



# Enter and View

Cherry Orchard Nursing Home  
15<sup>th</sup> January 2018

**Lifeline**  
Projects

**healthwatch**  
Barking and  
Dagenham

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# Contents

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- Contents ..... 2
- 1 Introduction ..... 3
  - 1.1 Details of visit..... 3
  - 1.2 Acknowledgements..... 3
  - 1.3 Disclaimer ..... 3
- 2 What is Enter and View? ..... 4
  - 2.1 Purpose of Visit ..... 4
  - 2.2 Strategic drivers ..... 5
  - 2.3 Methodology ..... 5
- 3 Summary of findings..... 7
- 4 Service Provision..... 8
- 5 Findings..... 9
- 6 Recommendations..... 13
- 7 Service provider response ..... 14



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# 1 Introduction

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## 1.1 Details of visit

Details of visit:	
Service Address	1 Richard Ryan Place Dagenham Essex. RM9 6LG
Service Provider	Cherry Orchard Nursing Home (Care UK Ltd)
Date and Time	15 <sup>th</sup> January 2018 - 12.30am to 3.30pm
Authorised Representatives	Richard Vann (Lead Officer) Val Shaw (Authorised Representative)
Author of report	Richard Vann
Announced/Unannounced	Announced
Contact details	Healthwatch Barking and Dagenham Lifeline House Neville Road Dagenham RM8 3QS <a href="mailto:richard.vann@healthwatchbarkinganddagenham.co.uk">richard.vann@healthwatchbarkinganddagenham.co.uk</a> 0800 298 5331

## 1.2 Acknowledgements

Healthwatch Barking and Dagenham would like to thank the residents, their relatives/friends and the staff at Cherry Orchard Nursing Home for their help and contributions during the visit.

## 1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visit and any additional information provided after the visit.

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## 2 What is Enter and View?

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The Health and Social Care Act 2012 allows local Healthwatch to carry out Enter and View visits. <http://www.legislation.gov.uk/ukpga/2007/28/section/221>

- Healthwatch representatives are recruited and trained to carry out visits to observe specific settings and give feedback.
- During a visit information is gathered through the experiences of service users, their relatives /friends and staff to collect evidence of the quality and standard of the services being provided.
- Enter and View visits can happen if people tell us there is a problem with a service but, equally they can occur when services have a good reputation.
- The visits enable us to share examples of best practice and make recommendations where improvements are needed from the perspective of people who experience the service first-hand.
- An opportunity to give authoritative, evidenced based feedback to organisations responsible for delivering and commissioning services.
- The visits assist local Healthwatch to alert Healthwatch England or the Care Quality Commission to concerns about specific service providers of health and social care.

If you are interested in finding out more about Enter and View visits or Healthwatch Barking and Dagenham, then please visit:

[www.healthwatchbarkinganddagenham.co.uk](http://www.healthwatchbarkinganddagenham.co.uk)

### 2.1 Purpose of Visit

Healthwatch Barking and Dagenham had received information about the nursing home from another local Healthwatch who had feedback from their residents regarding the service. They were concerned with some of the feedback they had received. Specific areas the visit focused on was

- How well residents are cared for
- How responsive the service is to individuals' needs
- Cleanliness
- Nutrition
- Interaction between staff and residents



## Strategic drivers

This visit was undertaken as a direct result of feedback received from individuals from the local area who knew people using this service.

The following areas were highlighted:

- Some residents not being changed quickly enough after soiling themselves - concerns about dignity.
- Residents often left to sit in an area with a TV on without any personalised activity to stimulate them.
- Availability of staff to support and respond to the needs of residents in a timely way.



## 2.2 Methodology

### Before the visit

- This was an announced Enter and View visit based on issues raised via another local Healthwatch regarding some elements of care. Healthwatch Barking and Dagenham wanted to follow this up and get views and experiences from people about how effective the care and support in the home was for residents.
- Before the visit, a letter was sent for the attention of the nursing home manager on 15<sup>th</sup> December 2017. Healthwatch advised its intention to visit the premises and areas of service to be focused upon.
- Representatives discussed how to conduct the visit and engage with staff, residents and their visitors.
- Feedback received from people during the visit is used to inform representatives about peoples' experiences and any other issues that might emerge during the time that Healthwatch were on site.



## Day of the visit

- Healthwatch representatives arrived at 12.30 pm. There was an intercom buzzer to ask for a gate to be opened to allow access into the main building. They were greeted by a member of staff and introduced to Rose, the area manager for Care UK. The home's Deputy Manager, Perpetual arrived a little later to join the discussion about the visit.
- We were advised that the manager's role was vacant and that Care UK were in the process of recruiting a candidate as soon as possible.
- Coinciding with the visit, representatives were told that the nursing home had a policy of protected meal times between 1pm and 2pm, with 12.45pm the time that people needing pureed food were supported.



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## 3 Summary of findings

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Healthwatch representatives were made to feel welcome by the management team and the staff they came into contact with throughout the visit.

The team had the impression that as this was an announced visit, the number of staff around at the time, and the interaction with them, might not be a true reflection of the way the home functions on a daily basis.

At the time of the visit, representatives were informed that a manager was being recruited and expected to take up post by March 2018.

Overall, for the specific areas of the service that Healthwatch focused on during the visit, representatives agreed that the service was satisfactory.

There were some concerns from the feedback received, that the quality of care was at times, being negatively affected by the number of staff available to adequately cover all the units.

The living areas were clean and tidy - staff were observed helping residents with their food, leaving others to feed themselves.

Representatives saw that there were communal areas used for activity and other lounges that had residents sitting around with a TV on not doing much. Although activity schedules were visible on the walls of each unit, there was nothing written on them for anyone to see what was planned for the forward programme of events.

Where some residents were sat, Lego pieces had been placed on the table in front of them. From observation, it wasn't clear what the purpose of this was. Representatives observed a resident who needed one to one interaction to participate with this was sat on their own.

To help residents relate to and remember life experiences, tactile areas in each of residential wings of the home, are situated in the corridors. Each unit had themed pictures on the walls too.

The home has a large garden area with pathways around it, interspersed with various themed set ups to remind residents of some of their life experiences. For example; there was a chicken coup with chickens in.



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## 4 Service Provision

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### General information

The nursing home is situated on a housing estate in the Goresbrook area of Dagenham, close to the A13. It provides services for people who have been assessed to have Dementia at various stages.

The facility is divided into three named residential units that are on ground level - Castle Green has twelve residential rooms; Ripple has twelve and Thames has fourteen. Residents are placed in a unit depending on the level of their assessed care and support needs. From observation, it appeared that each resident had their own room with a private space.

Representatives were made aware at the time of the visit, that none of the units was fully occupied.

Healthwatch was told that the numbers of staff on each unit was three carers and one qualified nurse during the day. Night shifts were covered by a nurse and two carers on each unit. It was advised however, that these rates could vary depending on the needs of some residents requiring one to one support or double handed care.

Representatives were told that staff could move from one unit to another to cover the staff who were absent. They said it was very rare that they use agency staff.



Outside the buildings there is a very large garden area with pathways for access to different areas the residents. The garden had a slogan on the wall that said 'a garden is a friend you can talk anytime to'





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## 5 Findings

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### How well residents are cared for

For the time that representatives were visiting, feedback suggested that providing a consistently good service at the home can be affected by a lack of staffing at various times. During the visit Healthwatch was told by a visitor that it was unusual to have so many staff around on the units and that it was because we were conducting our visit.

Representatives agreed that staff were doing their best in challenging situations, but when speaking with staff and what a representative observed during the visit, residents that need help and support didn't always get it in the timely way that they needed it.

During the visit representatives observed some residents being helped with their meals and others who were not - one in particular appeared to be struggling to eat their meal. It wasn't clear if the resident was meant to feed themselves or had the choice to have a carer supporting them.

### How responsive is the service to individuals' needs?

Healthwatch representatives saw that staff were attentive and busy around residents. It was evident that residents were at various stages of requiring care and support for Dementia.



The home has an environment that seeks to stimulate memories of life experiences that residents could relate to. Representatives were told that each resident has a personally assessed plan for their care and support needs and that the staff work with each individual to fulfil these. From the visit it wasn't clear how much personalised care was put into practice for residents.

### Cleanliness

The nursing home was clean and tidy - communal areas were neatly set up and there were no odours or signs observed by representatives to indicate that the units were not being kept clean regularly.

During the visit the floors and surfaces of one area were being cleaned. Representatives spoke with the cleaner and she told them she had worked in the nursing home for over twenty years. The communal bathing areas and toilets that representatives looked at were clean and tidy.



## Nutrition

Representatives were advised that this was an area of care that was a particular focus to ensure that residents stayed healthy. During meals, the nursing home has a protected meal times policy - this is aimed to ensure that all residents are fed without staff being interrupted with non-urgent duties.

One of the representatives tasted a sample of the food that was given to residents and said it was ok. During this time, a carer was seen to be encouraging one of the residents to eat.

A nurse described how individuals are weighed regularly to ensure that they are healthy and that changes are closely monitored.

## Interaction between the staff and residents

Members of staff were speaking with residents and interacting with them. The staff were friendly and proactive around the residents.

From speaking with care staff, representatives understood that some of them had worked at the nursing home for a number of years. They were passionate about helping and supporting residents to have the best quality of life they could.

Some concern emerged when a member of staff said that there are times when under pressure, carers are not always able to support or spend enough time with residents.

## Working with external services to benefit residents

The nursing home is visited every Wednesday by a GP from the John Smith Practice in Barking. Representatives were informed that there are links with a number of individuals who provide entertainment for guests.

Hairdressers and podiatrist's come into the home to provide services. It wasn't clear whether these services were being provided free to some residents or only to those who had the means to pay for them.



## Other Findings from the visit

- Healthwatch was told that when a resident passes away, the room that they occupied is cleaned and redecorated in preparation for the next resident.
- Most of the residents don't get the opportunity to go out - those that can, are taken out by a taxi service.
- One family member that visits the home five times a week said that the choice of food was good and that during better weather, being able to use the garden area made a positive difference.
- Sometimes visitors couldn't always get access into the nursing home when they called the front gate intercom system, usually after 4pm. This meant them having to wait until a member of staff turned up.
- A representative was told by a resident that they find the nursing home a peaceful place to live and that the staff were kind and helpful.
- Nurses and care staff work twelve hour shifts with a one-hour break that they are not paid for. They do however, get paid if they have to accompany a resident to unplanned hospital visits which can often extend their shifts by several hours.
- It was indicated by a carer that working with residents with complex and high level needs was challenging and that staff team work was a positive part of the job.
- There was a suggestion from a carer that staff weren't always listened to and that they felt unsupported by their managers. There was concern that at times when there wasn't enough staff to support residents, that incidents could occur.
- Staff would normally be expected to report any problems or incidences to a senior carer who would then report on to a nurse or manager. One carer indicated that if necessary they would go outside of the organisation to raise an issue.
- The relief manager told representatives that there was enough staff for one to one support and that there was provision to use up to 10 bank staff if needed.
- There was one safeguarding issue outstanding that representatives were told was being worked through with the resident's family.



- Healthwatch was informed that there are quarterly meetings held for relatives and that any issues that arise in between times, can be addressed.
- Nursing staff, carers and cleaners/domestic staff wore different tunics but there was no boards or information to let guests know who was who.
- We were informed that the home runs a scheme for volunteers that are trained in first aid, given basic training about Dementia, trained for moving and handling skills and information about food hygiene standards.
- A visitor told representatives that the quality of care is not as good as it could be.
- It was suggested by a visitor that the number of staff and the busy activity that was happening during the Healthwatch visit, was in contrast to what happens usually.
- There was concern that over a six-month period, that a resident's health had deteriorated.
- It was suggested by a visitor that residents sat in chairs in the lounge area and that there was no activity to stimulate them and not enough staff around on the whole, to give residents the levels of assistance that they needed.
- It was pointed out by a visitor that there are problems with getting dental appointments, especially those that had false teeth.
- A view was given by a visitor suggesting that some carers were good at providing care and support, but not all of them and that management at the nursing home was not good.
- There was some concern that incidences were not being recorded or reported.
- Relatives/loved ones can visit the home anytime and anyone representing a resident can have access to their care information.



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## 6 Recommendations

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During this visit it was evident that a great deal of effort has gone into creating the right atmosphere and environment for residents to live in. There are however, areas of service that Healthwatch recommend are addressed by the nursing home;

- A re-occurring theme from the visit was that there are often times that residents didn't get the care and support that they needed due to the number of staff available, being stretched to work across the three units of the home. Healthwatch would like to know what measures are being taken to ensure that all residents get the care and support they need on a daily basis and that additional staff are employed to provide the standard of service that residents need.
- It is a concern that dental hygiene for residents doesn't seem to happen often enough and that it could have a detrimental effect on their health. Healthwatch recommends that regular dental health checks are included in individuals' care plans and that the appropriate arrangements are put in place to ensure that residents with challenging behaviour are supported to see a dentist regularly.
- Visible schedules should be fully completed so that people can see and are aware of future plans for entertainment and other activities for the residents.
- At particular times, when reception and front desk staff are not available, the home should consider having an alert system in place that indicates to other staff when guests coming to visit residents need to be let in through the secure gate. This is so visitors are not left waiting outside for lengthy periods of time.



## 7 Service provider response

This report was delayed by a late response from Care UK. Sent on 20<sup>th</sup> February 2018, Healthwatch received the response on 8<sup>th</sup> May 2018.

### Healthwatch Visit Response



Date: 15<sup>th</sup> January 2018

Location: Cherry Orchard Care Home

Page	Areas raised within the report	Response from Care Home
6 Par 1	Rose, the Area Manager for Care UK	Rose, Relief Manager for Care UK
3 Par 2	The team had the impression that as this was an announced visit, the number around at the time, and the interaction with them, might not be a true reflection of the way the home functions on a daily basis	<p>We have reviewed the staff rosters for week beginning 15<sup>th</sup> January 2018 and there were 10 health care assistants and 3nurses on duty allocated to 34 residents. Which is a ratio of</p> <p>The home also had 2residents on one to one care for 12hours each at the time of the visit</p> <p>This can be evidenced on our electronic sign- in register which was not reviewed at the time of this inspection.</p>
7 Par 3	At the time of the visit, representatives were informed that a manager was being recruited and expected to take up post by March 2018	We can confirm the new manager is now in post and commenced their role on the 22 <sup>nd</sup> March 2018



10 Par 6	Some concern emerged when a member of staff said that there are times when under pressure, carers are not always able to support or spend enough time with residents.	The availability of staff are planned with our CAPE tool, However, time taken to complete daily care delivery may be impacted by unplanned events at the home such as welfare emergencies which will undoubtedly impact on allocation of resources
11 Point 2	Most of the residents don't get the opportunity to go out - those that can, are taken out by a taxi service.	Resident's activities are tailored around their hobbies, interest, risk assessments and choice. We work closely with relatives to generate life story books for their loved ones which details preferred meaningful activity. The home is not limited to taxis as local means of transportation such as buses are used subject to the resident's needs.
11 Point 4	Sometimes visitors couldn't always get access into the nursing home when they called the front gate intercom system, usually after 4pm. This meant them having to wait until a member of staff turned up.	It is important to us the stakeholders have access to the home to see their relatives when they wish to. The home operates an intercom system which is operated from the nurse's station. There is an automatic release button to provide relatives with access without physically going to the doors or gates.
11 Point 6	Nurses and care staff work twelve hour shifts with a one-hour break that they are not paid for. They do however, get paid if they have to accompany a resident to unplanned hospital visits which can often extend their shifts by several hours.	For staff who provide unplanned escort, arrangements are made for a colleague to take over at the end of their shifts.
12 Point 3	The <b>area manager</b> told representatives that there was enough staff for one to one support and <b>that using bank staff provided another ten when needed</b>	Relief Manager - <b>Amended</b>  Could this be clarified - <b>Clarified and Amended</b>



12 Point 6	Nursing staff, carers and cleaners/domestic staff wore different tunics but there was no boards or information to let guests know who was who	We have taken this on board and will action
12 Last par	It was pointed out by a visitor that there are problems with getting dental appointments, especially those that had false teeth	Dental appointments are managed by the NHS and as such waiting list may vary. Some of our residents do have private dental service arrangements in place with quicker appointment times.
Page 13 Par 1	A view was given by a visitor suggesting that some carers were good at providing care and support, but not all of them and that management at the nursing home was not good.	Shortfalls are addressed with staff through supervisions with tailored training to up skill them within their role. The home also operates a buddy system where staffs are paired with a more competent member of staff to support and mentor within their roles effectively.  The recent relative's survey for period September 2017 to March 2018 indicates a 4% increase in satisfaction around the management of the home.
13 Par 2	There was some concern that incidences were not being recorded or reported.	All our incidents and accidents are monitored electronically via a tracker system and shared with the local authority with trends analysis and risk management plans. There are internal quality governance audits where these are reviewed. These were available at the time of the audit
13 Recommendations Point 1	A re-occurring theme from the visit was that there are often times that residents didn't get the care and support that they needed due to the number of staff available being stretched to work across the three units of the home. Healthwatch would like to know what	The home works corroboratively with the placement authority to review resident's staffing needs in line with care delivery. the home reviews staffing allocation using internal CAPE tool monthly Recruitment is currently 10% above allocated staffing levels





	measures are being taken to ensure that all residents get the care and support they need on a daily basis and that additional staff are employed to provide the standard of service that residents need	Bank staff recruited to provide ad hoc unplanned absence cover Robust induction plan in place for training and staff support with ongoing supervision
13 Point 2 Recommendations	It is a concern that dental hygiene for residents doesn't seem to happen often enough and that it could have a detrimental effect on their health. Healthwatch recommends that regular dental health checks are included in individuals' care plans and that the appropriate arrangements are put in place to ensure that residents with challenging behaviour are supported to see a dentist regularly.	Dental hygiene is part of the daily personal care provision and evidenced within the care plans. This was available at the time of audit but not viewed.

