



Enter and View at

The Hornchurch Nursing Centre

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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:

The Enter & View visit was carried out as a follow up to the Care Quality Commission (CQC) reports published in November 2012 and October 2013, the report in October stated that the home had not met the standards on supporting workers. A more recent report from the CQC passed the home on this standard in March 2014.

About the home:

The Hornchurch Nursing Centre provides accommodation and services to the frail and elderly, those requiring palliative care and for people with dementia. The home is owned by BUPA Care Homes (ANS) Ltd.

The Healthwatch authorised representatives were:

- Christine Ebanks
- Diane Old
- Donal Hayes
- Joan Smith, note taker

All the 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 10.35am and met with the Deputy Manager Ms Van-Listenborg. The registered manager, Denise Jessop was on annual leave on the day of the visit.

There are 55 residents on 3 floors.

Ground Floor - residents with nursing care

1st Floor - Mixed residents and nursing (more independent)

Top Floor - Dementia residents.

The staffing levels are:

Day time - On each floor: - 4 carers and 1 nurse in the morning

3 carers and 1 nurse in the afternoon

Night time: On each floor: - 1 carer and 1 nurse

Domestic staff:

1 per floor and 1 working in the laundry 8am to 3pm

The laundry operates from 7.30am to 3.30pm

Every day the staff take turns to do the laundry

Ms Van-Listenborg said that the home had reduced the numbers in the morning to 3 on two of the floors but there are plans that from the week of the visit it will be increased back to 4 carers in morning this was due to the type of residents living on the floor as it has proved to be unsafe.

Ms Van-Listenborg said that one washing machine had broken that day and it will be changed but she needed to speak to the area manager before authorising any action.

Some staff have recently resigned and the home is understaffed, there are more staff joining soon, 3 in fact were starting on the day of the visit. There were interviews taking place at the time of the visit but our visit was accommodated.

Most of the carers have been with the home a long time.

They do use an agency when the need arises. The agency where possible will try to send the same member of staff. There have been problems recently with some staff being on long term sick leave. The home also has use of regular bank staff. A further 6 bank staff are due to join the home but are currently going through the recruitment process.

The induction training is 4 days and additional day for medicine training for Registered Nurses. Staff are paid whilst training and when we spoke to some of the staff this was confirmed. All the regulatory training is taken such as DoLs, manual handling, health and safety. DoLs training has also been provided by Havering Council. The latest ruling in DoLs has had a big impact and since then the home has started re-examining their residents and whether or not DoLs had to be applied for. All staff employed have the relevant qualifications and the management support and encourage them.

There is a home based trainer assigned to the home and observes how the staff are carrying out their duties such as manual handling. One of the registered nurses provides support to all staff as a Manual Handling Champion. Training on how to update records has been recently implemented, for example, it must be recorded if a person in a wheelchair is being repositioned every 3 hours, the staff must know how to record this. The home based trainer has shown staff how to record the position breaks.

There is a GP assigned to the home. It is the resident's choice to decide as to whether they would like to re-register with the assigned GP. Currently there are residents who still continue with their own GP. The GP currently visits twice a week.

The home identifies residents of the day, every day on each floor. This enables care plans to be updated with input from the resident and relatives. The nurses are responsible for updating and evaluating the care plans every month. The named nurses ensures that the resident of the day is updated and there is a unit manager for all three floors. During daily clinical walks rounds the deputy manager or unit manager check that the resident of the day has been identified. As part of the monthly quality metrics random care plans are audited and nurses are asked to take action if any concerns are raised.

The resident with nutritional concern are weighed weekly and other residents are weighed monthly. The home refers residents to the dietician for both support and advice where there are concerns with weight loss.

Some residents are on Warfarin and blood tests are carried out, some go the hospital for this but there is a Community Nurse who comes to the home to support these residents.

Currently there is one resident who is on end of life care, the deputy manager and unit manager are participating in the Gold Standard Framework course supported by St Francis Hospice. The home also links in with the lead palliative care nurse for Havering and has provided training and support to the home. HH offered to put the home in touch with the lead palliative care nurse for the borough.

Ms Van-Listenborg said that St Francis Hospice had been very helpful some of the staff had not used a syringe driver for sometime and the Hospice nurse had advised and supported them with this.

There is one activity co-ordinator who works Monday to Friday full time. Volunteers also help with activities. One is a student who is studying social care. They are all DBS checked. They engage with the residents and take them into the garden, weather permitting. For example one resident due to medical conditions did not wish to join in with the activities, since the volunteers had started, this person does and has given positive feedback.

There is one resident who is a smoker and there is a rota in order that a member of staff can take them out so that they can smoke. If the weather is bad there is a shed, there is no smoking allowed in the home.

When asked Ms Van-Listenborg said that no residents were on covert medication.

The Tissue Viability Nurse comes monthly and also visits on request. There is pressure sore training due to be given to staff on the 8th August for the nurses.

If a resident requires physiotherapy the GP will make the referral. Nursing staff can refer to Occupational Therapy. The chiropodist visits as well as an optician. The residents will visit the dentist either accompanied by a family member or member of staff.

No resident goes out on their own, only accompanied by a member of staff or relative. There are no residents with naso-gastric tubes and one resident is on Percutaneous Endoscopic Gastrostomy (PEG).

The staff are monitored, for example, Ms Van-Listenborg visited the home at 3am, all was well and no members of staff were asleep. There was a shortage of staff and Deputy Manager stayed to help staff with their shift.

They have regular relative meetings, one was planned on the day of the visit.

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
- On duty rota was visible

On the Ground Floor - Grosvenor

- The laundry was stuffy
- All clothes are labelled
- There are marked areas for clean and dirty clothes

- Bedding and towels are sluice washed
- If clothing is contaminated they come down in red bags which do not dissolve, the whole bag goes in and opens out
- Sheets are ironed on the roller
- There is a new steam iron
- The hairdresser was advertised on a notice board, the prices, in our opinion were rather expensive. £37.50 for a perm and £22.50 for a cut and blow dry.
- The hallway was clean and the carpets were fresh.
- The aroma was pleasant
- In the kitchen there were menus kept in a folder, they are changed monthly
- They use fresh meat and vegetables which are delivered 3 times a week.
- There were temperature probes visible and all food is tested when it leaves the kitchen and when served
- The kitchen floor is washed twice a day but was sticky when we visited
- The Chef is invited to the relatives meetings and has input
- Soft textured diet foods are kept separate on the plate
- In one of the lounges a group of people were having an activity session.
- The hallways were clean
- The rooms looked bright, clean and airy with bed rails
- On the notice board “The employee of the month” was featured
- The bathroom was clean, water pressure in the bath and basin was good
- The lavatory was clean, all windows had locking systems
- Opposite the bathroom the radiator had a panel sticking out which could be hazardous
- On the temperature check chart in the bathroom the last date entered was the 11th June and only one resident’s initials
- When this was queried with a member of staff, asking if that meant that nobody had been bathed or showered, we were told that they aim to shower or bath 3 residents per day, and this is documented in their care plan. In that way everyone should be bathed or showered once a week
- One of the store cupboards was open, this was pointed out to a member of staff

- In another bathroom the latest temperature check on the chart showed that the last was the 18th June
- The lavatory was clean
- By the nurses station the linen cupboard was unlocked
- One bathroom was not in use and being used as a storage cupboard, this has been ongoing for some time, we were informed
- We were shown a book at the nurses station where the checks done or need to be completed are listed, such as bowel times. Personal care or turning charts
- In the lavatory opposite the lounge the taps had lime scale
- In the lounge, residents were sitting
- Drinks were close by
- The residents were dressed appropriately for the time of day
- The television was on
- The room was light and airy
- There were plenty of comfortable chairs which were clean
- The ceiling lamps needed cleaning
- There were locks on the windows
- There was a stair lift on the stairs

On the first floor: Dorchester

- The lounge was clean
- The residents appeared happy and were dressed appropriately for the time of the day
- There were books
- The television was on
- The lavatory opposite the lounge was clean but there was lime scale on the taps
- In the lounge was a large snakes and ladders game board
- The residents rooms looked clean and airy,
- Again a bathroom was out of order, it is on the same level as the bathroom below

- The linen cupboard opposite the nursing station was unlocked
- In the shower the light bulb was not working
- In the bathroom the temperature chart was last updated on the 27th June, which again raises the question were any residents allowed to have a bath/shower over the weekend?
- The dining room floor was sticky
- The menus were visible outside, choices and an alternative menu
- The wall area below the serving hatch was dirty
- There was a dirty chair just outside the dining room

Top Floor: The Regency

- The walls were well decorated and dementia friendly
- The aroma was pleasant
- There was a cupboard with Christmas decorations open
- The dining room was clean apart from the serving hatch area below which needed cleaning
- The beading was missing on the floor under the serving hatch and there was a gap between the floor and wall which was dirty
- The residents rooms looked clean and airy
- In the bathroom one of our representatives fell over, the floor was wet and slippery and there were no warning signs, when we spoke to the cleaner about this, she said that he she had been told that the floor was non-slip
- There were no temperature charts in the bathrooms, when queried we were told that some residents are showered or bathed more frequently as it is easier to clean residents especially if they are incontinent
- In one of the bathrooms the floor was dirty
- Another bathroom was out of order
- In the lounge the television was on
- The residents appeared happy
- They were dressed appropriately for the time of day

- Drinks were nearby
- There would appear to have been 3 carers on duty
- At 12.30 the dining room was not laid for lunch
- When this was queried with a carer we were informed that lunch was at 1pm. We subsequently saw staff walking residents with their frames to the dining room. It would appear that they were working with a shortage of staff

Speaking to the residents and their relatives:

- One relative said that he was extremely happy with the way his mother in-law was being looked after. The staff were good and she is very happy. He knows that she is safe in the home.
- One relative in the Dorchester Suite said that there is a lack of staff and they worried about the buzzer not working
- Their relative is on PEG and feels that they are missing out, when there are activities those who take part are given tea and cake but not those who do not take part.
- One relative was concerned if their relative was not getting the proper oral hygiene, the staff do clean their teeth but she felt more could be done
- In one room, the resident was bed bound and the buzzer was stuck behind the bed. The relative present said that the staff turn the resident over often. This resident has a medical condition which requires constant liquid intake and there were no drinks by her side. When the drink trollies did arrive the carer gave the residents two mugs of drink. The physiotherapist from St Francis has been in to see the resident and she is under palliative care with the Hospice.

Talking to the Staff:

- The staff were generally happy with the training received and felt that they were able to cope with end of life care, one comment was that “it is sad because you have become friendly with the resident”
- The staff in all areas were happy to share information about the care and duties provided to the residents
- One of the domestic staff said that she had plenty of time to do the cleaning
- Contrary to the statement above, another member of staff said that they felt that there were not enough domestic staff and sometimes the domestic staff have to work between floors
- When speaking to a clinical member of staff we were informed that there is a resident on covert medication - a tablet is given in their tea, they added that this action had been taken after consultation with the GP and the family
- There is a staff meeting every two weeks
- The night staff have a handover with the day staff before they start duty

Conversation with the Deputy Manager at the end of the visit

We spoke to Ms Van-Listenborg about some of the issues we had come across, for example the resident on PEG feeling left out if they do not take part in the activities and not getting any tea and cake, she said that she would look into this.

We questioned the temperature charts and were informed that these were updated in the care plans and that they were now receiving bath thermometers.

We informed Ms Van-Listenborg that one of the representatives had fallen over and asked for this to be recorded in the accident book.

Our recommendations and concerns

- We do have concerns over reasons given for not recording on the temperature charts, the charts should be updated constantly, in that way it leaves a record and shows that the resident has had the personal attention they need
- We did not see any activities apart from those given by the carers

- We did not see that many staff on each floor, and a clinical member of staff did say that they felt they were short staffed
- There should be more fans in the laundry
- There should be an aligned GP to the surgery, as indicated HH will contact the CCG
- The hairdresser does seem to be expensive, perhaps a cheaper alternative should be investigated
- The radiator with the panel sticking out should be fixed immediately
- All linen and store cupboards should be kept locked
- All areas pointed out by us in this report which need cleaning should be completed as soon as possible
- The bathrooms out of use should be reactivated
- Contrary to initial information given, it would appear that there is a resident on covert medication - has DoLs been put in place?
- Any resident should be offered tea and cake when it is given to other residents, no matter if they took part in activities

Healthwatch Havering would like to thank all the staff and Ms Van-Listenborg for the welcome shown to them and the pleasant manner in which they were spoken to at all times.

Disclaimer

This report relates to the visit on Monday 30th 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.