Enter & View

The Fountains Care Home

12 Theydon Gardens, Rainham
RM13 7TU

11 April 2017

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.

The home

The Fountains is a 62-bedroomed care home with three floors; at the time of the visit, there were 20 general residents on the ground floor, 20 residents living with dementia on the first floor and 20 general residents on the second floor. Respite care is not normally provided but, should there be a vacant bed when a request was made

for respite care, an assessment would be made of the possible resident and a place might be offered, but that rarely occurred.

Whilst viewing the home, the team noted several items of minor disrepair that required attention, such as curtaining and furniture in need of care and attention and scaffolding outside that appeared unrelated to any work then current.

The team were pleased to note that air conditioning had been installed in the laundry, as recommended following a previous visit to the home. It seemed however that the laundry layout could be improved.

The kitchen was clean and tidy and fitted mainly with stainless steel equipment. Fridges were also clean and tidy and opened food was covered and appropriately labelled, although the freezers were of the older, chest type rather than upright and took up more space.

Staff

The staff comprise the Manager and her Deputy, 42 Carers, 14 Nurses, 1 administrator, 1 Housekeeper, 5 cleaners, 2 Activities coordinators, 1 Chef, 1 Cook and 5 Kitchen Assistants. Staff cover for absence and sickness is by bank staff (who may also work for the NHS). At the time of the visit, 3 Residents were receiving one-to-one care from Agency Staff, employed and paid for by the Care home.

All mandatory training is undertaken including fire precautions (staff are aware of position of extinguishers and how to use them) and clinical, all planned by Head Office.

The Unit Managers are all nurses, with one trained mental health nurse on the staff. Nurses are trained in CPR procedures but, as there is no defibrillator machine, in the event of a CPR event an ambulance would be called. Senior Carers carry out observations

etc., but do not administer medication.

The shift pattern comprises: 8am - 2.00pm, 8am - 8.00pm and 8.00pm - 8.00am. At night, there is one trained nurse on each floor together with two carers on each floor.

The Activities Coordinators work from 8.00am - 4.00pm each day and one works on Saturday. Details of activities were displayed on the ground floor, which looked varied and more than adequate. Special occasions are celebrated such as St. Patrick's Day, Easter and Christmas, and there is a Summer Fete, with residents' families and the local community getting involved. Ethnic minorities are catered for.

Staff meetings were held every six weeks (the next was due two weeks after the visit).

Care services

At the time of the visit, two residents were receiving end of life care, for which training had been provided by St. Francis Hospice and NHS Trainers.

13 residents were subject to Deprivation of Liberty Safeguards (DoLS) statements and nearly all other residents were awaiting approval of their DoLS. The team was told that Care Plans were reviewed monthly, with daily progress reports being made and MAR Charts were carried out monthly, more often if needed.

There was a drugs trolley one each floor, all locked when not in use, and Controlled Drugs were stored in a locked cupboard attached to the wall in the clinical room. A GP from the Rosewood Practice attended when required.

A few residents living with dementia received crushed medication, for which a policy written by the GP and pharmacist was in place. No residents were self-medicating at the time of the visit. Some

residents were on warfarin and their blood levels would be checked by nursing staff.

Residents who were immobile and required turning would be placed on pressure relieving mattresses and turned three or four times a day. The Tissue Viability Nurse would be contacted if need be.

The GP from the Rosewood Practice attended every Tuesday and a list of Residents to be seen would be sent to the surgery the previous day. On admission, residents were offered the opportunity to retain their own GP, but most agreed to use the Rosewood Practice.

In some circumstances if a urinary infection was suspected, the nurses could take urine tests and use their judgement as to whether to call the GP or, if out of hours, they would call NHS 111 who then make the appropriate arrangements. Should a resident require attendance at hospital they would always be escorted there. On average 40% of residents would be admitted once attending A&E.

Access to physiotherapy was by referral from the GP. An optician attended quarterly, as did a dentist, and a chiropodist visited every six weeks.

Residents' nutritional needs were assessed on admission and weight monitoring was carried out for at least one week after admission. If residents had problems with food and fluid intake, this would be monitored carefully and all diets were provided for. Residents were usually weighed monthly and if there appeared to have been a loss of 1kg or more a concern would be raised.

The frequency of baths or showers was a matter of residents' choice. Water taps had been adjusted to limit the temperature of the water to a safe level for bathing and showering.

Quality audits were carried out monthly, looking at Quality, Health and Safety, Meals and Customer Services (although the response rate was often disappointingly low). A Provider Quality Monitoring Report on service was usually carried out every 3 months; if Good

was scored, that period might be extended but an amber score would lessen the period between monitoring and if red a further monitoring report would be required within 7 days.

The whistle blowing policy asked that any concerns be addressed first to the Manager who would then pass them on to the higher management and/or Safeguarding.

The team was told that the experience of discharge to and from hospital was “patchy”. There was no co-ordination between the hospital and the home; some patients had been returned late at night, possibly as a result of bed vacancy and transport issues.

The procedure for falls management was that, in the first instance, the resident would be checked and an Accident Form completed. If a resident were to fall, a 24-hour observations would be maintained if felt justified; the Safeguarding Team and family are always advised. If a head injury occurred, and after observation it was considered that there had been some deterioration, the resident would be transferred to A&E.

The team were interested to learn that a pilot scheme had been implemented in cooperation with NHS 111. The home had been provided with an iPad to enable them to call NHS 111 who would then arrange for the GP to contact the home using Skype; the iPad would then be taken to the resident for remote assessment and instruction as to the appropriate treatment/action to be taken. This new approach is in its infancy and it will be interesting to see how it develops.

Speaking to staff, residents and visitors

The team was told that Relatives/Service Users Meetings were carried out twice a year but the ownership of the home was changing and the Manager was unable to confirm whether this would continue.

The visitors' book indicated that there were frequent visitors but that some residents did not receive any visitors so it was hard to judge how many visitors would attend the home in a day or week in total.

Communication difficulties were covered by pictorial menus, braille and sign language.

Opportunity was taken to speak to a number of staff and residents.

A lady who had been in the home for many years told the team that she was very happy with the home generally and that the staff looked after her very well. Two residents in the main lounge seemed satisfied with the home and the care.

Three members of staff on the ground floor were actively interacting with the residents, playing games with them, talking to them, walking with them up and down the corridors etc.

Three relatives were very enthusiastic about the care their relative was being given and they were very happy with the food, activities and the way the home was organised.

On the second floor, three more members of staff discussed their training and how the floor was managed. The team also spoke to two residents, who were seemed happy with the care they received.

The carers on this floor were seen interacting enthusiastically with the residents using musical instruments in the lounge and it was interesting to notice that the television was not on and many residents were participating in the activities.

On the top floor the team spoke with two events coordinators about how they organised events and how the care staff were an integral part of this process. On each floor, there were a number of activities which the carers used with the residents such as musical instruments, balls, games etc. These articles would be rotated around the floors so the residents were constantly being stimulated. The coordinators undertook specific activities and organised the more formal activities, such as music groups coming into the home, outside activities etc.

There was also a brief conversation with the hairdresser.

Residents undertaking the activity responded positively to the coordinator and answered some simple questions about what they liked.

Recommendation

That the décor and furnishing of the home be reviewed and replaced, repaired or refurbished as necessary.

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 11 April 2017 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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