

Enter & View

Abbcross Nursing Home (Third visit)

251 Brentwood Road, Romford RM1 2RL

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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 Community Interest 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?

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 voice, 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.

Visiting after the Covid pandemic

During the period of the Covid pandemic, the Enter & View programme was inevitably suspended. Now that the pandemic is largely over, we have been able to resume the programme but with safeguards to ensure the safety of the users and staff of the facilities we visit and of our members who are conducting the visit.

For that reason, visits will generally be carried out by a small team, who will wear personal protective equipment (PPE) appropriate to the facility they are visiting and take sensible precautions such as the use of hand sanitiser.

We have also changed our approach to conversations with the management, staff and users of the facility. Previously, this would have been done face-to-face on the day of the visit but, after Covid, that is no longer practicable. So we will hold such conversations, where possible in advance of the visit, using an online video meeting.

The visit that is the subject of this report was carried out in accordance with this new approach.

Pre-Visit interview with Jenny Freeman – Manager of Abbcross Nursing Home

Before the visit, members of Healthwatch met the home's manager in a video conference meeting to discuss the home and to set the scene for the visit.

The manager advised that the home has the following accommodation and facilities:

Single Rooms – 26 (including 2 registered as shared, but currently in use as single rooms)

All rooms have ensuite WC facilities

Specialist Care facilities:

Cancer Care

Epilepsy

Head/Brain Injury

Hearing Impairment

Huntington's Disease

Orthopaedic

Parkinson's Disease

Speech Impairment

Stroke and

Visual Impairment.

The manager had been in post just over five months (having moved from a manager's position in another Havering home). She commented that, as would be expected, she had been very busy managing the home during a pandemic.

During Covid

Since the Manager had been in post, there had been one small Covid 19 outbreak in the home. A member of staff and a resident had contracted the virus on a visit to Queen's Hospital. The home was able to isolate the outbreak as they have an area that could be sectioned off. Not all staff were vaccinated, and one member of staff had to leave to comply with government guidelines. This member of staff had since been re-employed.

One of the biggest challenges of Covid had been the demoralisation of staffing and residents. It had been a very challenging time for all concerned. The manager had devoted much effort in turning this around with talks to staff and residents independently.

Discharge to assess (D2A) scheme

This service was run over three homes Abbcross Nursing home and Upminster Nursing home in the Havering Care Homes group, and Chaseview Care home. Patients who are discharged from the hospital but required after-care were admitted to one of the three homes for rehabilitation. 10 out of 26 beds are used for this

service at Abbcross. There is therefore a large turnover of residents in the home.

The service has a six-to-eight-week time frame with Physiotherapists attending across the three homes Monday to Friday from 8.30 -5.30pm. This service was funded by NHS North East London. During their stay, a full examination of the respite resident's medical and social need is completed, including a nutrition assessment.

During their stay at the home, their own homes are surveyed to make sure the correct equipment can be installed for their eventual return to their own homes.

At the time of our meeting there were two vacancies on the D2A scheme. The manager told the team that some residents who are admitted to the home for assessment eventually end up residing there permanently.

Staff

At the time of the pre-visit meeting, staff were 91.4% up to date on mandatory training and development, which they completed online using the "eLearning for you" (eLFY) system at their own home. Visual spot checks were carried out on training for both daytime and night-time staff shifts. Observational checks were made on personal care, feeding etc.

At the time of the meeting, the home had two vacancies that had just been filled. The home used three agencies, and one solely for nursing cover, so as to give consistency.

The home had a full-time maintenance person. The manager had managed to complete a lot of improvements in her short time being there, including changing the décor to most of the rooms, to make them more welcoming. Colours were used to make rooms and communal areas more dementia friendly, new furnishings were added and everyone in the home had enjoyed this much-needed update – including housekeeping staff.

Thirteen of the twenty-six rooms had so far been decorated and feedback had been very positive.

Two activity co-ordinators attended the home Monday to Friday: one had previously worked as a special need teaching assistant while the other had previously been a carer at the home, who had been pleased to return in the roll of activity co-ordinator.

Activities include giant bowls and film afternoons, where residents would watch a film and then discuss it. They read daily newspapers together and flower arranging or any other interests that residents had were pursued. Residents were offered weekly nails polishing, and football matches were watched and debated. The manager was very pleased that relatives and friends had now begun to take their loved ones out of the home.

The manager had made a conscious effort to talk to staff and to listen to their needs and anxieties. Unsurprisingly, the Covid

disruption had been an exceedingly difficult time for staff, residents and friends and relatives.

The home

The lobby had been de-cluttered and was now more welcoming. The communal walkways are user-friendly.

The staff room had been completely revamped and a disused downstairs toilet had been converted to a locker room.

At the back of the home, a large window has had the curtain taken down, the wall painted, and the garden spruced up. You can now see straight through the window and out into the garden as you walk in the room. An ugly large Welsh dresser had been removed and a drinking station had been installed instead.

The old smoking section was being turned into a laundry, with washers, dryers, and an area for ironing. The bike house had been removed to make more space for vehicle parking.

Infection Control was still at the very forefront for the home. At the time of the meeting, all staff were tested for Covid and their temperature taken before every shift.

Basic PPE was provided for all staff. Masks, gloves and aprons were worn when applicable and visors were provided.

Hairdressers attended every two weeks and chiropodists every six weeks. Residents were advised of such visits through the notice board..

Six permanent residents at the home were bed-bound.

The day following the meeting, the home would be holding a fete for residents, families and friends including music and food.

Food

The home employed two chefs at the time of the meeting and was hoping to employ another. Each resident had a full nutritional plan taking account of any allergies, likes and dislikes or if a resident requires assistance with eating, all of which was part of the Care Plan. Diabetes would be monitored. Surveys were completed and fed back to the chefs. There were always two choices at mealtime although Friday fish and chips and Sunday lunch were always favourites. One resident particularly likes a "fry up" for lunch every day, which the home was happy to accommodate.

Discharge from hospital

Pre-discharge assessments were completed by phone call and not face-to-face on the ward. The manager advised that residents arriving or returning to the home having been discharged from hospital were found to be not as described in the patient notes accompanying them from the hospital. She added that she had had to make four Safeguarding alerts, in the last five months, because of the condition in which patients had been discharged to the home. The team was shocked to be told

that one resident's sores were so extreme that the home could not deal with them, and the resident had had to return to the hospital for further treatment.

The home has its own dedicated GP.

Enter and View visit

Following the meeting with the manager, two Healthwatch members carried out the Enter & View visit, who found as follows.

The building is well maintained with a small parking area to the front, and a good-sized garden to the rear which has cork pathways for residents' safety, vegetable patches and a fishpond; plus numerous flowerbeds and a small summer house, with a new patio area to be laid.

The Healthwatch members were greeted by the Manager and the CEO of the proprietors. They were introduced to the Physiotherapist, Social Worker, Havering Discharge Coordinator, Nurse and Peripatetic Nurse, and later met the Chef and an Activities Coordinator, who showed them the timetable of activities for the week.

The team noted that:

- The laundry room will be extended in due course
- All medication is kept in an air-conditioned room which is always locked

- All equipment needed for rehabilitation after hospitalisation of patients is supplied as required by the Physiotherapist who carries out home assessments before patients return home. Physiotherapy is carried out 8.30–5.30. Since the scheme began it has increased from 1%–23% returning home.
- The designated GP arranged for all medication to be ordered online
- Mealtimes were staggered to enable staff to spend quality time with residents
- All agencies had a good rapport with all concerned in the care of residents
- Five staff were in training to certify end of life, which would enable arrangements to be made for deceased residents with a minimum of distress for their relatives.

Views of residents, their relatives and friends, and staff

As indicated earlier, we intend to hold online meetings where possible with residents, residents' relatives and friends, and staff. However, on this occasion, for reasons beyond our control we were unable to do that.

Conclusions

The Healthwatch members concluded that, overall, good care is motivated by the Manager and all agencies worked together

ensuring care runs smoothly. The home itself was clean and fresh, and the carers and residents were relaxed and content.

Recommendations

No recommendations are made in relation to the home.

However, Healthwatch will be taking up with Barking, Havering and Redbridge University Hospitals Trust (BHRUT) the three points mentioned in the report relating to hospital discharge:

- 1 That pre-discharge assessment are still being made remotely by phone and not face-to-face and
- 2 That patients appear to be being discharge prematurely, giving rise to safeguarding concerns and even returning to hospital for further treatment
- 3 That discharge notes do not accurately reflect the patient's condition on discharge

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.

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.

Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there is no ongoing commitment.

To find out more, visit our website at

<https://www.healthwatchhavering.co.uk/advice-and-information/2022-06-06/our-friends-network-archive>



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