

**Enter & View
Havering Court
Nursing Home**

13 September 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.

In the absence of the Manager (owing to commitments elsewhere), the Deputy Manager, accompanied by the newly appointed Administration Assistant, met the team. The Deputy Manager had worked at the home for 15 years and carried out assessments for potential admissions, often travelling long distances to do so as the home provides specialist care. The Administrative Assistant had been employed at the home in another role and had only recently taken up her new post. The Deputy Manager told the team that the

Administrative Assistant's support and input was invaluable to the successful running of the home.

At the time of the visit, there were 51 residents at Havering Court, with no vacancies. The majority of residents suffer from some form of brain injury, their ages ranging from 23 years to 84. Residents are referred from a wide area because of the special type of care provided. All residents require nursing, with some suffering from mental illness. None are specifically diagnosed with dementia. Respite care may be provided if a bed is available, but this is rare. Palliative care is also provided where needed.

Staffing is provided over 12-hour shifts with some members of staff remaining following the end of shift to ensure appropriate handover. The question of payment for this time is currently being discussed. A new rolling rota is being introduced by the Home's parent organisation; it will provide rotas for two months which will make staff planning and providing cover easier. All new staff are mentored and there is supervision every two months.

Accommodation is provided on two floors:

Lower Ground (the home is built on a hill) - 14 residents - 1 registered Nurse and 4 care staff night and day

Ground Floor - 37 residents -

Days - 2 registered nurses and 9 care staff

Nights - 1 registered nurse and 8 care staff

Ancillary staff - 2 chefs, 6 kitchen assistants, 7 housekeepers (including laundry), 1 gardener and 1 maintenance assistant, 1 administrator and 2 receptionists.

Care staff absence/annual leave is covered internally although it is sometimes necessary to use agency staff to cover nursing absences. Every effort is made to use agency nurses who are familiar with the home and its client group.

All new staff undergo a week long induction programme followed by phased "shadowing" to ensure that they are able to integrate fully with other staff.

The parent company has recently changed its policy of having trainers based within a home to having area trainers. All mandatory training is undertaken during the early weeks of employment and staff are paid for all training undertaken. Most training is by e-learning with Fire and Moving & Handling training being provided on a one-to-one or group basis. Plans are in hand to provide full First Aid and CPR training to all appropriate staff. The training matrix showed that the level of up-to-date training stands at 83%. This is, in part, due to changes in the way in which training is to be provided on an area basis.

The home is no longer signed up to the Gold Standard framework, preferring instead to opt for its own PEACE programme, which is believed to encompass all the aspects of the Gold Standard framework.

Virtually all residents are subject to DoLs but, like most care homes, there is concern at the length of time it takes for the Local Authority to confirm them.

All care plans/MAR sheets/risk assessments etc are updated monthly but there is also a weekly ad hoc audit undertaken.

Medication is provided by Lloyds Pharmacy, whose staff assist in audits. Controlled drugs are stored in a secure cupboard within the code-locked air-conditioned pharmacy store. There are no residents currently on warfarin. Only 1 resident is subject to covert medication and this is with the approval of the GP and the resident's family. The home is registered with the Chase Cross medical practice and a GP carries out a weekly surgery. Only one resident self-medicates with an inhaler. Following the last CQC report when concern was expressed at the recording of medication, practices have been tightened up and MAR sheets are checked regularly. Nonetheless, the team did wonder whether controlled drugs should be checked more frequently but

the Manager has subsequently explained that it is company practice to carry out formal audits on a weekly basis.

There are no patients who need to remain in bed due to their medical condition although there are some who choose to do so. These residents are subject to careful monitoring to ensure that pressure areas are dealt with promptly as necessary. There have been some issues with patients admitted from hospital with pressure sores but these are referred to the TVN for immediate treatment. Residents returning from hospital are always body-mapped. In response to a question we were advised that the home does not take admissions after 5.00pm. or at weekends if this can be avoided.

Residents are able to have a shower/bath when they wish and we noted there were wet rooms on each floor. These appeared to be rather drab and could do with some brighter walls.

The home has some residents who require oxygen and this is administered via concentrators with back-up cylinders if necessary.

In the light of a recent report about increased requests for 999 ambulances, the team were advised that these were largely for one resident. This resident had been admitted with unstable epilepsy with medication appropriate to this condition and - as a result of this prescribed medication - authorization to administer medication to stabilize her in the event of a prolonged episode. Subsequently, following a two-week assessment in a specialist facility, it had been decided that the seizures were not due to epilepsy and all related medication had been withdrawn. Consequently, it had become impossible to stabilize prolonged seizures and a protocol had been drawn up to transfer the resident to hospital in the event of a prolonged seizure (generally in less than an hour), despite the resident's unwillingness, but in the interest of safety and with family approval.

There is a full-time physiotherapist who undertakes group as well as individual sessions. One such session was taking place when we visited.

A chiropodist attends every two weeks and the optician and hairdresser attend on a regular basis. Dentistry is available via the local authority and the service of a dietitian is obtained as and when necessary.

Approximately half of the client group have a normal diet, 14 residents are on PEG feeds and others are on soft or pureed diets. Only 7 residents do not require assistance with feeding. Weights are checked monthly or more frequently if necessary and it was noted that there was a wheelchair scale available for this. There is a chart in use for residents on PEG or other types of feed. We were given a copy of this. Fluid charts are also kept for all residents.

Staff meetings are held every 2 months with meetings for family and friends less frequent, the most recent being in May.

When asked about a whistle-blowing policy the team were advised that BUPA have a Speak Up policy under which everyone is encouraged to talk about concerns. Staff supervision takes place every two months. Families and friends are involved in monitoring quality and it was noted that the last monitoring report, as such, was the CQC report.

The team were pleased to note that the home has a number of volunteers who assist in activities and that these take place during the weekends as well as during the week. Activities are somewhat limited due to the condition of the residents. Most like music in the form of sing-songs and those who are able to go out, love shopping. Special occasions such as birthdays are always celebrated. There have been outside visits including petting dogs and spiders

and snakes which were well received by residents. There is a very large tropical fish tanks which is serviced by an external company.

There are no religious facilities as such but a number of local ministers attend on an ad-hoc basis and there have been visits by Gospel and children's choirs.

The team were shown around the home which was comfortable and well appointed although some areas were in need of redecoration. The team were advised that there were plans for that in hand, and suggested that a more varied colour scheme be considered, to provide contrast between doors and walls which is recommended for people with dementia and the team felt could also be useful for this client group. Overall the present colour scheme was rather drab. It was noted that staff areas were particularly in need of refurbishment.

The kitchens were clean and bright. Fridges and freezers were well stocked and tidy and all opened food was labelled and dated. The Environmental Health Officer has awarded a level 5 under its Scores on the Doors programme. There appeared to be a varied menu for those residents who could avail themselves of this.

The laundry was well-appointed with sufficient washing machines and tumble-dryers for purpose. There were the additional facilities of a rotary iron and a steam-generator iron. The laundress we spoke to appeared to be happy and satisfied that the hours were adequate to do the job.

Nursing and care staff who were spoken to said that they had received training appropriate to their roles and that generally there was enough staff although this was not always true when someone reported sick and it was not possible to provide cover.

All staff were uniformed and had identity badges. The team did not notice any with nail varnish or excessive jewellery and all appeared to be wearing recommended footwear.

When asked about how long medication rounds took one nurse reported that it usually took about an hour and a half, which, given the nature of the client group, seemed very reasonable. She confirmed that all oral medication is observed before moving on to the next resident.

The gardens were well laid out with chairs and tables and umbrellas. There was a separate covered area where residents could smoke. It included a vegetable patch.

The team were shown a room described as the cinema, which is an area where training also takes place. This place seemed to be very hot, and the team were told that it often felt “hot and stuffy”. Given its function, it might benefit from the installation of air conditioning.

The team’s general observation was that this appeared to be a well-run home with happy staff. It was difficult to talk to many residents because of the nature of their conditions. The very few residents who were able to talk to the team appeared to be happy and were all clean and well dressed.

The maintenance assistant who was spoken to was covering on a temporary basis pending the arrival of a new person. He reported that water temperatures and tests for legionella were carried out on a regular basis. A private company attends to carry out PAT testing.

Recommendations

That

- Consideration be given to a more varied colour scheme when re-decoration takes place.
- Consideration be given to providing an air-conditioning unit in the cinema.

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 13 September 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
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