

Moreland House: Follow-up visit

We re-visited Moreland House on 3 July 2017 to review the recommendations made following our Enter and View visit in July 2016.

Our team met the registered manager, who told them that there was now a deputy manager and that two more were being recruited. At present the area manager covers when the registered manager is off duty.

The team discussed the following issues with the manager:

GP coverage

All residents are registered with a GP but many have retained the GP that they were with before admission to the home, so the home deals with 7 GPs in all. The team was told that, although it is the aim of NHS England and the CCG aim that all residents should have the same GP, to date they have been unable to allocate a GP who can take on this duty.

In the meantime, the management of the home have arranged for a private geriatrician to visit weekly, to attend to any health issues of residents and to liaise with GPs.

Internal decoration

The home had not so far been able to adapt the internal decoration to have the distinctive colour scheme we recommended following the last Enter and View visit.

The manager explained that Moreland House had been converted and refurbished in 2015 and was not due for redecoration for 2 to 3 years. The team was told that the owners (Abbey Homes) would take the recommendation into account when planning to redecorate this and other care homes. A new home was currently planned in Buckhurst Hill.

Training

A small staff survey had found that e-learning was poor, so management had decided to arrange staff training in group settings on site which, although time consuming, was felt to be more thorough and affective.

There was a company trainer who covered 11 homes and held four sessions a week at one of them. Staff could go to any of the group's care



homes to complete their training. New employees have 12 weeks in which to complete their training. They then receive a certificate and can go for their induction.

Refresher training, which takes every year to a year and a half, is essential. The manager uses a training metric to monitor individuals' training.

Garden area

The manager confirmed that outside electrical sockets had been installed to obviate the use of long, trailing power leads; the team saw two of them, and were also told that there was also one in the shed.

A gazebo and a sun shade had been installed in the garden for when residents go to outside in the summer.

Laundry

Two staff cover the laundry: one full time, the other part time as she also has other reception area, administrative and managerial duties.

The laundry room is too small to separate the dirty from the clean laundry areas by a wall. Tape had been put on the floor of the laundry room to mark the separation of the clean and dirty laundry areas. However, dirty laundry was seen in uncovered laundry containers.

The team was told that soiled laundry was washed in a separate washing machine, which was disinfected regularly.

Note: The home has subsequently clarified that soiled clothing etc is kept in sealed bags that remain sealed and self-open once placed inside a washing machine.

General discussion and update

The manager advised that the staff to resident ratio was 1 to 5 during the day, and 1 to 8 at night plus one nurse on each floor. Staff worked 12 hour shifts.

The manager reported that there had been a slight improvement in receiving Deprivation of Liberty Safeguards (DoLS) authorisations. The manager added that Havering were not prepared to issue DoLS for residents who came from out of the area (other than Barking & Dagenham



and Redbridge Boroughs), which was a cause for concern for the care home due to communication issues.

The manager confirmed that staff had recently begun training in the Gold Standard Framework for end of life care. End of life care support came from a facilitator from Havering who supports staff and coordinates palliative care with GPs.

Students from Havering college from time to time came to the home for work experience. At present, two students and a woman from the local community attended one day per week as volunteers.

The private geriatrician consultant referred to earlier visited every Friday, and can make special recommendations to GPs. The geriatrician was appointed privately by the Company's head office and will visit the care home regularly until a single GP is appointed; he can also be called in in an emergency.

Recommendations

1. That the CCG be pressed to give priority to allocating a single GP to cover all residents.

Note: Healthwatch Havering will approach the CCG to support this

2. That, in order to reduce the risk of cross contamination while handling and storing dirty laundry, the dirty laundry containers be fitted with lids and kept closed at all times.