Enter & View

Nightingale House Care Home (Second visit)

57 Main Road, Romford, Essex, RM2 5EH

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Healthwatch Havering was the operating name of
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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 is 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 is carried out in accordance with this new approach.

Pre-Visit interview with Kevin Johnson – Manager of Nightingale House Care Home

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

The Manager advised that he had been in post since January 2022 and had been a registered manager since 2016.

The home can accommodate 43 residents and was nearly at full capacity. It caters primarily for residents who are living with dementia.

Day care and respite care were provided, but there was not much demand for it.

About 50% of the rooms have ensuite facilities, with those that do not have ensuite facilities having easy access to bathrooms. If residents were doubly incontinent, immobile and hoisted, there was no need for an ensuite. The rooms were allocated according to individual residents' need. There was one bathroom, two shower rooms and six toilets for the whole home.

Staffing

18 full time staff were employed at the home and 2 part time bank staff. The home was licensed to sponsor staff from India, who were all gelling quite well. These members of staff were having

separate training, individually on a one-to-one, face-to-face basis with Significant 7 (a training organisation) and were given time to grow and learn the culture in the UK.

Care staff

A senior carer was always on duty.

The staff on shift during the day comprise:

5 carers from 7am–2pm

4 Carers 2pm–8pm

At night, there were 3 staff on shift, 8pm-7am.

The night staff were checked on regularly. Unless there was an issue generally once every three months. Quite often the manager will try to come in early to see the night staff before they go off duty.

Other staff and support services

The non-care staff employed comprise:

2 Cooks

5 Domestic

1 activity co-ordinator (9.30 – 3pm Monday to Friday)

1 Manager

1 Deputy Manager

A hairdresser attends weekly. Members of the local Church come in first and third Sunday for services and communion. The home has singers at least once a month. A Pilates trainer comes in once a week, offering "armchair Pilates" for those who want to participate. A maintenance person (who was shared between the homes that the company owns) comes in every week, usually for of one or two days and, among other things will check water temperature and fire checks, emergency lighting etc; the home has a communications book, in which entries were made for anything that needs doing.

Staff accompany residents to the park for coffee, to the pub or for walks etc.

Staff absences were covered by the Care home's own staff or from a local agency called GB Flow which sends the same carers; they were very familiar with the home.

When the manager joined, the home was using 60 – 70% agency staff now they were only used when absolutely necessary. If staff were absence, it would be for a genuine reason.

Meeting residents' needs

During Pre-assessment for residents, the home asks about nutritional needs, allergies, and religious beliefs and all dietary requirements.

There was plenty of menu choice; in short, residents will get what food they want to eat.

The home has Indian, Polish, Lithuanian, Jamaican and Irish residents.

Diverse staff who will also go in the kitchen and cook.

Residents' weights were checked monthly, and fluid intake was monitored; daily, unless there was a specific concern (weight loss) or the GP requests it, or the SALT team ask. Residents will then go on a 3-day food and fluid more specific check.

The home has access to Incontinence assessments – podiatry and chiropodist – every three weeks.

The home encourages families to take residents to the dentist where they can; otherwise, the home will do a referral.

The home has access to wheelchair services maintenance which was arranged as necessary.

The home has regular visits by the District Nurse.

Specsavers attend the home to conduct hearing tests where recommended by the GP

For sight issues, the home uses an optician's company called Blink eye. Routine checks were completed annually, but if there were any concerns the home will contact the opticians directly.

For residents with Mental Health problems the home uses the SPA, whose initial response was good although sometimes there was a wait for the action response.

The home has access to dieticians, the Falls team (reached by referrals from the GP), speech and language therapy and the Control and Infection team.

The home has one allocated GP who was very good, and with whom the residents were familiar, from the Western Road Surgery. When the service was not available at the weekends, the home use NHS111 or the Community Treatment Team.

Residents have end of life plans in place as part of the day-to-day care plan.

Care plans regularly reviewed every three months or as needed. Monthly or if there were changes. Appropriate to time the home will ask about preferences.

Residents and relatives were involved in this process.

Residents' friends and family informed of their relative's care and activities.

If there has been a GP visit for example, the home will call, and if someone has a fall, the home will inform whoever was required to know. Most of the families were in and out all the time. They were involved, the home has a newsletter. An email will be sent out to all the families if something was going on.

Relatives' meetings were held at least 6 Monthly, as a tick box exercise, but the home sees relatives on a day-to-day basis, they offer an 100% open door policy.

Residents have access to personal telephones, a communal telephone, Computers – one resident has an iPad and Wi-Fi. One resident Skypes Sri Lanka every night.

With regard as to plans for the future for keeping everyone safe the home was carrying on as before. Staff do not come to work if they were not well. The staff use their common sense. Residents were isolated if they were unwell. There have been no recent outbreaks of norovirus.

The owners of Nightingale House were the best owners the Manager has worked for. They were always there if needed. The owners come in weekly and have a chat to see how things were and were happy to invest. They have spent a fortune over the last year to get things where they need to be.

Staff training and support

The home received lots of applications, but not all applicants were suitable for employment in it. The home needed sensible staff with experience and passion as carers. Retainment was not too bad; staff turnover was low.

For training, the home use a new company for online training called Access but also offers face-to-face training, especially where practical work was needed. All staff were undergoing

updating training, which was taking time; staff were paid whilst they were training.

The Deputy Manager was finishing her NVQ level 5, one senior was finishing level 3 and a few staff were taking their NVQ level 2 or 3.

Staff Flash meetings were held when needed. and Seniors have a staff meeting daily. Daily handover meetings take place morning and evening. Once the main bulk of personal care was completed in the morning, staff just touch base with each other, or hold a quick snapshot meeting, what needs doing what's done well, who needs help etc.

Organisations that the home works with to support care provision within the care home included Havering Council, whose social workers visit clients to review or participate in multi-disciplinary team meetings; district nurses; the safeguarding and quality team, occupational therapists and physio therapists.

Medication prescribed by GP was delivered by AYP Healthcare; they provide a good service.

A Quality Assurance System was in place, with monthly audit checks.

Issues with residents going to and returning from Hospital

Overall, if the home was booking transport for appointments at hospital the experience was fine. The Manager gave us an example of the issues they have experienced: one resident was

due to go to hospital for an outpatient appointment: the two-man ambulance crew refused to take the resident in a wheelchair as she had dementia even though the resident's daughter (who worked at the hospital) was waiting at the other end to receive her; the home agreed to send a carer with her, then they could get the bus back. The resident missed her appointment.

If there was a new resident for example, the communication between transport and ward was not very good and discharges can happen at ridiculous hours. Often, the home was told the resident will be discharged in the morning only to find they must wait for medication and transport, which delays the discharge to the home.

The visit

The home's manager was aware that our team would be visiting during the week beginning 24 July 2023 but was not told in advance precisely on which day. In the event, the team carried out the visit on 24 July.

The following were the findings of the visiting team.

The home's environment

Nightingale House was a residential home purely for dementia clients. The home has two floors with a lift that has a push button control, rather than a keypad, which would provide greater security. The home was registered for 43 residents, but this includes one double room on the ground floor which was currently occupied by a single person and a flat on the second floor which was occupied by a married couple.

The Manager has been at the home for eighteen months now (having previously worked at two other care homes since 2016) and was very committed to improving and getting things running smoothly here. He was being supported by the owners, who visit every week. There were ten private residents at the home.

We spoke to two families, who spoke very highly of the Manager and were very happy with the care their loved ones were receiving. One of the families we spoke to were Asian and expressed their thanks for the marked improvement in the wellbeing of their mother who was partially deaf and was also vegan, and the standard of her care. The other couple exchanged banter with the Manager, demonstrating a good inter-personal relationship.

The Deputy Manager has worked at the home for 15 years and is working towards an NVQ Level 5. From a conversation with her, sharing the workload works very well. She and the Manager were very reliant on one another.

Staffing levels were good at the moment. The senior carer has an NVQ Level 3. There were eighteen full time Staff. Shifts were five on from 7am-2pm, four on from 2pm-8pm and three-night Staff on from 8pm-7am. There were eighteen full time Staff including three male carers, also two bank Staff, who know the home well. Agency staff were only used to cover unexpected sickness/ absence and were carers who were known to the home, and who were familiar with the clients.

The atmosphere when we walked in to meet everyone was homely and full of energy. The ratio of en-suite rooms for residents was roughly 60-40, dependent on the resident's needs. Separate toilets and bathrooms were available for residents and Staff. There were eighteen rooms downstairs and twenty rooms upstairs plus the flat above that.

Downstairs the Dining Room was spacious and well appointed, next to the kitchen. Some re-decoration has been completed here, and some bedrooms have also been updated. The 1970's home needs a lot of money spent on it to bring it up to date and improve things, especially the paintwork. This was an ongoing scenario. We spoke about the contrasting paintwork to make it dementia friendly and coloured toilet seats, but it was felt by the management to not be essential, as most of the residents were escorted back to their rooms anyway. We also spoke to some residents in their rooms, who had nothing but praise for the care they were receiving. There was a nicely furnished quiet room

attached to the lounge, which can be used for families and/or residents if they need a quiet space.

There were various notices at the keypad-controlled entrance to the home and front door. There was no staff picture gallery, but a number of fire notices and regulations, with a hose upstairs on the wall. Fire wardens and First Aiders were identified along with Key workers.

Non-care staff employed means there were five domestics, two cooks(share), one activity co-ordinator (shift 9.30-3.00). one Deputy and one Manager. There were three cleaners, one laundry assistant, a hairdresser who comes in weekly, a lady gardener who comes in when needed, she was particularly busy in the spring, and a maintenance person, who was available when needed. He was shared with other homes. Staff absences were covered by overtime and agency Staff from the GB flow agency. The owners of the property own several other homes.

Communal accommodation was on the ground floor where there was one large sitting room where most residents sit and one smaller quiet room which may also be used for private parties etc. For example, at the time of the visit, one resident would shortly be 102 and their family would be attending a party. When we visited activities were taking place with the activities co-ordinator being assisted by staff. There appeared to be good rapport between staff and residents.

The garden at the front of the property was well used by families and residents, and barbeques were held there. The back garden was obviously not used and needed a lot of work done on it. When the Manager first arrived, he had tree surgeons in to make the front garden more manageable. There was a self-watering system in place. It was very suitable for residents and families to use, although quite small. There was a nicely furnished patio area to the front of the house where, we were advised, many residents liked to sit but the rear and side gardens appeared to need considerable care and attention. Although we were advised that residents liked the patio area, it seemed to the team that given the right attention and the inclusion of tables and umbrellas etc, the rear gardens would be more attractive to residents and further away from the noise of the main road (which was Main Road, a heavily trafficked major thoroughfare between Central Romford, Gidea Park and beyond).

Care services for residents

The home has access to various outside agencies. District Nurses (diabetics especially), Opticians (Blink Eye or Specsavers come out) Wheelchair availability, Dietician, Incontinence assessment, and Footcare (three weekly). Dentistry was dealt with by families. Hearing loss residents were referred, as were the Falls Team and Speech and Language. Hospital Transport

was a mixed experience and must have a dementia escort with them.

The Home's GP was the Western Road Surgery during the week, and at weekends it was a NHS111 call or the Community Treatment Team. The issues experienced to and from Hospital were poor and mainly due to Hospital Pharmacy problems.

Care plans were given a three-month review or updating as and when necessary. It always has a 100% open door policy. We were advised that ten of the residents were not subject to Deprivation of Liberty safeguards (DoLs).

There was a three-day weight and fluid intake monitoring system in place. We had good conversations with the Hairdresser, activity co-ordinator and a cleaner; all were very happy and felt supported by the Manager. The Senior carer showed us around the home.

Staff training was updated, and learning was mostly completed at home., for which staff were paid. A new online training company called Access online was involved here. The Manager regularly monitors training. Day care and respite care happens occasionally, depending on availability. End of Life plans were in place too. Fire, Man-Handling and face-to-face learning also takes place.

It was felt Infection Control was always adhered to and dealt with promptly, as were falls reported to the appropriate authorities. Common sense prevails here. PPE/sanitiser/Covid all

adhered to, and incontinence equipment dealt with three monthly.

We were told that recruiting experienced staff had been difficult. Staff absence had been a problem to in the past. Staff meetings were held three monthly, but a Seniors' handover and flash meetings were held daily. The local authority had been slow at reviewing DoLs but was getting better. The Safeguarding Team and Multi-Disciplinary Teams, Mental Health Teams all contribute and support the Home. Occupational Therapists and Physiotherapists were used too.

Lots of activities take place in the Home. They have singers in every month, with sensory games and options here too. Chair Pilates takes place fortnightly, and a Church Service was held twice a month. Fire, Police and Blind Dogs come into the home and rather than go on coach outings this year the money was spent on new games and soft toys etc. Quality Assurance was multi-disciplinary. AYP Healthcare supply the medicines along with a monthly audit on controlled drugs. Not all residents have Hospital Passports but printouts were available from the home's care plan system sharing similar information.

During our visit we were taken outside to the Laundry. Washing was hanging on the line, and a well organised space was seen in here. Clean laundry was separate from the dirty laundry. Two washing machines were in use, with one tumble dryer. It was a hive of activity, and it was very nice to see and speak to the

member of staff concerned. A locked COSH shed was seen, and a Domestic shed was in place for storage outside too.

The kitchen was then visited, and first impressions were that although it was very clean and tidy, it needed a major update. The floor was in a bad state, but very clean. The extractor fans above the cookers were also in need of attention but were cleaned every three months. One of the worktops was cracked and broken, which was an infection risk. The Pantry was tidy and well stocked, but also in need of a major update.

We spoke to the cook, who had only been in post since April, and discussed special diets and training with her.

Conclusions

All things considered, we felt things were moving in the right direction. The care of the residents was amazing, especially as some were very disturbed and difficult to manage. The Staff were handling things extremely well and we felt too that this had been a very good and interesting visit. Care and safety being of the utmost importance here, were being well maintained.

We also felt that the updating of the property needs to move at a faster pace for the benefit of both residents and staff; especially in the kitchen, and some furniture in the lounge. Bedroom carpets also required attention. We were aware residents' rooms were chosen according to their needs and some families had decorated their loved one's rooms. We felt

that there was misunderstanding about the 'best practice' of contrasting doors and frames; we pointed out that they needed only to be in contrasting colours to the walls, and that no specific colour was needed.

Running a home of this nature takes a very strong person and the owners of the property need to bear this in mind. It was a "full on happening". Trying to re-furbish properties was a "full-on" requirement too and should be considered.

We were also aware that staffing was a national problem.

The team felt that the Manager deserved to be commended for the enthusiasm and care he showed towards staff and residents despite the many challenges within the home. From what they observed on the day, they felt he was in danger, if anything, of over-working and should perhaps adopt a slightly more relaxed approach!

Summing up; this was really rewarding visit, to a home that faced challenging circumstances.

Recommendations

The following recommendations reflect what our team saw on the day of the visit and what they learned about the home as they went around it. They were set out in no particular order:

- That the work underway to bring the home up to date with maintenance and decoration continue
- That consideration be given to employing a maintenance person full time at the home, at least while the refurbishment continues
- That, notwithstanding that residents tend to be escorted to and from their rooms, consideration be given to decorating the halls and corridors using contrasting colours, in accordance with dementia-friendly practice
- That consideration be given to the provision at the main entrance of a board with pictures of all staff in addition to the pictures of relevant key workers in individual rooms
- That consideration be given to the refurbishment of the rear gardens, with the addition of colourful shrubs and, perhaps, some raised beds for residents' activities
- That the kitchen worktops be replaced and the damaged work surface be replaced by stainless steel
- That the extractor fans in the kitchen be cleaned thoroughly on a regular basis and, if possible, replaced

Acknowledgments

We would like to thank everyone at Nightingale House for their co-operation before and during the visit.

Participation in Healthwatch Havering

Local people who have time to spare were welcome to join us as volunteers. We need both people who work in health or social care services, and those who were simply interested in getting the best possible health and social care services for the people of Havering.

Our aim was 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 was 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 was 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 was 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 was 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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