Enter & View
Alton House
Residential Care Home

26 April 2016

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383

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 thatthe teamcan 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 andthe teamwould 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

Alton House is a 23-bedded Registered Care Home for the Elderly, some of whom may have any of a range of dementias.

The visit was arranged following a CQC report that indicated that a number of areas required improvement.

The home is a converted house that has recently had extensions to both sides to provide an additional four bedrooms. These have been appropriately registered. The property overlooks Harrow Lodge Park which is very pleasant.

The visit

The Healthwatch team conducting the visit were welcomed by the manager and her deputy.

The entrance to the home was rather small and the team noticed that there was a stale smell about this area, which was not noticeable elsewhere. The home is situated over two floors with 12 bedrooms on the first floor and 11 on the ground floor, where the team found most of the residents in the sitting room. All appeared to be appropriately dressed although it was noticed that one resident had stained clothing – probably from breakfast.

The manager advised that, at the time of the visit, there was only one resident who had severe dementia but that most other residents displayed some degree of dementia. There were 20 residents with a further two admissions expected later in the week of the visit. In response to an enquiry about residents who were subject to Deprivation of Liberty Statements (DoLS). The team were advised that three have been proposed and a further 10 were anticipated. It was noted that the Local Authority appeared to be struggling with the volume of applications. The manager was aware of the need to review DoLS on a regular basis.

Staff

Staffing levels were 3 carers plus the manager and her deputy in the mornings and afternoon. At night there were 2 carers. It was noted that both the manager and her deputy finished duty at around 3.00 p.m. and there was no specified senior person on duty once these two managers had left for the day. All carers were deemed to be on the same level and all had access to medication.

In addition to care staff, there was a cook, 2 cleaners and a maintenance assistant. Laundry duties were included in the role of carers. Cover for sickness /absence was usually provided in-house with staff being paid £1.00 per hour supplement. This had proved more beneficial than using agency staff, who had been found to be inconsistent.

Staff were expected to complete training in their own time. Training was provided through distance learning and included all statutory training and, additionally, Mental Capacity, DoLs, infection control and dementia care. A training matrix was available and the team were advised that, apart from two new members of staff, all training was up to date. The manager and her deputy were signed up to the Gold Standard for end of life care with St. Francis hospice. It was anticipated that this training will be cascaded down to all members of staff in due course.

During the visit, the team spoke to one of the cleaners, who was clearly stressed with the amount of work that was expected of her. The team was also told that the Manager had carried out a spot check on the night staff a while ago and had found them asleep in beds made up using chairs, blankets etc.; those concerned were summarily dismissed.

Health and wellbeing of residents

Care Plans are reviewed every 3 months, or more frequently if required and medication is reviewed yearly with the provider pharmacy, Elm Park Pharmacy, carrying out weekly audits. Controlled drugs in the form of patches are prescribed for one resident and these are stored appropriately and are checked during every shift. No resident has covert medicine but one has liquid preparations. No residents self-administer medication.

Only one resident is on warfarin and this resident goes to Queen's Hospital, Romford by ambulance for regular checks. This can prove difficult as the resident can be disruptive and there appears to be no mechanism at the

hospital to ensure that this resident is returned home in a timely fashion to reduce any difficulties in caring for her appropriately.

No resident is confined to bed and the team were not advised whether there was a procedure to monitor tissue viability should this arise. Any residents for whom there were concerns about tissue viability were referred to the Tissue Viability service via the single point of access.

There appeared to be no set procedure for monitoring falls although the team were advised that there was a very low incidence of falls in the home.

A local GP had recently been appointed by the CCG to provide medical services to the home. The team was told that a good working relationship between the home and the GP had not yet been established. Subsequently, Healthwatch contacted the Clinical Commissioning Group, who gave an assurance that, although there had been some temporary difficulties with the GP service to the home, they were now resolved.

Residents' access to physiotherapy is arranged through the GP. Opticians and chiropodist visit at regular intervals and residents are taken to the dentist as required. A hairdresser visits on a weekly basis.

Residents are weighed monthly. In response to a question about how residents' nutrition is monitored, the team were advised this is by observation. One resident required a pureed diet and only one resident required assistance with feeding although some require encouragement to eat. Food/fluid charts were available if necessary.

Residents are offered a bath/shower on a weekly basis, or more frequently if requested or necessary.

Staff meetings are held every two months but no meetings are scheduled for residents and/or relatives as these have unsuccessful in the past. Quality Assurance forms are, however, sent to relatives on a yearly basis and comments may be made via the Care website. The local authority also undertakes quality surveys.

There is no Activity Co-ordinator as all staff are expected to help in providing activities which include, music, bingo, quoits, skittles, armchair exercises and quizzes.

Tour of the home

The team undertook a tour of the home and found it to be clean and tidy but noted the use of Henry vacuum cleaners, which are not recommended for use in care homes. COSHH chemicals etc. are stored in a locked external shed. The same applies to all dry stores and freezers. It was also noted there was only one washing machine and tumble dryer, which was not always used, and there were sheets hung in the corridors on the hand rails. The team was also told that there was no procedure in place to deal with washing in the event that the washing machine broke down and ad hoc arrangements then had to be made.

The team noted that medications etc. were stored in locked cupboards but that the locks were of the insurance universal lock type. The kitchen was in the process of being refurbished. The kitchen has a 4star Environmental Health Officer rating, which is displayed, but it was noted that the floor was in need of a thorough clean. Although the cook had a four-week menu, which he showed to us, no menus were displayed in the dining room.

The dining room was clean and light and there was a large board displaying pictures of residents.

There was a lift for residents' use. All rooms seen during the visit looked clean and tidy but there did not appear to be much evidence of personalisation, despite that being important for residents with dementia.

Corridor carpeting on the first floor appeared to be in need of replacement.

There was little evidence of signage, pictorial or otherwise. Again, this is important for persons with dementia.

Toilet and bathrooms were clean and there was no evidence of scale build-up.

The gardens were neat and tidy but there was little furniture for the use of residents and the access ramp appeared to be rather steep, which it was felt might be problematic for residents with dementia, many of whom are likely to have a shuffling gait. There appeared to be no completely flat areas for residents.

The members of staff the team spoke to appeared to be happy in their roles although the domestic staff said that they would appreciate some extra hours/help.

It was noted that one member of staff was wearing nail varnish and that two members of staff were wearing inappropriate footwear (flip flops).

The team gave some feedback to the manager and thanked her for her time at the end of our visit.

Recommendations

Although there is clearly a place for e-learning it is felt that staff should not be expected to undertake this in their own time. It is not clear whether there is any monitoring to ensure that staff understand training undertaken in this way.

In addition, it is recommended that:

- Consideration be given to identifying a specific senior member of staff to take charge when the manager and her deputy are not present. It was felt that this was most important in order to ensure that there was a person responsible for taking the lead in an emergency.

- Consideration be given to re-arranging the shift patterns of the manager and her deputy in order to provide more senior supervision over a longer period.

- Consideration be given to providing vacuum cleaners with appropriate HEPA filters.

- The insurance locks in current use on drug stores be replaced with more appropriate locks.

- Additional garden furniture be provided for residents' use, that alternative means of access other than the ramp be provided and that an area of even surface be provided for residents who are less mobile.

- Consideration be given to the provision of more pictorial signage, which is recommended for this client group.

- Consideration be given to increasing the numbers of care and domestic staff in order to ensure that there is sufficient coverage.

- Effort be made to improve the relationship with the allocated GP practice, if need be by seeking the assistance of an external agency.

- A dress code be developed, and imparted to, staff. In particular, it should preclude wearing jewellery (other than wedding bands), nail varnish and inappropriate footwear. These are all health & safety issues.

- Washing facilities in the laundry be improved.

- Consideration be given to increasing the numbers of care and domestic staff in order to ensure that there is sufficient coverage.

- Senior staff carry out supervision to ensure that staff understand training undertaken.

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 26 April 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.the teamneed 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
enquiries@healthwatchhavering.co.uk

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