Enter & View

Ravenscourt Nursing Home

111-113 Station Lane

Hornchurch, RM12 6HT

15 November 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 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 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, patient or other service-user is not compromised in any way.

This was the second visit to Ravenscourt by Healthwatch members: the first was in December 2014.

About the home

The team was met by the Manager, who explained that she had replaced the former manager, named on the website, in May 2016, as temporary manager pending appropriate registration by CQC. Her interview for that purpose was imminent. She added that she had worked at the home for some 20 years, most recently as Clinical Head/Deputy Manager. When she was unable to be present, the Clinical Head was responsible for managing the home.

The home is registered as a nursing home for frail elderly people and for elderly people with dementia or in need of palliative care. 6 residents are on PEG or N/G feeding systems. Regular respite care is provided for a small number of clients as well as respite care on an ad hoc basis, subject to the availability of accommodation. At the time of the visit, there were 66 residents in the home.

Staffing

Two registered nurses are on duty on each floor, day and night. Most shifts are 12-hours long but there are also 8am-2pm and 2pm-8pm shifts available. There is a 15minute handover between nurses on each floor and the in-coming nurses cascade information to other staff as necessary. It was noted that there was a poster advertising vacancies for registered nurses outside the home but the team was assured that all vacancies were now filled and that the poster would be removed.

All annual leave and sickness is covered in-house and extra staff are brought in if there are hospital appointments etc. where an escort is necessary and family members are unable to attend. The manager advised that families are encouraged to attend so that there is no delay in reaching decisions about treatment etc. All staff are subject to regular supervision and annual appraisals.

The home has a training matrix with a comprehensive syllabus appropriate to all members of staff, e.g. Moving and Handling, Health & Safety, Dementia/Challenging Behaviour, Fire, DoLs, Mental Capacity, Safeguarding,

Food Hygiene, Infection Control. Members of catering staff are required to undertake the more advanced Food Hygiene training. Lists of training dates and topics are advertised and staff are expected to attend and are paid to do so. Training is provided in-house and with the assistance of external agencies, e.g. pharmacists, managers from other homes etc. There is no training by e-learning. All nursing staff are aware of equipment and are fully trained to use it. The home does not have a defibrillator but has emergency oxygen packs and all nursing and care staff are trained in CPR.

Two members of staff have undertaken the Gold Standard Training for End of Life Care through St. Francis Hospice but the home has not continued with accreditation owing to the high cost of maintaining it.

Care of residents

In response to a question, the manager advised that she currently had no residents who were subject to Deprivation of Liberty Statements – although there should be about 50 – as the submissions had not yet been ratified by the local authority, although they had told her that approvals were imminent.

Care Plans, MAR charts and risk assessments were reviewed monthly but this would be subject to ad hoc changes if a resident's condition were to change.

All medications, largely supplied in blister packs by Day-Lewis pharmacy, were kept in dedicated trolleys, which were stored in locked treatment rooms and chained to the walls when not in use. Controlled drugs were further secured within locked cupboards in the treatment rooms and checked between each 12-hour shift to ensure no errors were made. Medicine administration was supervised and records were kept of those residents who refused to take their medication. No residents were self-medicating at the time of the visit, but there was a policy covering self-medication should the need arise. Two residents were on warfarin and the pharmacist would carry out checks as required.

Between 15 and 20 patients were confined to bed and needed to be turned at regular intervals, although specialist mattresses were in use; details of turns were recorded and food and fluid charts were also kept for these residents and for other residents whose food and fluid intake needed monitoring.

Despite these precautions, some residents would develop pressure areas; in such cases, the Tissue Viability Nurse would be called in immediately for advice and treatments, and special mattresses were available if needed. Patients going into hospital with compromised tissue were body-mapped and photographed to ensure there was a comprehensive record of condition for them.

The team was informed that the home monitored and recorded falls and regularly updated risk assessments. A new procedure had been introduced for notifying falls to Safeguarding on a two-weekly basis and this would be completed as required.

Maylands Health Centre provided a good GP service to the home with a regular clinic taking place each Monday (at Bank Holiday times this would switch to Wednesday). In addition to the GP surgery, a chiropodist and optician attended the home regularly. Dentistry was provided as and when necessary by South Hornchurch clinic. Hairdressing was provided within the Activities Service - all proceeds went towards various types of entertainment, such as visits from animals, reptiles, visits to Colchester Zoo, lunch at a local pub, belly dancers and singers. Activity co-ordinators provided a service on a 7-day basis. Regular daily activities included board games, quizzes, flower-arranging, bingo, baking, gardening and karaoke.

Dining areas were provided on each floor in the very large lounges. All residents who had the capacity to do so were encouraged to make food choices and there was provision for those who changed their minds. A menu board was displayed but the team considered that residents with sight impairments would find it hard to read. Many residents required assistance with feeding as well as those residents with PEG and N/G feeds who required

close supervision. These would have priority over the self-service residents who were served in the dining rooms although residents who required assistance were accommodated in the dining rooms as far as possible.

The team was advised that residents were offered showers or baths on at least a weekly basis, with some preferring to take this up more frequently and some preferring other means of washing. Tap temperatures were valve-controlled to prevent the risk of scalding. The only gender-designated toilets were for staff. When viewing the bathing facilities, the team was concerned to note that maintenance stickers, advising the date when last checked, were not easily visible on the appliances used to assist residents but appeared to be hidden away.

Residents were weighed monthly, unless there was cause for concern, when they would be weighed more frequently and when food charts were completed.

The manager advised that she had an open-door policy for any staff/residents/family members to speak to her at any time to resolve any issues that might arise. There was a whistle-blowing policy but every effort would be made to resolve issues locally.

All special occasions e.g. birthdays would be celebrated, with cakes especially where families are unable to help. If entertainment were arranged, efforts would be made to link with special occasions. Special days, such as St Patrick's Day and St George's Day were also celebrated.

There is a very well-equipped hairdressing salon which has recently been refurbished.

Members of St Luke's Church in Cranham attended every third week to provide a religious service and the priest from the Church of the English Martyrs

provided communion to Catholic residents. At the time of the visit there were no residents of another religion in the home but arrangements would be made to provide facilities should the need arise.

In addition to nursing and care staff, there was a full complement of ancillary staff such as laundry, 3 domestic assistants on each shift, cooks and kitchen assistant, one full time and one part time maintenance assistant and reception and administrative staff.

The home did not accept new discharges from hospital after lunch time on Fridays owing to the inability to register clients with GPs after that time. Otherwise, readmissions from hospital would not be not accepted over the weekend or after 4.00pm. The manager did not report any problems in this area and, in response to a further enquiry, said that if a patient was referred to A&E and was subsequently returned during the night, this would not be a problem.

When looking around, the team noted that the walls were painted in bland colours, although the manager was clearly trying to deal with this by having feature walls and corners in the lounges. Overall, the home appeared clean and tidy, with furnishings and facilities generally in good order. The lounges were bright and well-used. There were no unpleasant odours.

Owing to inclement weather, it was not possible for the team to go into the enclosed garden, but it was possible to see that a number of weather-proofed chairs and tables were available for use and that a planting area was also available. At the rear and side of the property, however, several large waste containers were full to overflowing, giving a generally run-down appearance. The team was advised that these bins were due to be emptied the following day.

Smoking was not allowed in any part of the building or grounds with the exception of a small area adjacent to the rubbish area. Only two residents smoked.

Overall, the team felt that the manager exhibited the right attitude to care and that she was open to suggestions for improvement. In general, the residents appeared well looked after, happy and satisfied with the food and drink, which was of a good standard. Relatives and friends were encouraged to visit and the manager would deal with any concerns raised. The team was assured that the manager and owners take any complaints or suggestions seriously and would inform any resident/family making a complaint of the necessary procedure.

Residents and visitors

During the visit, the team was approached by a church visitor who advised that she had only observed the best of care being provided at this home, which is one of many she visited during her duties.

The team spoke to some 15 residents and two visitors during the visit. All expressed themselves happy with the home and with the food and care provided, saying that there was plenty of choice and that drinks were readily available. All of those residents told the team that they felt cared-for and safe.

Recommendations

That:

- The use of bright and contrasting colours in the corridors be considered, as it is known that people who have dementia find bland colouring confusing
- The menu board be changed to a white board with dark-ink markers, so that residents who have impaired sight are more easily able to read it and make choices of meal
- That steps be taken to ensure that all confirmations of maintenance having been carried out are readily visible or are available at all times for inspection

- Consideration be given to improving the area allocated for rubbish collection to ensure that its inevitable unsightliness does not spoil the view of the rest of the home's grounds.

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 15 November 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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