

Enter & View

Alton House Care Home (second visit)

22 Sunrise Avenue, Hornchurch RM12 4YS

22 September 2017



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. 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 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 by volunteers, both from professional health and social care backgrounds and lay 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, NHS Services and contractors, 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.

Occasionally, we also visit services by invitation rather than by exercising our statutory powers. Where that is the case, we indicate accordingly but our report will be presented in the same style as for statutory visits.

Once we have carried out a visit (statutory or otherwise), we publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

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.

Healthwatch Havering first visited Alton House in April 2016, with a follow-up visit in January 2017.

The Premises

Alton House is a small care home at the end of a cul-de-sac road, nicely presented, with parking space for 3 cars.

The Manager met the team and took them into the large communal lounge/dining room, where they were joined by the Deputy Manager. Together they brought team up to date about the home; the team noted that the home's owner visited regularly.

Residents

Many of the residents were living with dementia, 10 of whom were subject to Deprivation of Liberty Safeguards (DoLS), with a further 4 or 5 applications outstanding. At the time of the visit, two residents were receiving respite care, both of whom had stayed at the home previously.

All residents admitted were assessed by the Manager and records were kept for each person. One current resident was visually and hearing impaired, which was quite challenging but family and pictures are used to help with communication. The visitors' book recorded approximately 30 visitors a week.

Staff

The Manager had been at Alton House for 18 years and was ably assisted by the Deputy, who had also been there a number of years. Both were on call at all times. A new annexe had recently been commissioned, giving a total capacity for 23 residents, although at the time of the visit there were four vacancies. As a care home, registered nurse was on the staff

At times of staff shortage staff were paid extra to cover so that the home could avoid employing agency staff - the team was told that the arrangement worked without problem. The staff do two 7-hour shifts during the day and a 10-hour nightshift, with a 15 minute handover. A handover record book is kept. 5 care staff were on duty on Friday, as well as the two Managers.

Staff included a cook, who was supported by other staff, and a maintenance operative. There was no Activities Co-ordinator but staff tried to do what they can with colouring books, music and movement. Very occasionally residents would go out, but never unaccompanied.

The home overlooks Harrow Lodge Park (a large public park in Hornchurch), giving residents a very pleasant outlook, but it is not easily accessible for many of the residents. One resident was a painter and he would go outside sometimes - some of his paintings were on display on the wall in the home.

Informal staff meetings were held once a month or so, as it is difficult to get all the staff together at one time. They resolve issues internally. The team were shown evidence of record keeping, including staff training, of which much was done by e-learning, paid for when done on the premises (staff who chose to train at home appeared to do so in their own time). Staff were mostly working for NVQ 2 and 3 qualifications. A tutor provided on site training for manual handling and competency to use the various hoists etc. A pharmacist provided medication training. Palliative care training was undertaken by staff from St. Francis Hospice.

During the visit, the team were shown several rooms of varying size, all of which were clean and tidy with nice bedlinen, with plenty of call bells.

The home was generally clean, tidy, homely, nicely furnished, with plenty of pictures on the walls. All doors were painted in contrasting colours, each with a nameplate and photo. There was a lift between floors.

There was a smallish garden outside facing west equipped with some tables and chairs.

Care

The Manager was responsible for the four medication rounds each day and the Deputy Manager checked the controlled drugs every day.

The home was following the Gold Standard Framework for End of Life Care as part of their training but they were not registered for the scheme. There was no defibrillator on the premises.

Care plans were adjusted as needed, in consultation with the GP and relatives were involved and signed off the plans. Family members were also able to monitor quality issues. Provider Monitoring reports were dealt with monthly. Residents' falls were rare but formally recorded. The Manager or Deputy would decide whether it was appropriate to call NHS111 or 999.

Infection control would be dealt with by isolating the patient, careful hygiene and, if appropriate, offering a restricted diet. Hand sanitisers were not obvious but the home advised that some were available. Drugs are stored in a locked trolley in a double locked cupboard. No residents self-medicate, none was on warfarin at the time of the visit and drugs were only administered covertly on the advice of the GP.

The assigned GP, who has a practice near to the home, had been reluctant to accept new patients and another practice had been approached by the CCG to take over as the assigned GP.

A hairdresser visited weekly, a physiotherapist attended on request, an optician called twice a year, and a chiropodist visited every 8 weeks. The team was told that staff would keep an eye on anyone who appeared to have a dental problem, contacting a dentist as necessary through an online referral.

Nutrition was monitored by observation and residents were weighed monthly. At the time the visit, one resident needed help with feeding and three were served puréed food. Fluid charts were kept and drinks and snacks were available outside meal times. Some rooms were *en suite* and there was also a walk-in shower room and a step-in bath. Baths/showers were offered once a week and taps were adjusted for temperature. All rooms were very clean with no limescale in sinks and taps. At the time of the visit, no resident needed turning but the Tissue Viability Nurse visited occasionally; staff were trained to look for pressure wounds. The Manager had no issues over hospital discharge and would accept residents back from hospital at any time as she regarded them as part of a family unit. When a patient was discharged from hospital, the home's experience was that records, and most medication, would usually accompany the returning resident.

Residents' and staff views

The team spoke to a Care Assistant who had worked at the home for a year (and had formerly been a cook received. She was doing online training for an NVQ in Dementia and told the team that she was paid for doing that. Her work was monitored regularly. Staff had several sets of uniform and change regularly.

The Cook was busy serving lunch, which looked appetising. He was a very cheerful man and his kitchen equipment was stainless steel and in good condition. The laundry equipment was modern and adequate, clothes being hung in an outside lobby to dry naturally.

All residents were well dressed and clean. The staff working in this home appeared really happy and the residents benefited from that. Some of them were chatting and not many were watching TV. One resident regularly lays up the round tables at mealtimes. The atmosphere at the home was most pleasant, all of the residents were very relaxed, and the team was able to approach any member of staff or resident to ask their opinion on how the home was run.

The team spoke to a resident, who told them she was very happy to be in the home. The accommodation, choice of food, drinks were fine but there were limited activities on offer.

Recommendation:

That hand sanitizers be provided on walls, obvious and labelled for use, particularly as a number of residents are living with dementia.

Healthwatch Havering thanks all service users, staff and other contributors who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 22 September 2017 and is representative only of those service users, staff and other contributors 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**

email enquiries@healthwatchhaverling.co.uk



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