



**Enter and View at**  
**The Fountains Care Centre**  
**12 Theydon Gardens**  
**Rainham RM13 7TU**

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

Healthwatch Havering (HH) is aiming to visit all the care/residential nursing homes 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:**

The Fountains Care Home is owned by Life Style Care PLC, it is a residential nursing home and offers care and support for those who require nursing or personal care.

The home is a detached building of three floors.

All Healthwatch Havering authorised 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 reports on the home, 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 HH representatives arrived at 10.50am and met the Manager Enwezor, who had started at the home on the 1<sup>st</sup> May 2014 after having worked at other care homes in Barking & Dagenham.

The home is on 3 levels:

Ground Floor - Angel Falls - 20 bedrooms

1<sup>st</sup> Floor - Victoria Falls - 21 bedrooms

2<sup>nd</sup> Floor - Niagara Falls - 21 bedrooms

On the day of the visit there were 5 rooms unoccupied so the home currently had 57 residents.

The rooms are en-suite with a lavatory and wash basin. The home used to be residential but is now nursing as the needs have arisen with the residents.

Staffing levels:

Morning - each floor has 1 qualified nurse and 4 carers

2PM onwards - each floor has 1 qualified nurse and 3 carers

Night - each floor has 1 qualified nurse and 1 carer

There is also a floating carer at night.

Therefore there are 3 qualified nurses on duty 24 hours. The home is examining the possibility of adding an additional carer to the 1<sup>st</sup> floor as that is mainly dementia and therefore need more intensive nursing/caring.

The weekend staffing levels are the same as during the week.

The manager said that she is a trained nurse and was able to recognize grade 3 and grade 4 pressure sores in two of the residents. District Nurses do not visit the home as it is a nursing home. The tissue viability nurse comes in where there are pressure ulcer concerns.

The care plans are reviewed monthly unless something happens that the plans have to be updated - i.e. a fall. The Medication Administration Records (MAR) sheets are updated monthly. The manager said that perhaps 4 or 5 of the residents are on covert medication, she said that this is because if they lack capacity the home follows the procedure re covert meds. They consult with the GP, family and Pharmacist. When HH asked if Deprivation of Liberties (DoLs) had been used she said no but the home works with Havering Council Safeguarding team and they are aware about the covert

medication.

The residents are weighed monthly. Many of the residents require hoisting, especially for toileting and 2 staff are required at that time. It is a residents choice if they wish to have either a bath or a shower. One resident will only have a bath/shower if he is going out, he is offered a bath or shower by staff even if he is going to the garden.

Staff meetings are monthly.

At the moment there are 2 residents on standard DoLs. She agreed that since the recent ruling at the Supreme Court more understanding about DoLs must be undertaken and further training of staff was planned. The manager said that recently she had to call in the safeguarding team over a resident with dementia, who did not want to come and live in the home, there was nobody at her own home to care for her, she gave this as a good example of working with the safeguarding team.

At the home there are around 27 residents diagnosed with dementia and of course some of the residents are developing it. Every resident is allowed a choice as to how they spend their day. They can eat in their rooms. Falls are a risk as they are always on the move and the home always follows the correct procedure.

There are two activity co-ordinators, one works 4 days and the other 3 days. They work together on a Tuesday.

No resident is on Warfarin and there is no designated pharmacist who visits the home but the home gets support and input from one particular local pharmacy. The nurses at The Fountains used to be able to take bloods but this has now stopped. If a person needs a hospital appointment such as a blood test, they are always escorted unless the family chooses to go with their relative. There have been occasions when an escort has been requested at a social gathering such as a wedding and on such occasions there is a charge to the family.

The manager said that staff turnover is stable, one carer has left since her arrival. In a case of any absences they use a pool of bank staff, in the last 4 years the home has never used agency staff.

Animals are not allowed, they can bring in a pet to visit, the home has had PAT dogs come in and they are organising a visit from OWLS R US. The activities include bingo, armchair exercise, colouring, arts and crafts, bread and jam making. An entertainer comes to the home twice a month. A hairdresser visits the home.

There is one designated GP to the home who visits every Friday. The home encourages the families to allow them to register their relative with the home's GP. If the need arises for an out of hours GP a nurse would assess the situation and call the out of hours GP, sometimes they come in and sometimes they say send the resident to hospital.

Training is given, as well as mandatory training such as manual handling there are other training sessions given by outside trainers. All staff attend the training and are paid to do so.

End of Life Care- The manager said that she is liaising with the Lead Palliative Care Nurse for the borough and training will be given to all staff. The home is going to sign up to the Gold Standard Framework. She felt that there was adequate training for end of life care.

There is a choice for the residents if they want a bath or shower. A physiotherapist does not visit on a regular basis and they will organise such visits if the resident has been referred by the GP.

The manager said that there can be problems with Queen's or King George Hospital over a residents discharge, currently the home has one resident in King George Hospital and she feels that the hospital is rushing towards a discharge. The home will only accept the resident home until the appropriate paperwork has been completed and the person assessed. Also the hospital will send the full details of the resident's condition to their GP but not to the home, even though it is a nursing home. The home is made aware of all medication changes by the hospital but other information about the resident is sent to their GP. The latest time that a resident has been sent from Queen's hospital has been 6.30pm.

During our talk with the manager it transpired that the resident had fallen and suffered a fracture some two weeks ago. When asked if the home had contacted Safeguarding and the Care Quality Commission, the manager said that they had.

### **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 had different uniforms on and when asked one carer said that they had to buy their own and she was wearing her own personal outfit.
- On duty rota was visible
- We did observe that bedridden residents had call buttons but some were under the pillow and it may be difficult to reach
- Store rooms and sluices etc, all locked with key pad access

### **On the Ground Floor- Angel Falls**

- The bathroom was very well decorated in a cheery manner but was closed due to the plumbing in that area of the building being faulty, therefore all the bathrooms in that area on each floor were closed. We checked the bath for running water and it was working

- The nurses station was tidy and the filing cabinet was locked
- The drugs cupboard was locked and at a cool temperature
- There was an oxygen cylinder in the drugs cupboard and the nurse on duty told us that this was not being used as they had not been told by the GP yet that the resident could use it.
- The lounge was clean with comfortable chairs
- The residents rooms looked clean and airy
- The check list for cleaning was up to date
- In one room, on the wardrobe, there was a check list in place for the carers, asking such things as have the dentures been put in place? Does the resident have their glasses?
- The residents on the first floor seemed to be happy and were dressed appropriately for the time of day and weather
- Drinks were being offered via a trolley and we were told that they can have a drink if requested.

### **On the First Floor - Victoria Falls**

- The dining room floor was dirty
- There was a menu available for view with two choices for a main course but no choice for a pudding. When asked a member of staff said that they can choose another option if they so wish
- The dining room had a stale smell to it
- In the lounge the television was on and there were some residents sitting down
- The residents appeared happy and dressed appropriately
- There were drinks evident
- The lavatory opposite the lounge was slightly dirty with lime scale
- In the bathroom there was a malodorous odour and the toilet seat was broken. The extractor fan was not working, we found this to be the case in all the bathrooms/lavatories
- The hand gel in the bathroom was not working
- In the bathroom which was closed for use, the water level from the bath taps was low
- The alarm button in one of the rooms was broken, this was reported to a member of staff and the manager
- When we spoke to one of the cleaners we were told that they use a urine neutraliser

- The domestic staff work from 9.15am to 2.30pm
- The hallways were well decorated in bright colours and smelt pleasant
- There was tea/coffee and biscuits being served
- The activities board was on display and it was noted that the activities planned for the day of the visit had been cancelled due to a staff meeting. We were a little concerned at this as that day was the only day which offered out of doors activities. Shopping in the morning and a tea party in the garden in the afternoon. When we spoke to one of the co-ordinators, we were told that the tea party in the garden had been arranged for the following day

### **On the Second Floor - Niagara Falls**

- The hallways were well decorated
- The dining room floor needed to be swept and washed
- The menu on this floor was different to the first floor dining room, and there was no choice for supper time, when asked we were told that there is a choice if a person does not want to eat what is on the menu that day.
- In the lounge the television was on and the residents present on that day appeared to be suitably dressed for the time of day
- The residents appeared to be content
- There were drinks available and we saw a resident being helped by a relative to drink
- There were two carers in the lounge and were interacting with the residents
- The aroma was pleasant
- The bathrooms were clean but again the extractor fan did not appear to be working
- The hall rails on all floors appeared to be sticky

### **In the Garden**

- The garden was well maintained
- There were tables outside with appropriate chairs
- There were no residents in the garden and it was a very warm day, when asked a member of staff said that they will be taken out to the garden in the afternoon



## **The Basement**

- The kitchen was clean and tidy
- In the laundry it would appear that there is no defined system in keeping the clean and dirty laundry apart, as the space is confined and there is no defined clear area
- There did not appear to be enough hangers in the laundry
- The day was very warm and the laundry does not have air conditioning. The only way that the member of staff could keep cool was by placing a bowl of iced water under an electronic fan, we of course immediately pointed out about the possible dangers

## **Speaking to the residents and their relatives:**

### **On the Ground Floor**

- One resident said that the food was good and drinks were available
- A relative spoken to said that they were happy with the care that is being given

### **On the First Floor**

We did not speak to any of the residents on this floor as they were just starting their lunch preparation.

### **On the Top Floor**

- One relative said that she was concerned as the resident did not seem to get enough drinks during the day. She visited usually evening time and the resident was always thirsty. She feels that more should be done to assist the residents drinking. She said that she had been “complaining for years” about this
- The same relatives said that the interaction between the carers and the residents witness by us was very unusual and in her opinion this was only done for our benefit
- One relative said that they were not aware of any residents/relatives meetings
- One relative said that her mother had been in the home for 2 years and the care that her mother received was “OK”, she said that any concerns she can bring it to the relatives meetings (every 6 weeks).
- She said that recently her mother had lost weight and was being seen by the

dietician who has put her on a Complan diet

### **Talking to the Staff:**

- When we pointed out that the outside activities were cancelled due to a staff meeting, we were informed that there are plans to have tea in the garden the next afternoon
- Relatives are being encouraged to take their family member out and the home is also trying to get carers more involved
- We were told that there are some problems getting the staff involved
- One person told us that the new manager is very positive, they feel supported by her
- We were told that there have been 8 managers in 9 years, which is a high turnover

### **Conversation with Manager at the end of the visit**

We told her that there had been good comments about her style of management and that she was seen to be pro-active.

We pointed out that the dining room on the 1<sup>st</sup> floor was dirty, The manager said that she had picked this up when she had first arrived, a floor buffer is needed, she has been told that one is due to be delivered.

We questioned the toilets being out of action and other items of concern in the bathrooms, we were told that they are waiting for the plumber.

When asked about why a relative does not know about the meetings, we were told that they are well publicised, we did notice a flyer in the reception area.

The manager is striving to get more engagement from the staff to get involved with the activities.

The manager acknowledged that the laundry is very small and clean and dirty linen could get mixed together, she said that plan are in hand to move certain offices in order for the laundry to be extended.

## **Our Concerns and recommendations**

1. When a patient is discharged from hospital a copy should go to the home, we are going to contact BHRUT about this matter
2. Dining room floors if made of wood should be stripped down and resurfaced
3. The design of the menus could be changed, one of the floors did not have anything written on it and another board was difficult to read. Perhaps more colourful menus could be used?
4. The extractor fans need replacing
5. There is a huge health and safety risk with using ice cubes in a bowl in front of a fan - therefore the air conditioning in the laundry should be improved
6. The dirty laundry comes down in a chute just behind the clean laundry, this could cause the clothes to be cross contaminated, we feel that separate areas for the clothes should be in place as soon as possible
7. If there is a resident on warfarin - perhaps arrangements could be made for a pharmacist to visit to check the blood and recalculate warfarin dosage

**Healthwatch Havering would like to thank all the staff and the manager for the welcome shown to us and the pleasant manner in which we were spoken to.**

## **Disclaimer**

This report relates to the visit on Tuesday 24<sup>th</sup> June 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.