

Enter & View

Heatherbrook Care Home

80 Como Street, Romford, RM7 7DT

12 September 2017



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 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?

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, 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 safety of the resident, patient or other service-user is not compromised in any way.

The Premises

This home provides 45 rooms for residents who are living with dementia.

From the outside, the home appeared well cared for and maintained to a high standard, with adequate car parking available on the forecourt.

On entering the home, using the intercom system, the team entered the lobby, which was bright and airy with hand-sanitising gel available. There was a signing-in book, but it was only for staff signing on shift; it was not made clear that it was not intended to be used by visitors for signing in. The team then proceeded to the reception area, which again was comfortable with plenty of literature and information available. At that point, the team appeared not to be noticed by two administrative or reception staff who clearly saw them standing there but did not approach them. The team then announced that they were from Healthwatch; the Manager was then called and came immediately, and welcomed the team warmly.

The home consists of two floors, each secured by a key pad and pin number. The pin number was set up in such a way that any resident who did not lack mental capacity could move around the home independently. At the time of the visit, however, all residents were the subject of Deprivation of Liberty Safeguards (DoLS) or were awaiting DoLS clearance.

The home provides both long-term and respite care. Residents receiving respite care would be assessed on admission and their records archived in case they were admitted on another occasion.

The ground floor has accommodation for 19 residents and the upper floor accommodates 16 (one of whom was receiving one-to-one care at the time of the visit).

Staffing

The team was told that the daytime staffing on each floor was 1 Qualified Nurse and 4 NVQ trained Assistants; night staffing for each floor was 1 Qualified Nurse and 2 NVQ trained Assistants. There were two 12-hour shifts, with the handover period between shifts carried out by staff going from room to room.

Staffing levels were maintained through the owning company's bank of staff, with staffing need notified by online contact.

Contact details were provided for staff to call in emergency should the Manager be unavailable. At least one Qualified Nurse would always be on duty, and the Manager was also a Nurse.

Staff training was conducted by e-learning at work outside working hours, or at home and is tracked by the Manager. Staff had yearly assessments with ongoing training and ongoing supervision.

Care

Staff were trained in CPR but a defibrillator was not available. "Do not resuscitate" (DNR) was practised after consultation with a resident's family and GP, and always in the resident's best interest.

Residents who became injured would be first assessed by a Qualified Nurse, and sometimes by their GP depending on situation, before NHS111 or 999 were called.

Medication (including controlled drugs) was held in a secure, locked cupboard in the clinical room. MAR charts and care plans were all online and updated regularly.

The North Street Medical Centre (located nearby) provided the GP service for the home, with regular visits; a GP was in attendance when the team's visit took place.

No Residents were on Warfarin

Physiotherapy was arranged when referred by the GP, an NHS dentist was contacted when required and a chiropodist attended at six weekly intervals.

Residents were weighed monthly, and weekly if there was cause for concern, when appropriate action would be taken (such as calling in a dietician).

Residents were offered baths twice weekly but residents could choose to have a bed bath if they so preferred. A hairdresser attended once a week.

Two Activity Co-ordinators worked at the home five days a week from 9am to 3pm, one on each floor. Of them, one had worked at the home since it opened approximate 15 years ago in various roles from carer to Activities Co-Ordinator. A timetable of activities and outings was on display, including one-to-one activities for residents who were bedbound, such as softball and memory stimulation. Other activities available included outings, arts and crafts, movies (a cinema room was available), manicure and massage, and cake making. Special occasions were celebrated, and at times relatives would arrange entertainment for the residents. Staff Meetings are held monthly, daily review of staff rota takes place.

There are possibly 5/6 residents on each floor on pureed or soft food. Fluid Charts are in place for those residents who need them.

Tissue viability nursing (TVN) was determined by the Qualified Nurses looking at skin and using professional judgement. The TVN specialist Nurse would be contacted for advice as to turning etc. Charts were kept showing how often reviews were carried out and the types of dressing used.

In the course of the visit, the team was able to speak to six members of staff, all of whom were happy working at the home.

The nature of the residents' conditions meant that it was possible to speak to only one resident, who was happy with the care provided at the home.

Recommendations

That:

- 1 Consideration be given to the provision of a signing-in book for visitors as well as for staff
- 2 Staff be trained to greet and identify visitors rather than leave them to themselves

Note:

Subsequently to the visit, the home has confirmed that a visitors' book is available, that reception staff are to undertake customer service training and that the reception is now covered 7 days a week.

Healthwatch Havering thanks all service users, staff and other contributors who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 12 September 2017 and is representative only of those service users, staff and other contributors 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**

email enquiries@healthwatchhavering.co.uk

Find us on Twitter at [@HWHavering](https://twitter.com/HWHavering)



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