



**Enter and View at
Romford Grange Care Home**

144 Collier Row Lane

Romford RM5 3DU

Saturday 26th April 2014

Morland House,
12-16 Eastern Road
Romford
RM1 3PJ
Telephone: 01708 303 300
Email: enquiries@healthwatchhavering.co.uk

*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 your new consumer local 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. There is also a full-time Manager, who co-ordinates all Healthwatch Havering activity.

Why is this important to you and your family and friends?

Following the public enquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforces the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national 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 will be 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 citizen's 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.

About the home:

Romford Grange Care Home is registered to provide accommodation for 41 people who require nursing or personal care. The home provides services to adults who have a physical disability, people with dementia care needs, older people who are physically frail and those in need of nursing care. The type of service offered is a care home service with nursing.

The registered owner is Four Seasons (Bamford) Limited. There is a Manager

The home is on two floors and is detached.

Preparation and carrying out the visit:

Prior to the visit, the team had read and understood the recent CQC report on the home, and had spoken to the Inspection Manager at the CQC beforehand.

The team met and spoke about the aims of the visit and before arriving at the home wrote to the Manager informing them of a given time span of the proposed visit and enclosed a copy of the Healthwatch Havering Enter and View Governance.

The visit:

The Healthwatch Havering representatives arrived at 2.50pm and had to wait 10 minutes as the manager was not working that day and there appeared to be a little confusion. The Manager spoke to the team by mobile telephone, offering to come into to meet them but was advised that was not necessary as the team could meet with whoever was senior on duty that afternoon.

HH met with two Staff Nurses and a Senior Carer. One staff nurse is on the bank staff and said that she has worked at the home before and knew the way it worked. The other staff nurse said that she was permanent and had joined recently. The manager is also new, having started there 6 weeks ago. HH did notice that in the reception area, the CQC registration was still showing the former manager as being the authorised manager.

Staffing Levels:

- Day time - 2 Registered General Nurses - 6 carers
- Night time - 1 Registered General Nurse - 3 carers

On the day of the visit the assigned number of staff on duty was 2 RGN

and 6 carers.

Two nurses have recently left the home and a clinical lead. The recruitment process is in place. The induction training takes one month, one learning how the home works, there is some on-line training and the fire and manual handling training is carried out in the home. Food hygiene training is done on -line.

When questioned they said that they have three residents on covert medication (where the medication is crushed in the person's food) they informed us that they have the relevant authorisation letters from the GP, when asked if Deprivation of Liberties (DOLS) had been put in place the staff did not know.

There are 42 rooms with 42 residents. No room has en-suite facilities and commodes are used for those with lack of access.

A resident can choose to stay in their room, some are bed-bound. When asked about what exercise is offered, HH was informed that some residents make their own beds, take their washing to the laundry (on site) and there is a person who comes in bi-weekly to help them exercise in their chairs.

There are two activity coordinators on duty every weekday, hours not known. Ms Westmore told HH that she works a 44 hour week.

Some staff do rotate.

When asked if a resident has capacity and wants to go out on their own, are they able to, the staff said that yes, they know the code for the keypad, sign out and at the present time there is one resident who likes to go out on the bus - they are usually home by Supper time and if not then questions as to their whereabouts would be raised but this has not happened. This resident's social worker said that practice should continue.

There are procedures in place for bed bound turning every 2 hours for

pressure release. The residents who need this are checked every hour.

The home has its own chef, and the menu is shown to the residents daily, there is a big choice and alternatives are offered.

Activities are offered to those with dementia i.e. bingo and they are encouraged to join in. there is interaction with TV quizzes. Painting and cooking is also offered to the members. Just lately there had been Easter egg painting.

Physiotherapy is referred to if a patient needs it as well as Occupational Therapy which is covered by the NHS. The HH representatives witnessed the Chiropodist which is paid for by the resident.

Hearing aids are referred to through the NHS, the optician and dentist attends for an annual check and if treatment is needed by the dentist then arrangements are made for the resident to visit the dental surgery.

The Home has several GP practices some 6 or 7, the GP visits if there is a visit but no weekly surgery is held by any practice. If an emergency happens out of hours the staff have to call 111 and sometimes a GP comes out but otherwise they are advised to call for an ambulance.

There is one pet cat owned by the home as well as rabbits. One relative used to take a dog in every day to see a resident, there also used to be a bird which was kept in the quiet lounge.

There are two lounges, one main one and one quiet one which is often used for family celebrations.

Care plans are reviewed monthly and updated if there is any change in the resident such as weight loss/dressings update. The nurses can do wound dressing for pressure sores and if they are not healing then they request the tissue viability nurse to visit. If there are concerns over a resident's weight then they are weighed weekly.

It was pointed out to the staff by HH that the water dispenser in the lounge and the one in the front of the home was not working, they responded by confirming that drinks are easily obtainable, there is a drink machine in the main lounge, bottled water, lemonade and snacks are kept in the kitchen and residents can request these at any time.

Our Observations

- There is wheelchair access
- There is a keypad
- The HH team were asked to sign in and out and it was clear that other people visiting were required to sign in and out
- The entrance is easily identifiable
- Staff were smart in their uniforms, the carers had name badges but the nurses did not
- On duty rota was visible
- The main lounge is a very big room with a large television which was on
- Most residents were present in this lounge - they appeared to be happy and dressed appropriately - the odour was pleasant
- Drinks were evident and easy to pick up
- In the corridor outside the main lounge there was a linen cupboard open and unlocked
- In a very small office - which was empty, the keys were in the lock and the door was wedged open by a chair. On looking into this office it was noticed that there was a filing trolley with residents' records which were easily accessible. The HH representatives pointed this out to a member to a member of staff and the door was locked but the keys were left in the lock. The reason it being open was that the office is very small and needs to be aired.
- In one toilet by the main lounge, the floor was dirty and the smell of urine was strong. The toilet bowl was dirty.
- In another toilet the paint was peeling and there was a hard board

which would be difficult to keep clean.

- The HH representative was asked to put on a white coat before entering the kitchen which was clean. There is a food trolley and the menus were visible both in the entrance and in the lounge
- Just outside the kitchen the floor was dirty
- The activity board in the main lounge offered activities such as Knit and Knatter but no activities were offered for the weekend
- There were no magazines or newspapers visible
- In the garden at the back of the home, there is step access to the grass
- There were only 4 garden chairs under a gazebo which did not have a cover
- There was rubble left lying around and timber was placed haphazardly with bits of wood laid out in the opinion of the HH team was a trip hazard
- The garden hose had not been rolled up properly and left lying which was another trip hazard
- The rubbish bins were not placed together and some rubbish had been left lying outside
- There was a broken saucer on the ground
- There were 2 garden troughs which were not in good order, one with black plastic lining and the other unmaintained. These had sharp corners.
- There were rodent bait containers against some of the walls - these should be hidden
- There was old furniture dumped outside
- In the opinion of the HH team the garden was not attractive and not well maintained which would put people off using it. There were no residents in the garden at the time of the visit - when staff were questioned about the lack of maintenance the staff the HH team spoke to said that the maintenance man had left and the new one was starting on Monday 28th April. They added that most residents do not want to go out unless it is very warm.

- The HH team visited upstairs and noted that one carer went into a resident's room to speak with them - the carer spoke very kindly to the resident and it was obvious that the resident felt happy and comfortable with the carer.
- Upstairs the wet room was clean and accessible, in this room blank charts were identified asking position changes to be recorded - this form requires two signatures. Air flow and weight are asked to be recorded and there are half hourly checks.
- One toilet was being used as a store room
- In one toilet upstairs there was soiled laundry evident in a basket clearly visible when this was pointed out a member of staff said that due to the visit from HH they had been held up and kept her talking and she had missed her lunch and would see to the soiled laundry straight away.

Speaking to the residents and their relatives:

- The HH team spoke to two ladies who said that they were happy living in the home and showed their nails which had been manicured and painted the day before by the activity coordinator. They had also had their hair done.
- One lady visiting her relative said that the carers were very good and listened to her
- One relative informed the HH team that their relative was suffering from an illness and had recently fallen over at the home which necessitated a visit to Queen's Hospital, the relative went on to say that their relative's clothing often goes missing from the laundry and the relative has to keep buying new clothes for them.
- One relative asked for the number of HH and said that he wanted to speak to HH, he pointed out a carer and said that he did not like her - reason was not forthcoming *****
- One couple were moving their relative into the home that week and

said that they were very happy with everything and the staff treated the residents well. Their mother liked to be in the busy lounge and when she was at home she was very lonely. She also had kept falling over when alone at home.

- One bedroom was open and the resident was sitting in a chair, they said that they had applied to be moved from the home as other residents (mostly female) come into their room at night, the HH representatives asked if the door could be closed at night and the resident said that was not their preference, they added that they had been offered a gate but this had been refused by the resident
- The HH team noticed a full urine bottle on the resident's dressing table. The HH team advised a member of staff who removed it.
- The same resident said that they liked to stay in their room as the lounge was very noisy and the meals were served in the same lounge. They do not attend any of the activities as these are not offered to them as they do not go into the lounge. They said that nobody comes into ask them if they want to do any activity. This resident said that he was under the impression that the activities were only available to those who used the large lounge. They added that they like to stay in their room to concentrate on the crossword as the bigger lounge has a lot of residents in there with dementia
- The same resident said that the staff were marvelous. It was noted that their window on the ground floor was open and the HH team question what type of lock is used at night to maintain safety but the rooms can get quite stuffy
- One family spoke to the HH team and asked for a telephone number - they said that they had problems getting equipment for their relative, even though it had been prescribed by the GP

Talking to the Staff:

- The staff spoken to appeared happy and very busy in their work
- Speaking to one staff member of staff it was obvious that she really cared about her job and said “*I look after them as if they were my own Grandmother*”
- The same member of staff said that she felt supported by the management and said that she feels able to talk to them at any time if she had concerns
- We observed tea being served and the cakes which were homemade looked appetizing
- The staff looked smart in their uniforms
- The staff had good interaction with the residents
- The HH team observed the chef and kitchen staff all used the hand gel before entering the kitchen
- Speaking to one male carer, he said that he was new to the home having transferred from another Four Seasons Home

Our Concerns and recommendations

- The lack of privacy to an office with personal files of the residents must never occur - there are two aspects to this: one being that the records could be easily read by anyone and another the keys being left in the lock. Anybody could take the keys and lock themselves in the office
- The usage of covert medication is questioned - the staff questioned did not know if DOLS had been put in place.
- The condition of the garden should be improved, the many hazards is of concern
- The dining room being in such a noisy lounge, this puts people who want to eat in peace and quiet at a disadvantage. Is there another room that can be used for dining? Many of the residents would appear to be given their meals either in their rooms or on a tray in front of the television

- The linen cupboard should always be locked
- Dirty linen should not be on display in a basket in a bathroom, they should be put in a bag out of sight
- The floors outside the kitchen was a concern and should be regularly cleaned
- As the dirty toilet should be cleaned regularly
- Activities should be offered at weekends, relatives are likely to visit at the weekend but some of the residents do not enjoy such a privilege
- Clothes going to the laundry should be tracked, perhaps they should be marked with the owner's name
- The large number of GPs assigned to the home, this should be streamlined to one or two assigned GPs
- The offices the HH team saw were very small and must be awkward to work in, could the staff be given bigger offices?

Conversation with the Senior Carer at the end of the visit:

The HH team spoke to the senior carer at the end of the visit, they thanked her for the courtesy and welcome shown. They briefly gave her a summary such as the hazards in the garden and the office door being open. This report will now be sent to the Manager of the Home.

We would like to thank all who welcomed us on Saturday 26th April and it is obvious that the staff are hardworking and do care about their residents.

******* Please note that at the time of circulating this report, 12th May 2014, all those relatives who asked for the telephone number of Healthwatch Havering have not contacted the office with any complaints.*******

Disclaimer

This report relates to the visit on Saturday 26th April 2014 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.