

Enter & View

Glebe House Residential Care Home

Second visit – unannounced

11 July 2025



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.

The home

This visit was undertaken following a request by Havering Council for an update following our previous visit in December 2023. We decided to carry out the visit without prior notice.

The team were admitted by a member of staff, who advised that the manager was out, collecting tenants' funds from the bank. While awaiting the manager's return, the team took the opportunity to view the various notice boards in the office: whilst there was some good information on the boards, they needed some updating. There did not appear to be any other notice boards in the home, possibly due to an ongoing redecoration programme.

This home provides up to 12 beds for the care of residents, who are referred to as "tenants" by the home; we have used that term in this report. The tenants have mental health issues, including schizophrenia, dementia, anxiety and depression; one tenant has learning difficulties and, at the time of the visit, there was one vacancy. The team were told that one tenant had been in hospital for some time was now being considered for a move to

accommodation more suited to their needs. Some of the tenants had been transferred to the home from Warley Hospital (formerly a major mental health facility) when it closed and have lived at the home for a long time.

The manager advised that she had been in post since May 2024. She shares management responsibility with a deputy. Her normal working hours are 9am–5pm Monday to Friday but she is on call at weekends. Her deputy works some weekends. There is a dedicated shift leader during each shift, this post being shared by all members of care staff on rotation. Shift patterns are 7.00am–2.15pm, 2.00pm–9.15pm and 9pm–7.15, the 15-minute overlaps providing time for handovers, which are recorded in a specific book.

The management ethos of the home is to support tenants as far as possible. There are no ancillary staff – all general duties such as cleaning and cooking are undertaken by care staff. The team were advised that all staff undertaking kitchen duties had been trained in food hygiene and health and safety requirements.

Minor maintenance issues may be resolved by care staff but other issues necessitate obtaining professional assistance through head office. Care staff also carry out monthly checks on water temperatures. Tenants are responsible for their own laundry, which is carried out with the assistance of a member of care staff. The laundry consists of two washing machines and a tumble dryer, all of which were clean, and the area was

uncluttered. The machines have a detergent and fabric conditioner dosing system which ensures safety for tenants. Electrical testing is carried yearly and automatically by an external agency.

Staff training is provided by a mix of e-learning and online training, workshops and in-person learning, encompassing statutory training plus other appropriate courses, such as mental health, catheter management, safeguarding and diabetes. The manager reviews the training matrix on a regular basis to ensure training is up to date. Training is mostly carried out during shift times. Staff meetings are held on monthly basis.

Staffing ratios are: 5 each morning, 3 each afternoon and 2 overnights, which appeared to be generous but included all housekeeping duties. Staff absences were generally covered by bank or in-house staff but agency staff were sometimes required. Every effort was made to ensure these staff were regulars at the home. In addition to care staff, there is a nurse on duty from 8am–5pm.

Glebe House is provided and managed by Avenues London, which also provides several other homes in Havering and elsewhere.

The accommodation

All rooms have en-suite facilities, with showers, and there are bathrooms on both floors for those tenants who prefer a bath. One tenant receives 1 to 1 care during daytime, provided in 2-hour sessions by existing staff as that is best suited to their needs.

The location of the home was not obvious. However, the gates were wide open, enabling the team to access to building unattended and unchallenged. There was more than adequate parking for visitors.

During conversation with the manager, it was suggested that the gates were open because one of the tenants, who was permitted to go out unattended, had gone out and, despite being reminded that the gates should be locked after them, had failed to do that. However, as the team later left the premises, they found that the gates were still open even though the home's minibus, driven by a member of staff, having recently entered the premises. The team were concerned that leaving the gates open in this way was potentially hazardous as it would be easy for those tenants whose movements should be restricted to leave the premises, which are close to a busy road.

The team felt that the gardens had a neglected appearance, with overgrowing weeds, unmown grassed areas and untrimmed trees and bushes, although the extremely dry and hot weather at the time of the visit clearly had not helped – there had recently

been a grass fire in the immediate locality. The patio area at the front of the building was bare, with only two chairs available and needing to be cleared of weeds. There was a rotary clothes line in the lawn area, which was also devoid of chairs/benches or umbrellas. The team were told that a gardener attends monthly but that a recently resigned support worker had also carried out some gardening duties.

The team were advised that this area tended to be used only for larger events such as barbecues, enjoyed by all tenants. Tenants usually used the garden to the rear of the house where there was a gazebo (folded up), one bench and a couple of chairs, and a rotary washing line. This space also did not appear large enough to accommodate all tenants and appeared most uninviting; it would have benefited from some potted plants etc

The kitchen was clean and well equipped and all opened items in the refrigerator were labelled and dated. The larder appeared to be well stocked and clean with all items in appropriate containers. A meeting with tenants takes place on a weekly basis to draw up a menu for the following week (the team were not advised whether menus are viewed by dieticians to ensure that they are nutritious and appropriate for the client group).

All areas appeared to be clean, with the exception of a shower room near to the manager's office, which the team were advised was due to be re-fitted. Staff lockers were in a separate room and appeared to be sufficient for staff requirements.

Care provided

Any medical problems are managed by the nurse (if on duty) or the assigned GP, from the Berwick Surgery. The team were advised that the GP attends the home on a weekly basis and is very supportive. In an emergency, staff would contact NHS 111 or 999, depending on the nature of the emergency. The home does not have a defibrillator and the manager felt that staff were reluctant to have one because of their perceived inability to use one.

Tenants' medication is stored in locked cupboards in each room (with keys held by staff), with the exception of controlled drugs which are kept in the medical room on the first floor in a designated cupboard and are dispensed by care staff following appropriate training. Medication comprises a mixture of blister pack and pre-packed items. Only one tenant is prescribed controlled drugs and no tenants are on blood thinners. There appeared to be an appropriate handover between shifts for these drugs. Medication is supplied by a local pharmacy (the manager appeared to be a little diffident about the service provided, saying that they often had to have reminders about issues). One tenant is the subject of concealed medication with the agreement of the GP but has been known to take specific pills without issues.

Care plans are officially reviewed on a monthly basis but are maintained on an ongoing basis, with individual needs taken into account. Medication is reviewed by the GP.

Access to physiotherapy services had been arranged through the GP but there is now a self-referral system in operation. Additionally, the GP practice has a physiotherapy session twice a week. A chiropodist attends on a regular basis. Other services are obtained as and when required, with tenants attending opticians, dentists etc. as necessary. One tenant is monitored by Moorfields Eye Hospital and one tenant is diabetic and has annual optical checks. Tenants are taken to the barbers/hairdressers as required.

Tenants are weighed monthly (unless there are concerns, when this would be carried out more frequently). Two tenants have special diets, with one tending to eat too fast and risk choking; a soft diet is provided for these tenants. No tenants require assistance with feeding.

The home has a whistle-blowing policy which is via a phone call to an external agency.

External quality monitoring is arranged by local managers of Avenues' homes monitoring each other's facilities.

The team were told that arranging regular activities for this client group has not been successful so regular meetings are held with tenants to decide what they would like to do. A recent visit with

animals was very successful and pub outings, coffee mornings and a weekly ice cream van visit have also proved popular. Special occasions are celebrated, including all birthdays, pancake day, Easter, Hallowe'en and Christmas. There does not, however, seem to be any attempt to encourage tenants to try any different activities. The team noted that the post of activities co-ordinator was currently vacant.

In response to a question about religious needs, the team were advised that all present tenants are of the Christian faith, with one tenant attending church on a weekly basis.

The manager contacts family/friends on a regular basis to give updates on well-being.

As the home is designated as Nursing, the team asked why nursing cover is only between 8am and 5pm. They were advised that it is Avenue's intention to re-register the home as Care only, in common with their intent for their other services in the borough. The team accepted this explanation.

The home was undergoing redecoration at the time of the visit. The team were surprised to note that all corridors, doorframes and doors were painted white, with the exception of 2 doors, which were unpainted (as requested by tenant), presenting a depressing appearance. The team were told that this was in accordance with tenants' wishes but noted that it did not conform to best practice, particularly where clients may have

dementia, as uniformity of appearance can be confusing; it is desirable for door frames, in particular, to be in a contrasting colour to enable people to identify where they are. This applied to the common areas such as bathrooms – even toilet seats. The team noted that all floor areas were of the same colour and design, which added to an overall bland appearance and lack of homeliness.

Individual rooms were all clean and tidy and some had coloured walls, which appeared to be according to tenants' choices. There did not appear to be many personal wall decorations but this may have been due to the redecoration programme. The TV set in the communal room on the ground floor was turned to the wall. A large activities room on the first floor was quite well equipped but the team were advised that the tenants did not like it and it was unused.

Tenants' monies are managed by the usual system of a wallet and record sheet. Tenants may request monies as required and have to sign for any withdrawals. The manager requests further sums from appropriate person's relative or authority as required.

Each Friday is "takeaway day", with tenants deciding what they would like to have for lunch – fish and chips, pizza, Indian etc – the cost of which is taken from their cash allowances. It was not clear whether the home makes any contribution to this cost or whether tenants sign for the deduction. It was also not clear how

payments are arranged when a group of tenants is escorted to the pub.

Tenants' views

The team were unable to talk to any tenants as, by the time they would have been able to, it was lunch time and it would have been inappropriate to disturb them. Two tenants took their lunch in their own rooms.

Recommendations

The team wish to offer the following recommendations for consideration:

- That, given the size of the gardens, a gardener be employed on a more regular basis.
- That tenants be encouraged to take an interest in gardening – perhaps with a fruit and/or vegetable patch to cultivate.
- That new chairs and parasols be purchased for garden areas.
- That greater use of colour considered for the walls and flooring.

- That at least one signpost be provided in Parsonage Road to indicate the presence of the home.
- That an automatic lock be installed at the gate.
- That, once someone has been appointed to co-ordinate activities, they be given every assistance to encourage tenants to widen their field of activities.

Acknowledgments

We would like to thank everyone at Glebe House for their support and assistance during the visit.

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.healthwatchhaverling.co.uk/advice-and-information/2022-06-06/our-friends-network-archive>



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