges appeared to be very reasonable.

The team was told that there were three members of domestic staff on duty in the week and two at the weekend but only during the morning.

There was no dedicated laundress as this chore is carried out by care staff. There were “clean” and “dirty” entrances to the laundry, but one door appeared to be permanently closed so the principle of separation was not adhered to; however, as all bed linen etc. is sent out to a commercial laundry, this is not critical. There is no ironing facility at the home, which is a little surprising but there was no space in the laundry for this function.

## Residents

The team spoke to some residents, who appeared to be happy, and also to some relatives, who expressed satisfaction with the care provided. One resident told us that she did not take tea or coffee preferring cold drinks but said that she was offered hot chocolate at breakfast. There was, however, no evidence of fresh fruit and one resident said that she missed this in particular.

## Recommendations

That:

- Effort be made to provide trips outside the home for residents who wish to go out
- When redecorating, variations to the magnolia colour schemes be considered
- More chairs and tables be provided for the gardens
- Menus be provided in the dining rooms
- Fresh fruit be available to all residents at all times and included in the meals offer for those residents who do not wish to have the menu selection

- Ironing facilities are provided
- Consideration be given to the appointment of an office assistant for the Manager and Deputy, to help with time management and enable them to delegate routine tasks, such as record keeping, enabling them to use their time more effectively
- The appraisal, supervision and training systems be reviewed to ensure that staff receive and maintain adequate standards of training

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 28 June 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@healthwatchhaverling.co.uk](mailto:enquiries@healthwatchhaverling.co.uk)**



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