# Enter and View at

# The Oaks Residential Care Home

# 28 Hall Lane

# Upminster

# RM14 1AF

# Thursday 31st July 2014

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## 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.

## About the home:

The Oaks provides accommodation and services to the frail and elderly, those requiring palliative care and for people with dementia. The home is privately owned.

Residents are cared for on three floors and the staff circulate across the three floors.

## Preparation and carrying out the visit:

Prior to the visit, the team had read and understood the recent Care Quality Commission (CQC) reports on the home. The concerns that were

raised by the CQC were from the report 1st May 2014. The care and welfare of people. There were concerns about the number of unwitnessed falls and skin tears and people left unsupervised. Notification of death of a person. Notification of other incidents. The CQC should have been notified about important events that might affect the health, welfare and safety of people. The HH team met and spoke about the aims of the visit. Before arriving at the home HH had written to the manager informing them of a given time span of the proposed visit and had enclosed a copy of the Healthwatch Havering Enter and View governance.

**The visit:**

The HH representatives arrived at 3.35pm and opened the front door into the porch which led into the reception area/hall. The door is normally locked with a key but was not locked on this occasion. HH representatives were met by the Acting Manager. She explained that she is the Acting Manager as her registration with the CQC is in process at the moment. The CQC Management certificate has a different registered manager.

There was a visitor's book that required signing in and out.

There were three people sitting in the entrance porch having a cup of tea when the team arrived. One person was a resident and the other two were friends. In answer to the question were they happy with the care their friend was getting, they said they were.

In the entrance lobby there was a picture of all the staff with their names.

The HH representatives spoke to the acting manager and the proprietor in the back sitting room. None of the residents were using the back sitting room but this room was the access route to the garden and two residents in wheelchairs (one with visitors) came through the room to access the garden. There were a number of sitting rooms chairs, dining room chairs and a large table. Healthwatch Havering has been informed by the home

that this room is used regularly by the residents, for example, afternoon cinema is held often there and the activity co-ordinator uses it.

There are 26 single rooms, 24 are en-suite and 2 with wash hand basins.

At present there are 24 residents. Frail residents and those with dementia are cared for in mixed areas. About 70% of the residents have varying levels of dementia. The acting manager said the residents are very individual and that there was a continuous learning curve on how to care for individual needs. In addition to senior staff and care staff there is one fulltime activity coordinator who works four days during the week and also on Saturdays.

They have a staff meeting once a month. A residents meeting is held at least once a month but sometimes more frequently. Residents are actively encouraged to be involved with choosing the colour of new carpet, settees and to choose from a number of examples of silk flowers for the home, etc.

Staffing levels:

Morning – 1 senior + 2 carers + Acting Manager and the Deputy

Manager Lates – 1 senior + 2 carers + Activity Coordinator

Nights – 2 carers + 1 carer on call.

In addition to the above they have a cook, kitchen assistant and two housekeepers and a handyman/gardener. Domestic staff work 6 days a week, including Saturdays. There are also a number of other helpers such as the owner's and the chef's children and a number of work experience helpers from local schools and colleges. They come usually for two weeks work experience.

The carers get the residents to bed and if any resident requires double-handed assistance to be put to bed, help is given before shift change. Residents' rooms are on three floors. No resident require hoists.

All bedrooms have pressure mats, nurse calls and also a conventional nurse call system.

When asked about the CQC report which expressed concerns about the high level of unwitnessed falls, they said that this had been an issue a few months ago (March- April) when two residents with dementia were prone to falling as they could not be restrained and were free to walk about, but this posed problems. One person with dementia was referred to the Mental Health Team and was admitted to hospital because they required one to one care all day. The other person has since passed away.

The home has one local GP assigned to the home which most residents see. The GP holds a surgery at the home once a week and the home is very happy with the GP support. When a new resident comes to the home they can stay with their own GP or switch to the local GP assigned to the home. They usually switch after a while to the local assigned GP. In addition to the weekly GP surgery at the home the GP may be called out independently as required. Recently the out-of hours GP was telephoned 10 minutes after a resident, (who had been receiving palliative care), passed away. The GP had been telephoned to confirm death. The residents relatives were present and the out-of hours GP took 2 hours to arrive after informing the home that it could be as much as 6 hours later, which did cause distress to the relatives.

When asked whether they felt that the staffing levels were adequate at the moment both manager and owner felt they were. They had some issues at the end of last year to about March this year with 4 staff going on maternity leave but staffing levels were now stable. Staff absence is not covered by bank staff but with the home's own staff. They can call on staff from a sister home in Felsted.

Residents are assigned a key worker and residents are matched with a staff member with whom the resident is most comfortable.

They do not have a physiotherapist assigned to the home. A chiropodist visits the home every 6 weeks. Residents attend the local dentist that is only a few minutes walk from the home. An optician comes to the home and sets up a surgery every three months. There is a hairdresser who visits every fortnight but is flexible and does come in other days on special occasions such as the summer barbecue. Prices appear reasonable i.e. £7 for a set, £9 for a cut and set, £25 for a perm and £5 for a gentleman's cut.

Care plans are reviewed monthly and updated if things change significantly. Residents are weighed monthly and extra food supplements are given when required. Blood pressure is taken regularly.

District nurses visit regularly and on request from the home.

Pressure ulcers are avoided by keeping the residents moving and by using pink pressure cushions when seated and special mattresses when bedridden, as well as ensuring that residents are turned regularly paying attention to where the sore is on the body. They have one resident who stays in their room most times and another who spends quite a lot of time in their room but is able to go up to their room or down to communal areas without aid. Other residents generally get up each day and have meals in the dining room and other communal areas.

Residents can choose to have showers or baths. There is no rota for bathing and residents can have showers/baths every day if they wish. They used to use a rota system for bathing but when the CQC visited they were informed that this was no longer allowed. Showers are recorded and some residents have showers twice a day if they wished.

For the last 5 years there had been a notice on the door kindly requesting that visitors avoid visiting residents at meal times and after 7pm as a number of residents like to get dressed ready for bed after their evening meal and like to be able to stay in communal areas before bedtime.

Following the CQC inspection they have been told that they should no longer display the notice.

None of the residents are on covert medication. However the acting manager and deputy manager have had covert medication training. One resident is on Warfarin and goes to the pharmacy in Hornchurch for blood tests and recalculation of Warfarin dosage. This pharmacy also supplies other medication/ Biodose provided in sealed doses.

Controlled drugs are given by the acting manager or deputy manager and countersigned. Only senior staff give drugs and they have received training for giving medicines. Local pharmacy give training to staff and refresher training when new ways of completing forms are instigated.

Staff training has been provided in house by an outside trainer – manual handling and first aid. Other training has been provided such as Health & Safety, fire training and infection control. Dementia training was provided by Havering and the acting manager has attended local authority forum training on the new acid test for DoLs.

They do not have any residents who are under Deprivation of Liberties (DoLs) at the moment. Keypad controls are on emergency exits. Fire doors release when fire alarms go off.

When questioned, both the acting manager and the propietor said that only one resident goes out of the home unaccompanied.

No residents have bed rails but one resident has an adjustable bed with sides as they do not have capacity. It was suggested that this resident may need to be considered for DoLs.

The home is signed up for the Gold Standard Framework (GSF) – both the acting and deputy manager have been involved in this. Grading has been explained to all staff. Accreditation is anticipated later in the year. They have received a lot of free training for the GSF via videos for the staff. All staff have embraced Gold Standard grading including housekeepers who

have done really well on the grading process. All staff are involved in the end of life care.

Residents have a choice of two main meals at lunch time and some residents may wish to have something different such as an omelette. For tea, residents have sandwiches, soup, scrambled eggs and cakes. The kitchen assistant has a comments book and asks different residents to comment on meals and these comments are fed back to the Chef.

The owner and acting manager have both done spot checks during the night on the home to ensure that everything is in order. In addition, staff are encouraged to come forward if they have any concerns on how the residents are being treated. So far they have not had any cause for concern. Residents are also encouraged to say about their care or any concerns. Bruises are watched and recorded. The manager also assists in personal care of residents and watches how residents react to staff.

When asked about the CQC report regarding perceived missing information regarding notification of deaths. It was understood that notification to the CQC was only needed to be reported if unexpected. Also issues over the lift being out of order was reported but it was only out of order for one .day

When a resident passes away, a death analysis has to be conducted and sent to the GSF. They assess the care given at the time. Palliative care is given with the aid of district nurses. An overview of the report is given to relatives and they give their view and feedback.

The acting manager and the proprietor informed the HH team that the CQC were not so concerned about the number of falls but the action that was taken rather than the falls. The home needs to record everything. They informed us that it is difficult to record every little detail.

The home has been owned by the proprietor for 10 years and the acting

manager has been at the home for 5 years. Both said that they love their work. The acting manager completed her NVQ4 two years ago and has been acting manager for the last three months.

New recruits are recruited via the Job Centre or online site. Preliminary telephone interviews are conducted and then they undergo a formal face – to - face interview. References and DBS checks are done online. New employees are given a three -month probationary period and are re-interviewed after the probationary period.

Many of the residents receive visits from relatives but there are a number of residents who do not receive visitors. Pastoral care is provided by a church service and communion, by members of the church.

The acting manager does a monthly falls report analysis in order to see which staff are on duty and if there any other repetitive features but so far there has been no recurring factors.

Residents are monitored for drinks via in bed, in room forms i.e. all staff can check and give drinks and other refreshments. The resident who stays in their room is on a catheter but all staff are aware that they need to drink as well and they encourage the resident to drink when they come into the room to ensure that the resident drinks enough. There is a check list in the office to sign when attending those residents that remain in their own rooms.

None of the residents have pets in the home but the home has Pets as Therapy. Staff appeared neat and tidy in uniform.

The HH team was accompanied by the acting manager on the visit around the home.

## Our Observations

In the garden the fence was in the process of being replaced and a new fence was being erected. From the back sitting room there is wheelchair access to the back garden that is assessed via a gently sloping ramp. The garden is mainly concreted but has raised beds with pretty flower and shrub planting.

The sitting area at the back of the home is of a reasonable size for the number of residents. There is a seating area with an all-weather table and four all-weather chairs. The garden aspect is sheltered and appears to catch the sun in different parts most if not all of the day. HH has been informed by the home that there was other furniture out in the garden such as another table, four chairs and benches. Also plastic chairs were in storage and could be taken out for any resident who wished to sit in the garden. HH has been told by the home that a very small amount of residents wish to go out into the garden and it is not often used.

The laundry is situated at the back of the home to the back of the garden area. Washing machines are operated on a dosage system. Residents' laundry is taken to the laundry in plastic baskets or if heavily soiled in red bags. Night carer staff do ironing and clean the dining room. Residents' names are on all personal items.
Residents who come for respite care have clothing for washing placed in baskets kept in their rooms for relatives to take home at the end of their stay. Housekeepers do the laundry during the day and carers complete laundry duties when all residents are in their beds at night. Clothes are dried in the warm weather in the garden area at the side of the laundry on driers that pull out from the laundry block wall (neatly and safely stowed when not in use).

The team entered the kitchen via the opposite end of the garden via steps. The kitchen has received a 5 star rating for food hygiene. Fresh fruit

and vegetables are supplied by a local supplier. As well as meat. The kitchen appeared to be the same size as the dining room. It appeared clean and tidy. The floor was clean.

Afternoon tea was being served to residents when the team were visiting and the chef had prepared sandwiches and homemade iced cakes covered by a mesh and cling film ready to be served to residents.

The dining room had three large tables that appeared to be clean and had silk flowers on each table. It appeared tidy but the HH team felt that brighter colours, patterns and pictures would be more dementia friendly. HH has been told by the home that all the colours, patterns and pictures were chosen by the residents themselves. The weekly menu was on the wall in easy read and picture format. The size of the dining room and number/size of tables would suggest that all residents would not be able to sit in the dining room together (potentially 26 residents).

The medication cabinet was on the wall and locked as well as the controlled drugs cabinet.

A small fridge in the corner of the dining room was used for medicines that require refrigeration (but was not working at the time). There were two fridge freezers in the dining room. There was a water fire extinguisher in the corner of the dining room. Ms Freeman said that food is pureed if necessary but at this time only 2 residents required softened but not pureed food. Each type of food is presented separately on the plate.

Two residents are on assisted feeding. Most of the residents were having afternoon tea in the front sitting room and the television was on. Jugs of juice were available in the sitting room and all residents had access to a little table with a drink. Residents were seated around the sitting room. One resident was having their tea in the reception hall as well. The residents appeared appropriately dressed for the time of day. One resident was making pompoms, another was knitting a colourful scarf.

Two residents were sitting together and one was looking after the other re making sure they had food.

There is a lift as well as stairs to the upper floors where the bedrooms are located.

One resident at the home for respite care was asleep in their chair in their room with a reading book on their lap. The resident had a number of bruises/red areas on their lower legs. The HH team were told that the resident had come into the home already with these marks and the relatives were aware. The reason given that they were due to the resident knocking into objects and bruising easily. The acting manager said that the resident was under the care of the district nurse and they were aware of the condition and stated the marks had all been body mapped. The HH team were told that Safeguarding at London Borough of Havering had not been informed by the home, the acting manager was informed that this would be notified to Safeguarding by the HH team. **Please note: Safeguarding at LBH were informed and immediately investigated. The bruising had occurred before the resident went into the home.**

There are 5 residents on respite care.

- A number of residents rooms were viewed and they all looked clean and tidy
- There was a pleasant aroma in the home
- The bath and shower room also appeared clean and had a pleasant aroma
- There was a notice on the wall to discourage carers from washing a residents hair if they have recently visited the hairdressers
- There was one resident room which was clean and tidy but had an unpleasant smell
- All residents seen appeared appropriately dressed and happy
- All furnishing appeared to be of good quality
- The HH team saw that residents were encouraged to walk.

One resident on the second floor had been lying in bed all day due to being unwell. The resident was asked by staff if they would like a cup of tea, to which they said yes.

The acting manager entered a room where a resident needed to be encouraged to drink and she helped the resident with the drink, the HH team saw that the resident was happy and comfortable with the acting manager.

There are no organised group trips out as the home does not have a vehicle and insurance for such trips were expensive. Those residents who have visits from family and friends often go out on trips with their relatives and friends.

There was an activity schedule on show in the hall. These included:

- Arts and crafts
- Local library services
- Books and magazines
- Musical afternoon
- Bingo
- Film afternoon

Ideas currently being implemented is a “Butterflies in a box”. They receive flowers free from a local supermarket for flower arranging activities. The activity coordinator appeared very proactive as they had said that they were looking into hiring an entertainer who had been at a recent dementia day event who had encouraged the audience including those with dementia to sing and clap along to the music.

The HH team observed that one resident who had been out with a relative that afternoon was sitting in a chair and appeared to be faint and slumped in their chair. It was observed that when the resident slumped in the chair that the chair appeared to be able to tip sideways during the incident. The

resident needed help from a care assistant and the acting manager back to their bedroom as they were unsteady on their feet. Both members of staff acted very quickly and with great care and reassurance.

## Speaking to the residents and their relatives:

- The residents spoken to about the meals said that they had a good choice of sandwiches or something else if they wanted.
- One resident said that they were very happy at the home and "loved it there"
- One resident said that they had been concerned when they entered the home but all their concerns had now gone
- Another resident said that everyone at the home were lovely, two residents spoken to seemed very happy and eager to chat
- When asked, some of the residents said that they did go into the garden but there should be more chairs and sometimes this was off putting as it would be nice for more chairs to be permanently availabl

## Talking to the Staff:

- When asked, one member of staff said that they felt that the staffing levels at the home were adequate.
- The staff member said that they had enough opportunity for training and they were encouraged to study and were given training
- Another staff member said that a member of staff was unable to be on duty and the activity coordinator had been asked to stay on duty. The HH team

witnessed 3 care staff at 17.30 hours and the acting manager who was due to go off duty.

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## Our Concerns and recommendations

1. The front entrance door should be permanently locked to prevent people walking in, as was demonstrated on the arrival of the HH team
2. The number of seats and tables should be increased in the garden, this will encourage more residents to exercise and use the garden.
3. The colours in the dining room could be improved to be more dementia friendly
4. The size of the dining room and the number of tables means that all residents cannot have meals together. The HH team counted three tables and 11 chairs.
5. The chair that the resident was sitting in when they slumped appeared to be able to tip sideways during the incident. **HH would like to reiterate that the staff dealing with the situation acted in a prompt, kind and efficient manner**
6. Residents on arrival to the home either permanently or on respite care who have bruises or other visible marks should be reported to Safeguarding at the Council.

**Healthwatch Havering would like to thank all the staff, the proprietor and the acting 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 Thursday 31st July 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.