Enter & View

Hornchurch Care Home

2A Suttons Lane

Hornchurch RM12 6RJ

13 March 2018

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
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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 welfare of the resident, patient or other service-user is not compromised in any way.

The Premises

Shortly before the visit, the Hornchurch Care Home was taken over by HC1, having previously been owned by BUPA.

The home is on a fairly busy road close to Hornchurch Underground station and on a number of bus routes. The building has 4 floors, the lowest being Lower Ground as the land on which the home is built slopes. Care accommodation is provided on the three upper floors: Grosvenor and Dorchester units provide nursing care and the third unit, Regency, caters for residents living with dementia. The home provides 55 places. At the time of the visit, there were 53 residents.

The team was met by the manager, who advised that he had been in post since November 2017 when HC1 took over the home. His registration with CQC was in hand and there was an assistant manager, to whom the team were introduced and who joined the meeting.

The kitchen was clean, the store cupboards well maintained with no stores on the floor although we did note that the cleaner's cupboard was unlocked. All items in the fridges and freezers were appropriately labelled. Extract vents were all clean. The Environmental Health Officer had awarded a 5 on the Scores on the Doors notice.

The laundry was quite possibly the best equipped the team had seen during its many Enter and View visits. The design of the laundry enabled a clean and dirty area practice to be observed and a basket system for each room to be provided. There were adequate washers

and dryers for the size of home, the area was air-conditioned, there was a rotary iron as well as a sophisticated steam iron.

The dining rooms were very pleasant and were laid out like small restaurants.

There appeared to be more than adequate staff numbers and all were wearing uniforms and badges. They were interacting with residents and the atmosphere was calm and friendly.

There was a compliments and suggestions box by the front door.

Externally the home appeared to be well maintained and there was a large patio area equipped with a generous supply of chairs and tables. Additionally, there was a garden laid to lawn, with shrubs, flower beds and benches. Both gardens were wheelchair accessible. However, although it was a lovely day, there were no residents in them and the access doors were locked.

Staff

There are 3 registered nurses on duty in each unit, assisted by a number of carers, a number of whom hold the NVQ II qualification. Staff are encouraged to undertake this training and there is a pay premium for those who complete the course successfully.

Until relatively recently, there had been a high dependence on agency staff to cover vacancies and sickness etc. but the manager was pleased to be able to advise that this was no longer the case as all requirements were covered internally (the team had noticed a recruitment poster outside the premises when arriving).

Shift arrangements were mainly 8am to 8pm, with some early and some late shifts - 8am to 2pm and 2pm to 8pm - and then 8pm-8am. There was a small overlap on nursing shifts to aid handover of all relevant information. Staff meetings, to which all staff were invited, were held every 6 - 8 weeks and unit meetings were held weekly.

There were 10 ancillary staff who provided laundry and cleaning services, and a head cook, assistant cook and a number of kitchen domestic assistants, as well as a full-time maintenance assistant. There is also an administrator and a receptionist. Activities are led by a full-time co-ordinator who has 24 assistant hours. Activities staff cover Saturdays. Activities include reminiscence, exercise, board games, karaoke, lunch trips out and shopping trips. Special occasions are celebrated with banners, cakes and entertainment.

There is a full schedule of training which is provided by e-learning as well as on a face-to-face basis. Staff are paid for their training and the manager advised that he took a holistic approach to training to ensure that staff would assimilate the sessions. The team asked about training in the use of specialist equipment and were advised that there was no specialist equipment such as defibrillators on site, nor were there currently any residents requiring oxygen although this could be arranged if necessary.

The home provides palliative care and the services of the Havering End-of-Life nurse would be enlisted when necessary to ensure that care was provided in accordance with residents' individual needs.

The home has a whistle-blowing policy and encourages the "Speak Out" practice. The manager advised that he operates an open-door policy for staff as well as residents and their friends/relatives and was trying to develop an open culture. Additionally, staff were free to contact local authority safeguarding officers or the CQC.

Care

The team enquired about residents who may have communications difficulties and were advised that, although there is no specific training, every effort is made to adapt care given to improve communication - with staff being encouraged to discover residents' likes and dislikes in order to provide appropriate care.

In terms of religious needs, the team were advised that members from a local church visit on a monthly basis. The manager was unaware of any other needs but gave assurance that the relevant religious body would be contacted if a need were identified.

At the time of the visit, there were 27 patients who required Deprivation of Liberty Safeguards, 9 of whom were then pending local authority confirmation.

Care plans, MAR charts and risk assessments were reviewed on a regular basis by the Resident of the Day scheme currently in operation on each unit. This ensured that each resident was re-assessed on a regular basis. Additionally, if there were any concerns, more regular reviews would be undertaken. More information would also be obtained from relatives and friends at meetings, which are held on a three-monthly basis.

Quality issues were monitored on an ad hoc basis with the manager visiting all three units and talking to residents and their relatives on a regular basis. The team were pleased to note that the manager knew every resident by name and was able to have meaningful conversations with them. The team were told that the owners' regional manager visited on a regular basis and carried out quality surveys, and daily reports were required with a weekly summary of all relevant information.

Infection control was ensured with the use of PPE, red bags, hand hygiene and daily questions. Residents who showed symptoms of contagious infection were confined to their rooms as far as is possible.

The incidence of falls was monitored and charted via the in-house system and consideration was given to the circumstances – for example whether the resident had an infection or other known issue. Where there appeared to be no identifiable cause and any resident had experienced a number of falls, further advice would be sought.

When asked about whether the 111 service would be used rather than 999, the manager advised that, in most circumstances, the 111 service would be used unless there was a clear indication that a resident needed to go to hospital on an urgent basis - e.g. following head injury or stroke, or apparent hip/bone injury following a fall.

The manager advised that he carried out night inspections monthly.

Residents' medications were stored in dedicated trolleys and kept in a locked room.

Controlled drugs were stored in a locked, separate, wall-mounted facility within the medication room, which is air-conditioned, and were handed over officially at the end of each shift. At the time of the visit, some residents were on covert medication with the agreement of family, the GP and the pharmacist, no residents were self-medicating and two residents were on warfarin, attending Queens hospital for tests as and when required. The team were told that the GP service for the home, provided by Health 12000 based at King George Hospital, was excellent: a GP attended each week and reviewed residents' medications in conjunction with the pharmacy (Lloyds).

Physiotherapy services could only be accessed via the GP but other services, such as optician, dentist and chiropodist were arranged by the home on a regular basis. A hairdresser visited weekly.

A number of residents require a pureed diet, which was provided by the chef, and some residents required thickened drinks.

Residents were usually weighed on a monthly basis unless there was concern about weight loss/gain, when a weekly routine would be introduced. Fluid and food intake charts were completed for those residents who were being monitored that way.

Residents had the opportunity for a daily shower if they choose to do so or could avail themselves of the bathrooms on each floor of the home - less frequently. It was confirmed that all taps within resident

areas are fitted with heat controls and that temperatures of all were monitored monthly.

Many residents required regular turning and appropriate charts were in use to monitor, ensuring it was done in a timely fashion. Any resident with tissue viability problems were referred to the tissue viability nurse. The home had no problem in obtaining adequate supplies of incontinence products from the local authority.

The home liaised with the Joint Assessment and Discharge team at the hospital and had not experienced any problems. Admissions to and discharges from hospital were usually satisfactory with only minor issues being experienced – as an example, the team were told that one resident had been discharged without morphine patches but these were delivered by the ward manager within a very short time. When asked about time parameters, the manager advised that he preferred to receive new/re-admissions between 10am and 4pm but that he understood the pressures on the ambulance service and was prepared to be flexible.

In response to an enquiry about the records kept for respite and short-stay residents, the team was assured that these are exactly the same as those kept and maintained for permanent residents.

Views of residents, visitors and staff

The team then toured the home and were able to speak to a number of staff, residents and visitors.

The responses received from staff largely reflected the information given by the manager and his deputy. They appeared to be happy with the new management and felt that they could take any problems to them; they confirmed that meetings were held on a regular basis and that training was undertaken - both new and refreshers.

The team spoke to a number of residents and their visitors. Most appeared to be happy with the care provided, although a couple who had been transferred from another home were critical of staff numbers, and other issues (unspecified). All residents appeared to be clean and appropriately dressed and said that the food offered was good. The relatives to whom the team spoke were also happy with the care provided. Several residents had been in the home for some years whilst one had only arrived that day. The manager advised that, despite having two vacancies, he was developing a waiting list. The team noted that there were drinks available in the day room and at residents' bedsides. Residents knew the manager and were happy to talk to him.

Residents were asked what colour they would like their rooms to be painted - one was very pink! However, although the home appeared to be clean and well maintained, there was a preponderance of magnolia walls. Most doorframe colours were contrasted from the adjoining walls. There were memory boxes outside each room with various items/photos in them, reminiscent of residents' lives. Along the corridor on each floor there was a bench set in the wall. Unfortunately, each bench faced a blank wall! Furnishings and carpets all appeared to be clean and in good condition.

As the team left, they met the daughter of one resident who had come to register her uncle as a prospective resident as her mother was so happy in the home.

The team concluded their visit by thanking the manager and his deputy for their time and explained the report process.

Recommendations

That:

- Consideration be given to the provision of a large picture or mural on the wall opposite the bench seats in the corridors.
- Consideration be given to providing pots of shrubs/flowers to brighten up the patio garden - it appears rather bare.
- Consideration be given to more varied colours when redecoration takes place - particularly around door frames etc.
- The cleaners' cupboard in the kitchen be kept locked.

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 13 March 2018 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@healthwatchhavering.co.uk**

Find us on Twitter at @HWHavering

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