

Enter & View Ebury Court Care Home

18 February 2016



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. 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 are able to 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 a number of volunteers, both from professional health and social care backgrounds and 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 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 an 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.

Background and purpose of the visit:

Healthwatch Havering (HH) 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 safety of the resident is not compromised in any way.

The home

Ebury Court is a 39 bedded home for elderly residents, many of whom have some degree of dementia. At the time of the visit, there were 37 residents as one room intended for 2 person-occupation was unoccupied. The home is situated on three floors, all rooms having en-suite facilities.

The home manager has been in post for 11 years. She told the Healthwatch Havering team that she felt well supported by the owners (a private family, not a company), one or more of whom are in attendance on a daily basis.

The home is of particular interest to Healthwatch Havering as its care regime follows Namaste, which is a programme of care for people with dementia who are nearing the end of life. It is structured to integrate compassionate care with individualised activities throughout the day (rather than specific activities periods) for people with advanced dementia at the end of their lives. The programme is based around sensory interventions, especially touch and the desired outcome is the reduction in the use of anti-psychotic drugs and reduced levels of pain and distress in the client group.

In response to a question, the manager confirmed that some 67% of the residents in the home had been diagnosed with some form of dementia. **The programme has been so successful that the home has recently achieved an “Outstanding” rating following inspection by the CQC.**

Staffing levels are based on the total number of residents and their dependencies as a whole, as very few residents are confined to their rooms for any length of time. The home operates a three-shift system as it is felt that 12-hour shifts are too long for the staff to be effective.

The staffing levels are:

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| Morning | 7 carers |
| Afternoon | 5 carers |
| Nights | 3 carers |

There is an additional carer between 8 and 11 in the evening.

Additionally, there is the full time manager and an administrator for two days per week. Ancillary staff include 2 cooks, kitchen assistants, domestic assistants and a part time maintenance assistance. Some maintenance is carried out by two of the directors. All staff cover requirements are provided in-house.

Handovers are made face to face between shifts and there are communications books for the different groups of staff - catering, housekeepers and care staff.

Staff training, which encompasses all mandatory training including DoLs, First Aid etc is provided in house.

The home's routine and services

Visiting hours are open as far as possible but meal times are protected unless family/friends wish to eat with their relatives.

All residents are assessed, usually during a pre-admission visit, to ensure that accurate information is gathered about their care needs. Care Plans and MAR charts are reviewed on a monthly basis but may be updated more frequently as required. The pharmacy carries out audits of medication on a regular basis and the CCG has also recently carried out an audit. There are sometimes concerns about the availability of TTAs for residents being discharged from hospital, which results in late discharges. Residents who require regular blood checks connected with warfarin administration attend Queens hospital.

There are no residents currently who are bed fast and require regular turning although there are charts available should this be required. All residents benefit from profiling beds and there are also airbeds available for residents who need them. There are good links with the district nurses who administer insulin when necessary and with the Tissue Viability Nurse who can be contacted via the District Nurses. The GP carries out regular surgeries. There is some concern that the CCG are attempting to change the GP practice as the good relationship in current operation would be endangered.

The incidence of falls is recorded and monitored regularly.

The home competed the Gold Standard Framework for End of Life Care (GSF) to Beacon status with the Royal Free Hospital, Hampstead in 2011 and renewed that status in 2014. The home also works with St Francis Hospice locally to promote GSF by assisting them with teaching and information

sessions. Healthwatch Havering welcomes this resident-centred approach to care in the final days of life.

A hairdresser attends weekly and charges are very reasonable. A chiropodist attends every 6 weeks and the optician also attends on a regular basis. Access to physiotherapy and occupational therapy services is via the GP.

All residents are offered a shower or bath weekly as a minimum or more frequently if desired. Residents are weighed weekly to ensure that there is no unacceptable weight loss, which can be a particular problem with dementia sufferers.

There is a documented procedure for handling controlled drugs, which are kept in a secure location and are handed over in an appropriate way between shifts. There are no residents on covert medication.

Staff meetings are held 3 times each year and open communication is encouraged.

Residents' meetings occur monthly; there is a twice yearly newsletter and a number of listening forums take place where residents and their relatives/friends are free to voice opinions/concerns.

The visit

The team was then invited to view the home. Everywhere was clean and there were no unpleasant smells. All carpets are cleaned with anti-bacterial products on a regular basis. Housekeepers spend their early mornings ensuring that the ground floor, where most activities take place, is clean and ready for activities. They then proceed to the upper floors. Although the team was told that these floors had not been cleaned at the time of the visit, the standard of cleanliness was impressive.

One resident was observed undergoing a reflexology treatment, which she said she found very beneficial. The reflexologist explained some of her procedures and advised that she was also registered to administer Reiki healing. These two treatments were provided at a small extra cost to the resident.

The overall décor of the home was excellent, with good contrasts between walls and doors, as recommended for residents with dementia.

The kitchens were clean and tidy and there was a very varied menu. All food is cooked from scratch. At the time of the visit, there were no residents requiring ethnic diets; the team was told that the only diet that the home would have difficulty in providing would be kosher, as they did not have the resources to run two kitchens. The home can accommodate diabetic diets, gluten free diets, reducing diets and have previously provided ethnically appropriate diets for two former residents, one of whom was a Greek Cypriot and another who was Indian.

The laundry was well organised and, and at the time of the visit, there was very little outstanding laundry to be washed. Distribution was by means of room-numbered baskets.

The home was secured by means of an electronically controlled gate and the perimeter chain link fences at the rear, which overlooked a football training ground, were sound but afforded no privacy to the garden in one place. However, it was confirmed that plans were in hand to plant trees/shrubs to resolve this issue. Signposting within the home was good and there were notice boards for the use/information of staff. The gardens were well-laid out and safe for residents and there was adequate garden furniture for their use.

There was an air-conditioned conservatory for the use of residents and visitors, which was well furnished. Roof blinds were available when the sun was immediately overhead.

There is a part time maintenance assistant for general duties and gardening and many projects are carried out by two of the directors. Additionally, there are maintenance contracts in force, which provide a maximum 4-hour response time, which is commendable.

All store rooms seen were locked and it was noted that care plans were in a locked cupboard in the office.

It was pleasing to note that, alongside a vase of flowers and a candle, photos of two recently deceased residents were on display on a table with a memory book for comments.

In the Namaste and Reminiscence room there were 4 residents and two members of staff. The room's lighting was subdued and there was a TV which was showing a DVD, "A Sense of Calm", which has been specifically devised for people with dementia; it consists of changing shapes, colours and patterns plus appropriate music and research has proved that it is efficacious. There were a number of items of memorabilia on display. One resident was having a hand massage and another was being read to, a third was nursing a doll. There was a very calm atmosphere in the room despite the residents suffering from dementia.

The team also visited the day rooms, in one of which a recently instituted Club was underway. Here, a number of residents were sitting around a table and were served home-made shortbread and tea in china cups and saucers. This was part of a reminiscence programme and all present seemed to be thoroughly enjoying themselves.

All staff were involved in interactions with residents, which the team was very impressed with.

Conclusions

Before leaving, the team gave some feedback to the manager, advising that they felt very impressed with the home and that there were no suggestions that they could offer to improve the service it provides.

The team would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 18 February 2016 and is representative only of those residents, carers and staff 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**; or email
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