



**Enter and View at
Dury Falls Care Home**

35 Upminster Road

Hornchurch

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Tuesday 29th April 2014

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What is Healthwatch Havering?

Healthwatch Havering is the 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 the Local Government and Public Involvement in Health Act 2007, Section 221 (2), 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 dentists, to observe how a service is being run and make any necessary recommendations for improvements.

These visits are often prompted if Healthwatch Havering is informed of any issues about the service or after investigation, is of the opinion that such a visit is warranted. Healthwatch Havering offers advice and guidance to the service provider and will often visit those services which are reputed to carry out good practice in order to share the good news.

Background and purpose of the visit:

About the home:

Dury Falls Residential Care Home provides 24 hour care, accommodation and personal care to older people, some of whom have been diagnosed with dementia. The service supports people with all aspects of personal care and day to day living activities.

The type of service offered is a care home service without nursing.

The registered provider of the home is Dury Falls Care Home and has two managers who alternate, (week on, week off).

There are 18 rooms in the home with 21 residents, some double with the person's permission and there is a privacy curtain. Two residents are currently in hospital. They are looking to phase out the use of double rooms.

The home is a listed building and is on two floors.

All Healthwatch Havering representatives have undergone the following training:

- Enter and View
- Safeguarding Adults
- Mental Capacity Act

- Deprivation of Liberties Training

They have all undergone Disclosure Barring System checks.

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 (HH) representatives arrived at 09.50am on Tuesday 29th April. They met with the General Manager, June Varley. Whilst in the office Mrs Varley spoke on the telephone to one of the managers, confirming that she would be able to attend an assessment meeting at Queen's Hospital for one of the residents who had been admitted there.

The HH representatives asked about end of life care, in the latest CQC report it emerged that the CQC had said that action was required as staff did not receive training in end of life care, to ensure that they were equipped with skills and knowledge to implement procedures correctly and safely. The CQC had judged that this had a moderate impact on people who use the service and had told the provider to take action.

Having read the CQC reports concerns over end of life care, the Healthwatch Havering representatives raised this matter. We were advised that the home was late in responding to the CQC. The home has advised us that they and the Lead palliative care nurse (Havering) believe the standard of care is compliant and that further discussions with the home and the CQC are continuing.

The staffing levels are:

- Day AM: Manager, 3 Senior Carers, 1 Carer
- Day PM: Manager, 2 Senior Carers, 2 Carers
- Night: 2 Carers

In addition there is a Chef, laundry (on site) handyman and hobby therapist.

As stated there are 21 residents and of these 5 do not have dementia. They all

socialise well together. They have long staying residents, one has been there since 2000.

There are activities provided 5 days a week which are varied, one being exercise in their chairs, another, “Remember This” and “Pat a Pet”.

There is a monthly entertainer, there are no pets at the moment but they are encouraged.

Residents are allowed to stay in their rooms if they so wish as well as eat in their room. One example given, was that of a resident who never leave their room but that is their choice, the resident is monitored, looked after and happy.

There are no showers, some of the rooms have a toilet. There are regular bathing days and all baths have hoists.

The Chiropodist visits every 6 weeks, or as necessary. Dentists, opticians visit regularly. If a resident is referred for a hearing aid, they are taken to the hearing clinic at Queen’s Hospital.

There is one designated GP surgery to the home and a surgery is held there every week and all the residents are seen.

If dressings are required then the District Nurse is called for, there is a single point of access for referral such as for physiotherapy etc.

If a person has mental capacity then they are taken out, accompanied by the carer, they can go out to the pub, shopping and have been known to visit Lakeside Shopping Centre.

There are also sales held in-house, either shoe sales, or beauty sales such as Body Shop.

All residents are encouraged to sit in the garden. The hairdresser visits once a week, staff do the residents nails which enables the one-to-one relationship.

The rooms are cleaned every day.

The Visit

Our observations

- There was wheelchair access to the entrance
- There was a keypad system
- The entrance was easily identifiable
- There is a signing in/out book
- All staff looked smart and identifiable
- The duty roster was visible
- The aroma was pleasant
- In the large lounge which was clean, tidy and warm there were a number of residents sitting or sleeping in their chairs. All were covered with a blanket and drinks were handy and accessible for them. They were all appropriately dressed and appeared to be happy and comfortable
- In the large there was a lady with a cut across the top of her nose, when asked, Mrs Varley said that this was a recurring rash. As a matter of duty in reporting such matters, Healthwatch Havering has reported this to London Borough of Havering Safeguarding. **Please note: that after the visit this matter was investigated by the Safeguarding Team and it was confirmed that the lady has a medical condition**
- There were books displayed.
- In the smaller lounge which was clean and warm, there were chair exercises taking place and the residents appeared to be enjoying themselves
- The dining room is well decorated and welcoming
- The menu was displayed
- In the kitchen there is a chart which shows what time the resident likes to get up in the morning, what their preferences/requirements are food wise
- The days lunch menu was easily identifiable
- The Chef confirmed that the residents can have an alternative if they so wish
- The kitchen was clean and there was a rota of cleaning visible, the kitchen was shown to be deep cleaned every Friday
- There was also a list of the residents' birthdays and the Chef bakes a cake for them on their birthday
- The chart with the resident's preferences is updated as and when they change
- The families can eat with their relative but not in the dining room as this is private and most residents prefer to eat in peace

- The toilets the HH team looked at were all clean and everywhere the odour was pleasant
- One bedroom was large and inviting and clean
- All rooms are locked in the day unless a resident wishes to stay in their room, if that is the case the door is left open and they are checked every hour
- In one room there was a sign on a wardrobe instructing the carer that the resident required a belt before going downstairs, this was felt by the HH team that it underpinned the dignity of the resident and ensured that they would not be embarrassed
- The rooms visited were homely
- The male residents, if able, shave in their own bedroom, otherwise a carer will help. There is one male carer and one male resident prefers to have this carer.
- The garden is very tidy and welcoming.

Speaking to the residents

The residents spoken to all appeared happy,

One resident said that she was very happy living there

Speaking to the Staff

- Speaking to one carer, she said that she had just completed their infection control training. This carer said that they had received 4 or 5 courses in the year. There is no on line training, if training takes place in their own time they are recompensed
- In cases of absence the home uses Bank Staff and sometimes Agency Staff. The day shift is long but they have a two hour break, the night staff are permanent and during their shift they do the washing, check on residents hourly and do the cleaning.

Conversation with the General Manager at the end of the visit:

The HH team were told that residents are weighed monthly unless there are concerns when they would be referred to the GP. The general manager said that residents

often put on weight in the home as the Chef's cooking is very popular.

She said that she and the Managers often do spot checks during the night, the latest one was at 2.50am, this enables the management to ensure that the staff are working well. The managers are on 24/7 call out.

The care plans are looked at regularly and the residents all have "This is Me" where it is recorded how the person likes to be addressed, their likes and dislikes are recorded.

The general manager said that the discharge from Queen's was variable, sometimes documents are lost or the home is phoned asking what medications the resident is taking and the hospital informing the home that the documents are lost. The home will not accept transfer from Queen's after 5pm. They have had discharges sent to them in the past at 1am or 2am. One winter, the HH team were advised that one resident was sent back with just a sheet on.

The general manager stressed that all residents are encouraged to get out into the fresh air and get as much Vitamin D as they can.

The HH representatives found the home to be homely, warm and full of character and the residents appeared to be happy and well cared for.

Recommendation:

- More liaison with Queen's Hospital should take place because of reported problems with discharge.

The HH team would like to thank the general manager and all the team for their hospitality and showing the team around.

Disclaimer

This report relates to the visit on Tuesday 29th 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.