

Enter & View Ashbrook Nursing Home

12 July 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 arrival, the team were met by the registered owner of the home, who advised that Ashbrook is one of 11 homes owned by Abbey Total Care.

The registered manager of the home has been in post for 7 years, and there is a deputy manager who is currently on maternity leave but due to return in

October. In the absence of the manager, the senior nurse on duty has responsibility for all day-to-day matters.

The entrance hall was accessed by steep steps and was rather small and dark. Wheelchair access is available using a side entrance and lift.

The home currently looks rather unwelcoming but it was felt that this was due to currently on-going redevelopment work having a negative effect on the space available. The decorations were in sad need of refurbishment and there was little evidence of appropriate signage but all areas appeared to be clean and there were no unpleasant odours. The home is currently registered as a nursing/residential home for 35 people, although this figure will increase to 70 when the development work is finished (expected to be in December 2016).

There were only 21 residents at the time of the visits due to the need to close the second floor for works connected with the development. Two residents were not in need of nursing care. Some residents had dementia, many having developed the condition since admission. At any one time there may be two respite residents, subject to availability. There were no residents on oxygen therapy but the manager advised that, should any resident require this facility, oxygen concentrators were the preferred choice of administration due to the requirements for cylinder storage.

There is currently no dining room for residents as this accommodation is being used as a sitting room for the residents. It was felt that there was more than adequate room to provide a dining facility within this room in addition to a sitting area as it was quite large for the number of residents, most of whom had “rise and fall” tables in front of their armchairs. Rearranging the sitting area would also make the room more friendly and attractive. The flooring was excellent in that it was of a non-slip type but the colour scheme made the room look very drab. The provision of dining tables would also enable the publishing of daily menus for the residents. Curtains and fittings were rather dated but we understood that these would be changed with the refurbishment.

There is an excellent laundry facility with 2 industrial type washing machines and tumble dryers in separate rooms. Ironing facilities are provided in a third room.

The kitchen was clean and tidy and menus were in evidence. It was accepted that increased facilities would be required once the bed numbers increased. It was anticipated that this would happen around December and would be phased.

There is no garden facility at present due to the building work but the intention is to provide ramped access to an internal courtyard garden as well as an external garden. The main entrance to the home is to be re-provided in the side street.

Staffing

A three-shift system is in operation with one registered nurse and five carers on duty morning and afternoon in addition to the manager, and one registered nurse and two carers at night. There is a half hour handover between shifts, although that did not align with the stated shift times so it was not clear whether time spent on handover was unpaid. Annual leave and sickness is covered by permanent staff wherever possible, but long term agency staff are used at other times. At the time of the visit, there were two nurse vacancies, which appeared to have been long standing. In addition to care staff, there is a housekeeper, 2/3 domestic staff, 1 cook and 1 kitchen assistant on each shift. Additionally, there is an administrator, a maintenance assistant and two part-time activities co-ordinators who cover 7 days per week.

There is an in-house trainer who provides all mandatory training, attending on a monthly basis. Staff are expected to attend training sessions as required, in their own time. Failure to attend without good reason may result in their being removed from the rota.

In response to a question about training in the Gold Standard Framework for End of Life Care, the team was advised that this had commenced but, as a

result of the current development work it had been put on hold, although the evidence folder was in preparation.

Staff meetings are held as and when deemed necessary as, currently, with the low occupancy, most matters are dealt with in handovers.

Staff we spoke to were generally satisfied with the levels of staff and agreed that there was adequate training but said that they were expected to attend even if it occurred during their days off and that they did not get paid for attending. They also said that failure to attend could mean that they were removed from the rota.

Care arrangements

The manager advised that she had submitted 27 applications for Deprivation of Liberty statements (DoLs) agreement to the local authority more than a year ago but only 1 had been approved thus far. It was noted that as there was a requirement to update these on an annual basis, DoLs applications for those people still in residence should be re-submitted.

Care plans, MAR sheets and risk assessments are reviewed on a monthly basis unless there are significant changes. Drugs are stored in two trolleys, which are secured in the clinical room. Two residents are currently on End of Life controlled medication, monitored by St. Francis Hospice. Medication is provided by Park Lane pharmacy in Romford. This appeared to be distant from the home but may be used due to the proximity of a sister home. There were no residents on covert medication or on self-medication regimes. Only one resident currently needed injections to prevent blood clots, and there were no residents requiring warfarin. The manager advised that any resident requiring warfarin would be taken to Queen's Hospital for blood testing, although a carer, who had previously been a phlebotomist, had recently been appointed and was to be registered to carry out phlebotomy for the home.

Medication is administered by the registered nurse on each shift, who will wear a tabard stating they should not be disturbed during this time. However, this was not being worn at the time of the visit. Because of the low number

of residents, it does not take too long to carry out the rounds (the morning round is the longest) but consideration may be needed to review this when the resident population increases.

One resident is currently confined to bed and has Grade III pressure sores. This resident was admitted with these sores and is turned hourly. The home has profiling beds and pressure relieving mattresses. The Tissue Viability Nurse attends whenever required.

Falls are recorded in a specific book, each resident being risk assessed and referred to the Havering Falls Team as deemed necessary.

The GP for the home is Doctor Singh from the Lynwood Medical Centre practice, which is nearby. He attends to carry out a clinic on a weekly basis. Physiotherapy is accessed through the GP as required. Home Eyecare attend regularly; a dentist attends as and when necessary and the chiropodist attends every 5/6 weeks. There is also a hairdresser who attends weekly.

Residents are weighed monthly, or more often if there are concerns. Dietary advice is obtained along with speech therapy if this is required. There are currently four residents who require pureed food and every effort is made to ensure that their food looks as appetizing as possible. Fluid charts are kept for those residents for whom there are concerns. Some residents require assistance with feeding. Showers/baths are offered on a weekly basis as a minimum.

Residents' and/or relatives' meetings are rarely held as there has been little take up of this facility despite a number of times/options being offered. It was felt that, as the manager has an open door policy, friends and relatives did not feel the need to attend specific meetings. It was reported that social and fund raising activities were well supported. Quality issues reported were dealt with on an individual basis and the local authority also carried out quality monitoring. A monitoring officer from the organisation's head office also carries out monthly monitoring.

In response to a question about volunteers, the manager advised that some come from Havering 6th Form college.

Activities provided seem to involve only indoor games such as board games, some craft activities and quizzes. We did observe the most recently appointed activity co-ordinator having a one-to-one quiz with a resident. Some residents are occasionally taken to a nearby café.

Special occasions such as birthdays are celebrated with cakes and families are invited to take part.

A monthly non-denominational service is provided by the Good Shepherd church.

Residents

Residents spoken to by the team appeared to be happy and content with the service provided, although one visitor said that his mother had not gone out from the home for a considerable time. There appeared to be few residents who had drinks on their tables but we were advised that elevenses were being served a little later than usual.

The bedrooms inspected were clearly in need of refurbishment and it was confirmed that this would take place once the main extension had been completed as it was intended to transfer all current residents to the new facility whilst the old sections is re-developed.

Recommendations

That:

- In view of the fact that currently there is no garden facility, efforts be made to ensure that all residents have the opportunity to regularly go out
- A temporary, formally-recognised dining area be provided in the current sitting room to ensure that residents do not spend all their time sitting in armchairs, unable to interact with residents other than those sitting either side of them.

- Menus be displayed in this dining area
- Activity co-ordinators visit other homes within the group (or elsewhere) to learn of additional activities that could be provided, and that membership of the activities organisation be considered.

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 July 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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