



# Enter and View

Chaseview Nursing Home  
Romford  
30<sup>th</sup> July 2019

**healthwatch**  
Barking and  
Dagenham  
Delivered by LifeLine Projects

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# 1 Introduction

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## 1.1 Details of visit

Details of visit:	
Service address	Chaseview Nursing Home Off Dagenham Road Rush Green Romford, Essex RM7 OXY
Service provider	HC-One
Service area	Residential Nursing Care - Dementia
Date and time	Tuesday 30th July 2019 - 1.30pm to 4.30pm
Authorised Representatives	Richard Vann (Lead Officer) Val Shaw (Authorised Representative) Barbara Sawyer (Authorised Representative) Kim Christy (Support Worker)
Author of report	Richard Vann
Announced/Unannounced	Unannounced
Contact details	Healthwatch Barking and Dagenham Lifeline House Neville Road Dagenham RM8 3QS  richard.vann@healthwatchbarkinganddagenham.co.uk  0800 298 5331

## 1.2 Acknowledgements

We would like to thank the residents and their relatives for their input.

## 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.



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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.
- 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 organizations 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

Our purpose was to observe and engage with residents and staff. The following aspects of the service Healthwatch focused on;

- Building and the surrounding area
- Nutrition and personal hygiene
- Respect and dignity of people
- Security of the residents
- Social well being
- How residents are cared for
- Health and medical needs
- Staff, residents and relatives' interactions

## 2.2 Strategic drivers

This visit was undertaken as a consequence of feedback received from the public about the standard of the service.

In response to the issues raised, Healthwatch is carrying out the visit to find out how well services are working for residents and relatives at the current time.



## 2.3 Methodology

### Before the visit

This was an unannounced visit carried out by Healthwatch Barking and Dagenham; to observe and record representatives' views of the facility to find out how well residents and their relatives are cared for.

Feedback received and observations are used to inform service providers and commissioners about both resident's and carer's experiences at the nursing home.

### Day of the visit

- The Healthwatch team arrived at 1.30pm. Representatives were able to gain easy access into the main building reception area through an unsecure open door.
- There was no one on the reception or in the adjacent office. However, a member of staff using the photocopier went to find the manager. We were greeted by the administrator as the manager wasn't available at the time.
- The lead representative explained who we were and why we were there. A member of staff was asked to take us through to the first area where residents were in a dining area having their lunch.



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## 3 Summary of findings

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During the time Healthwatch representatives were at the nursing home, they listened to residents and their relatives who said the service was meeting their needs and that the staff were supportive and very caring.



Residents and their relatives were generally happy with the care that was being provided and staff were seen by representatives to be proactively supporting residents that needed it at the time of the visit.

The point was made however, that a high turnover of staff was unsettling for some residents, as it affects the continuity of their care.

Relatives also commented that there were times when there were not enough staff around to respond when assistance was required. This raises concerns about the resources available to provide good standards of care consistently throughout the rest of a day and night.

The weather was hot on the day of the visit. The secure outer door to the reception area was open and there were no staff initially visible when representatives entered. There was a member of staff using a photocopier in one corner and they did speak with the team. At the entrance foyer there was a coded door that only staff could access into the main area of the building.

In two units that representatives went to – Ford and Nicholas – there was a strong smell of urine and a chair one of the representative was offered to sit on was wet with what appeared to be soiling. Some areas looked disorganised and folders and cups were observed balanced on radiators.

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## 4 Service Provision

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### Building and Surrounding Areas

Chaseview Nursing Home is situated in Dagenham near the borough boundary with Havering. It provides nursing and care services for older adults (65+) most of whom have been diagnosed with Dementia at various stages. This is a big facility that can accommodate up to 120 residents split over four residential areas on two floors within the site. There is a lot of parking provision that is fully accessible. The latest CQC inspection report in April 2019 indicates that overall, the facility requires improvement.

At the time of the visit, there was no permanent manager in place so the home was being run by an interim manager. They were not available to give an overview and further insight into the workings of the home during the visit however, representatives were guided to the different areas of the facility by a member of staff.

The building is light and airy although some of the decor and furnished areas used by residents looked as though they needed some maintenance. Some areas had dirty carpets that needed cleaning. There were some works being carried out during the visit that prevented access through some corridor areas.

There are garden areas that were available for people to use with gazebos for shade. At the time of the visit no one was seen using the garden on what was a pleasant day.

At the time of the visit it was not clear to representatives if all the rooms were occupied. Those that were observed seemed to be adequate for the residents and their relatives. It was observed that there appeared to be quite a few residents in bed with their TVs on. One relative told us that the choice to do so was made by his mother.

There is an accessible lift to the first floor however, at the time the light inside it wasn't working.

Healthwatch wasn't able to find out how many staff work at the home and how the shift patterns are organised with the number of staff available - it was pointed out however, that at times they seem very short staffed for example; when residents want to be moved back to their rooms they are left sitting in communal areas for long periods of time.



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## 5 Findings

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### Nutrition and Personal Hygiene

Relatives and informal carers that Healthwatch spoke with were satisfied with the choice of food and said that when they needed help to eat or drink, support was available. Representatives were advised that there are alternatives for individuals if they wanted it - there was no menus to view at the time of the visit.

Each room has its own showering facilities and Healthwatch was told by relatives and residents that they are offered help with this. Depending on the availability of staff, this can be only occasionally.

For some this is not often. For those that required help with continence, one relative told us that their mum was changed every four hours whilst they were there.

There were no concerns raised about bed or pressure sores. Some feedback suggested that the beds were changed daily, others done on a weekly basis.

Residents told Healthwatch they were treated with dignity and they can choose the gender of the carers that help them however, there are very few male carers working at the home.

Comments from residents & relatives include the following:

*"I am very pleased with the care I get here"*

*"The staff here are very caring – mum is well looked after and when I come here she is always changed and clean"*

*"The staff do their best but sometimes it is very low staffed and agency staff have to come in"*

*"I don't always get help when I need it, although I'm helped to get changed every 4 hours as I use a pad you see. I'm never left wet by the staff"*



*“I get told that the staff don’t always have the time to shower me and wash my hair”*

*“Don’t worry about me, everything is alright here!”*

### **Social Activities available to residents**

From observation in the areas Healthwatch went into, there was a lot of residents sitting around together - some were being helped with eating. There was a TV on with one or two watching it.

Healthwatch was told that there was little or no social entertainment provided for residents however, relatives can visit at any time and take individuals out if that’s what they want to do.

There have been occasions when people from a local farm have brought in animals for residents to connect and interact with, for example, goats and dogs.

### **Respect and Dignity**

Residents and their relatives said that they were treated with respect and dignity; that they had no real concerns about that.

When individuals appeared to need attention and support in the communal areas, Healthwatch observed that this was available. It should be noted that during the visit, an increased number of staff seemed to appear in the communal areas whilst Healthwatch representatives were in there.

### **Staff, Residents and Relatives’ Interaction**

A resident and their relative told us that the staff were very good and caring. As the relative is there a lot of the time, interaction with staff is minimal. They told us that they are always treated politely and with respect. They indicated that their mum could have what she liked, and was given choice.

None of the people we spoke with needed consideration of their religious beliefs.

Family members do take them out on trips sometimes and bring them back, but there was no evidence or suggestion that the staff are made available to do this.



## Health and Medical needs

The residents and relatives that Healthwatch spoke with all confirmed that they had access to seeing a GP - one person said they see the GP regularly.

A resident said they do not like to use a dentist others said they do, one of whom said they used a private service recently because she lost her dentures.

## Safety and Security of Residents and Property

When Healthwatch representatives first arrived at the nursing home, the doors into the main reception were open and not secure from anyone wishing to enter. It was however, one of the hottest days of the year. From the reception area there are secure doors into the main body of the home.

It wasn't clear whether the facility was covered by CCTV and there were no staff available to meet with us in a reasonable time.

## Staff Satisfaction

Healthwatch didn't get the opportunity to speak with staff in the time we were there. Those staff that were around and observed were kept busy.

## Other Findings from the visit

Representatives who went into both Ford and Nicholas units said that there was a strong smell of urine, made worse because it was a hot day.

It was observed there were cups and folders lying around on radiators which gave a disorganised sense to the surroundings.

The reception area was not particularly well organised - there was paperwork all over a desk - the admin office was open with no one in it at the time. There was some concern this could contain personal information about residents.



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## 6 Recommendations

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Based on observations and feedback from residents/family members, Healthwatch requires a response and action from the nursing home on the following points raised.

1. Healthwatch would like to see how many staff are available on each unit during the 24-hour shift pattern. We would also like to know how frequently the nursing home has to use the services of agency staff.
2. At the time of the visit there was no manager in post - the home was being run by a deputy manager. Healthwatch would like confirmation when that post is filled and also if the size of the nursing home is safe to be managed by one person.
3. The reception area wasn't overseen by a member of staff at the time of the visit - representatives entered the building with no one asking for identification. Healthwatch would like to know what measures will be put in place to ensure this concern is put right.
4. The areas that representatives visited - Ford and Nicholas - had strong smells of urine and one of the chairs was soiled, apparently going unnoticed by staff. It is a concern for Healthwatch that residents could be left to sit around in soiled clothing for too long to the extent that the odour is overpowering to anyone wandering into a communal area. Healthwatch would like to know what action and measures will be put in place to ensure this concern is put right.



## 7 Service provider response

Thank you for the report. A Home Manager has been in post since 14th October 2019 and she is currently undergoing registration with the Care Quality Commission. The Home Manager is supported with the running of the home by a full time Deputy Manager, Clinical Services Manager and Night Manager.

Staff have worked hard to improve the malodours. Since the manager has been in post there has been no malodours noted on Ford House and they have been eliminated on Nicholas House. Staff work tirelessly to maintain an environment which is clean and odour free.

Staffing levels are reviewed regularly in conjunction with the Area Management team. A dependency assessment tool is used and residents' needs are assessed on a monthly basis.

Staffing levels differ on each unit depending on the needs of the residents. Staffing levels are kept under close review. Currently the staffing levels are:

Nicholas House	Kennedy House	Ford House	Hart House
Nursing Dementia	Nursing	Residential Dementia	Residential
Number of residents: 23	23	21	15
Day: 2 nurses and 5 care staff or 1 nurse and 1 nursing assistant and 5 care staff TOTAL 7	Day: 1 nurse and 1 nursing assistant or senior carer and four carers TOTAL 6	1 nurse and 1 senior carer and five other care staff TOTAL: 7	1 unit manager or senior carer and two care staff TOTAL: 3
Night: 1 nurse and two care staff TOTAL: 3	1 nurse and two care staff TOTAL: 3	1 nurse and two care staff TOTAL: 3	1 nurse or senior carer and one care assistant TOTAL: 3

Menus are available on each unit and are available on the entrances to the lounges. Care staff ensure the correct day's menu is available at the start of each day. Care staff offer choices to residents from the menu each day and alternatives are available at each meal time.



It is unusual for the reception area to be unmanned however please see below for actions to address the concerns.

There is an activities programme in place, again, please see actions below:

Area for improvement	Actions required	By who	By when
Activities	Commence Stop the Clock - all staff to stop what they are doing and spend time with the residents on the units at 3pm daily	All staff	From 6th January 2020
	Ensure that when entertainment is provided on one unit that residents on other units have the opportunity to attend and that care staff attend with them to enable wellbeing staff to continue to provide wellbeing support for those who chose not to attend or cannot attend	Wellbeing Lead Coordinator and Unit Managers	From 6th January 2020
	Utilise resources provided by the support office to better plan a wide range of activities that the physical, social and spiritual needs (separate action plan by department)	Wellbeing Lead Coordinator	From 6th January 2020
	Implement ways of bringing in the wider community and getting residents out into the community.	Wellbeing Lead Coordinator with support from Home Manager	From 6th January 2020



Site security - reception	Ensure that administrator and receptionist are not away from their desks/offices at the same time	Home Manager	Immediate
	Review entrance security at back of admin block and front of admin block to improve security for staff. Note: Access is not available to residents via these routes	Home Manager and Maintenance Operative	From 2nd January 2020
	Administrator to lock his office door when not in his office and receptionist to ensure that all paperwork is safely stored before she leaves her desk.	Administrator and receptionist	Immediate