



Enter and View at
Barleycroft Care Home
Spring Gardens
Romford
Essex RM7 9LD
Monday, 1 September 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 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 had visited the home on the 17th February 2014 as a follow up to the Care Quality Commission (CQC) report published in January 2014 where enforcement action had been taken against Barleycroft Care Home against the following categories:

- Care and welfare of people who use the service.
- Management of medicines.
- Assessing and monitoring the quality of service provision.

The decision to undertake this visit was prompted:

- 1) As a follow up to our enter and view in February.
- 2) To see if improvements have been put in place.

About the home:

Barleycroft Care Home is owned by Abbey Healthcare Group and Barleycroft provides accommodation, nursing care and support with personal care for up to eighty older people. The type of service offered is a care home service with or without nursing and can accommodate 80 people.

There are 3 Floors:

Top Floor-Bonsai-Nursing

Middle Floor-Birch-Nursing Dementia

Ground Floor -Beech-Dementia Residential.

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 report on the home and the current position with LBH. The team had arranged an announced visit to the home to give residents and staff an opportunity to speak with the team.

The visit:

The Healthwatch Havering team arrived at 10.30 on Monday 1st September 2014. The reception area was clean with a pleasant odour. The only entrance is via a buzzer system and there is a signing in and out book for visitors. The team met with the manager The manager, who has been in post since October 2013. He was very informative and updated the Healthwatch Havering Representatives:

On the day there were 63 residents, as 2 respite residents went home. Staffing remains the same as the previous visit.

Top Floor-1 Nurse 4 Carers early/1 Nurse 4 Carers late/1 nurse 2 Carers night

Middle Floor-1 Nurse 5 Carers early/1 Nurse 5 Carers late/1 nurse 2 Carers night

Ground Floor -5 Carers early/5 Carers late/3 Carers night.

The manager and deputy manager are both nurses – there are 3 nurses are on duty at all times. They usually base themselves on the 1st and 2nd Floor nursing units.

Each floor has a unit lead and this ensures there is a mixture of experiences and training.

The manager explained that a number of historical safeguarding issues had now been closed.

The home has had to raise two Deprivation of Liberty (DoLs) alerts to ensure safety of their residents.

If a resident requires physiotherapy this can be done via the GP referral, or privately if the resident prefers. The chiropodist visits the home. If a resident requires dental treatment they can be taken to the clinic by minibus or Taxi. The home shares a minibus with their associated home in East Ham.

There have been improvements with discharges from Queens, apart from one where there was scant discharge information and a resident had become violent. The home contacted the GP to get a copy of the discharge letter where it was noted that there was different prescribed medication. This has been raised with CQC.

The GP now visits on Fridays (previously visits were on Mondays). About 6 weeks ago the GP, pharmacist and community treatment team reviewed some of the medication for residents.

There are now 2 activity co-ordinators in post which has given residents more choice of activities.

At the last visit we were told that the home would arrange for residents to go out to attend coffee mornings. This has been happening and residents have gone out in a taxi. Residents have also been to the local dog racing track. The home still publishes bi-monthly The Barleycroft Gazette.

The workforce has been stable but because of the summer holidays has had to employ agency staff. The home tries to have the same agency staff where possible to ensure consistency. PIN numbers for trained nurses are checked upon. Any agency staff used, have profiles kept on file.

The home still has a nurse who can take blood samples but if necessary the resident will be taken to the hospital. Residents if prescribed warfarin would still have bloods taken by a nurse or at the hospital. Healthwatch representative explained that some homes have a pharmacist attend to check blood clotting for residents on warfarin and then recalculate dosage.

The home is not signed up to the Gold Standard End of Life care but there are plans to investigate this with the Hospice. Some of the staff would need training with the new syringe drivers. Some of the residents with dementia have been moved to the top floor because they need more clinical support. Residents are weighed regularly and as dementia gets worse so does their appetite, taste and smell deteriorate. This is when a possible need for end of life care becomes apparent, as residents become reluctant to eat and drink.

On the ground floor residents have varying degrees of dementia attributed to different

causes.

Healthwatch representatives asked about training provided to help manage different conditions. Barrie explained that staff talk to him about how the care team works, they are also involved in personal supervision. The home tries to ensure they have stable clients and, since suspension, there is improved cohesion for both staff, residents and relatives. At times there has been friction within the home and Barrie used the terms of Policies, Procedures and Personalities, and how they are utilised to resolve this. As the leads are now in place it has to be the Manager that makes the final decision on outcomes.

Meetings with residents and families are held every 8 weeks.

Barrie explained that requirements about medications from the CQC report in April have now been addressed. A fortnightly audit was carried out on medicines and risk assessments took place. Either Barrie the Manager or Maureen the Deputy Manager are on call at all times.

Due to the media publicity around abuse in care homes the Healthwatch representatives wanted to know what the home had put in place to ensure the safety of their residents. Barrie said that spot checks are done at all hours and that there is always a manager on duty. Also to ensure regular review of care plans, notifying of CQC, raising safeguarding alerts, DoLs notification, handling complaints and concerns regarding accidents were managed

Resident of the day continues where each resident is pampered, room deep cleaned and care plans etc. are reviewed.

If residents do not like what is on the menu there is always an alternative.

Top Floor- Bonsai Rooms

- There was a small sensory room which had fan, lights, no windows and equipment.
- 1st Storeroom not locked but had key in the door contained household items e.g. rubber gloves, etc. Minutes later, the door was locked and key removed.
- 2nd Storeroom locked.
- Assisted WC was clean with no visible lime scale on taps etc. Soap and hand wash was available. Toilet was clean. There was a cleaning rota form on the wall - dated 1 September 2014.

- Small kitchen off dining room appeared clean. There was soap and hand wash at the sink area.
- The dining room was large, bright, light and airy. The dining room appeared to be clean. There were several tables widely spaced allowing residents to have meals in the dining room if residents were on beds or in wheelchairs. Two residents were wheeled into the room for their lunch. HH representative asked how many residents had their lunch in the dining room. The member of staff wasn't sure exactly how many but said approximately five to six.
- Assisted bathroom. Taps worked and were clean. Toilet appeared to be clean. Shower over bath worked but seemed to be difficult to work out how to switch it off. One staff member did not know but another one did know how to operate it. There was a rota for cleaning the room on the wall dated 1/09/14 identifying that it was last cleaned at 9.45am. All clean.

Gardens

The garden area is large and fully enclosed. There appeared to be several areas for sitting with all-weather chairs, benches and tables. The gardens appeared to be tidy with lawns, flowerbeds and shrubs. The pathways were wide enough for wheelchair access.

Resident rooms

- First room visited. The resident and visitor both said the home is brilliant. The staff are lovely – has a family feeling. The resident had been at the home for at least a year and said that the home had improved over the time. The food is very good and the resident enjoys the food. Example of puddings is homemade bread and butter pudding. They also offer the visitor food and drinks when visiting. Although the visitor does not often accept food. They both said that the manager is very good and he visits the resident regularly most days even on Sundays. Bed baths are given due to the nature of the resident's condition. The manager has provided a special mattress that is more comfortable for the resident and also allows better management for changing the resident and washing. The visitor provides "inco" sheets, which helps with managing incontinence and improves the resident's dignity. The visitor comes in everyday for most of the day and the home is happy for the visitor to attend for this length of time. The resident has a named carer but said that all carers are good. When the resident asks for help at night via the buzzer on a lead, the carers come quickly. The resident said that the night staff are good as well. The resident is unable to attend activities, which are down stairs but activities offered include days out such as visit to hop fields, Paddocks Wood, and quizzes. Also there was an open day recently and the resident was included in the day's events by someone buying the resident an ice cream. On days when the resident does not feel very well the staff check on the resident every half hour or more often.

The resident has breakfast at 6.30 am which is the resident's choice.

- Second room. In another residents room the door was open and a resident was asleep in their bed.
- Third room. A resident had been at the home several months recuperating from surgery and was expecting to be well enough to leave the home soon. The resident gets up when they like. The room has an en suite with washbasin and toilet. The resident is well enough to shower or bath themselves. The resident said that the food is good and they eat all of it. There is a choice. Does not have snacks in between meals. The resident has not been on outside trips although they have been asked if they want to go on trips. Asked about activities the resident does not want to join in as the resident is happy to watch television. Found that when asked about memories of First World War this did not apply to the resident.
- Fourth room. Another resident invited the HH representatives in but said they were not well. They did not remember how long they had been at the home but when asked whether they liked it at the home they said it was all right. The resident said they were thirsty and when the HH representatives asked if the resident was able to hold their drinking cup themselves which was on their table close to their bed they said that they could not so the HH representative went to find a carer to help give the resident a drink which the carer said they would get someone to assist.
- Fifth room. In another bedroom the resident and visitor invited the two HH representatives in to speak with them. The resident had been at the home over a year. The visitor comes in to see the resident everyday up to 10 hours a day. The visitor wants to visit for this time and keep the resident company. Also the visitor helps the resident to get exercise, which also adds to the physiotherapy the resident receives from a professional physiotherapist. The resident eats in their room as they regard the dining room as too noisy. The resident does not partake in organised activities. The resident is mentally alert and completes crosswords every day. The activities offered by the activity co-ordinator, for example, sensory bingo the resident regards as an insult as they do not have any mental impairment and sensory bingo does not offer any challenge (too simple). There seems to be a need for tact when dealing with residents, as they do not want to do activities, which are not challenging. The resident is pleased with a new activities co-ordinator who has more understanding of the level of activities suitable for the resident. The resident receives visits from friends as well as relatives. The resident wakes up at 8 am for breakfast, which is their choice. The resident can chose to have a shower or bath but generally prefers to be given a bed bath by their own choice. If the resident uses their buzzer to call at night the carers come quickly. The resident was at a different care home in the area and found it much inferior to this home. The resident said that they are happy at this home.

- Sixth room. The HH representatives asked the visitor of another resident if they could speak to them and were invited into the bedroom. The resident was very confused and did not know the visitor even though they are a close relative. The resident had been in the home 12 months and was fed on liquid food. The relative helps with feeding their resident every day and is very happy to do so even though the staff would feed the resident if needed. The visitor said that they cannot fault the staff. The visitor can have meals at the home and is offered cups of tea as well when visiting. The visitor is made to feel very welcome. The resident is in bed all the time.
- Seventh room. Another resident had a small mark on their arm. They have been at the home for quite a while. The resident said they were quite happy. The resident enjoys the food. The staff made a nice birthday cake when it was the resident's birthday. The resident is woken up at 6 am. Goes down to the lounge.
- A visitor who was a relative of one of the residents who had been at the home for more than a year said that the home is more efficient since the new manager had been at the home. The visitor said that the home was very good and the visitor comes in regularly to see the relative. Other members of the family come in regularly as well. The visitor had no concerns about their relative's care. The visitor has seen major changes since the home was in special measures.

Staff

One staff member had been at the home at least 2 years and had received training including e learning. They had attended a course on 'end of life care' and some dementia training, and were studying for NVQ3 in Health and Social Care. Assessments carried out at the home with assignment work done at the staff member's own home in their own time.

Another member of staff – a cleaner who is bank staff - has been at the home for three years said that there is a cleaner on each floor. There are domestics on at weekends. The domestics' hours are 9-2pm on the second floor (5 hours) and on ground and 1st floor the domestics' hours are 8 – 3pm as there are more residents on these floors.

There was a handy person on duty who was being directed to repair and sort out a number of items.

Middle Floor - Birch

Bathrooms were clean, the red toilet seat in one was broken. One of the toilets had a dirty floor and the toilet next to the dining room was dirty due to not being flushed. All of these problems were reported to the senior nurse, who acted promptly and they were dealt with straight away.

One of the lounges was empty with the TV on. It smelt very stale and the carpet was ripped and dangerous. The nurse said he would talk to the manager and we were

advised before we left the building that the owners had been informed about replacing it.

The hallway was clean and all the rooms appeared bright and airy. The dining room smelt nice and the menus had bright pictures on them. However, the tablecloths were covered in greasy stains, as to not having been washed at the correct temperature. The HH representatives were then told that two out of the three washing machines were not working and were being repaired soon.

The walls had lots of pictures on them, but there wasn't a picture in the resident of the day frame. A member of staff went off to find out for us who this was.

The HH representatives then spoke to a relative, who was with a resident and they explained that they had been worried about the home before Christmas, but that with a new manager things have improved and the relative is now much happier. The relative also said it smelt nice and because the resident moves around a lot, safeguarding was put in place. The resident was given puréed food.

All residents were dressed appropriately and some of them get up at 6.30am and some around 8am. They all seemed happy.

Ground floor - Beech

The lounge was full of residents enjoying a game of sensory and musical bingo with the activity co-ordinator. The activity co-ordinator asked if they could speak with the HH representatives later on when the session had finished.

The HH representative spoke to a relative of a new resident, who had gone to play bingo and was told the new resident loves being at the home. The problem of one wardrobe only was an issue! The en-suite was clean and smelt good.

It was now lunch time and everywhere was bright and colourful in the dining room. The corridors were equally as nice. The chairs were being cleaned in the dining room, but again the tablecloths were covered in greasy marks. Residents had a choice of meals.

All staff seemed happy and obliging. The HH representatives chat with the activity co-ordinator quelled a misunderstanding and they were pleased that the activity co-ordinator's input was valued and had been noticed. The activity co-ordinator works a 40-hour week within the home.

The activity co-ordinator, who has worked for the home for eight years, was keen to talk to the HH representatives and explained that they had attended dementia courses in the past. The work that the activity co-ordinator does with the residents is in accordance with the National Association of Providers of Activities for older People (NAPPA).

College students come into the home and take part in musical workshops, there is always a resident of the day, where the resident is given a pamper day. The activity co-ordinator explained that it is vital that other residents are encouraged to join in the games and activities, bringing people together, with their family members too. It is also

important that staff know each resident so they can enjoy things they like doing too. Therefore communication is vital. Certain residents love a game of cards. The activity co-ordinator encourages the students to join in with residents and staff. Staff also put greetings cards on the tables to encourage the residents with their families to share stories of the past.

There have been outings to the Lavender fields, to Southend, Maldon and the Brewery in Romford for a coffee morning. They have recently been to the Dog Track and are now planning a trip to Lakeside. These trips take place once a month. A visit to the Hop Farm is planned for 12th September. The residents of the home are also involved with the Age Exchange at Blackheath, and can get involved with tactile things, stirring up memories from the past, such as carboloc soap, mothballs, coal and others things to touch and smell. The activity co-ordinator also encourages talk about food as this helps with co-ordination and eating. Mealtimes should be enjoyable and pleasurable.

The Alzheimer's Society comes to the home once a month and asks all the residents to engage in singing together.

Our observations:

The residents appeared to be happy, well-nourished and appropriately dressed. The home appeared generally clean and free from odours. Wheelchairs being deep cleaned which is done once a month. Residents and relatives all spoke about improvements put in place since the new manager has been in post. The staff were welcoming and happy to speak to the HH team.

Conversation with the manager at the end of the visit:

The HH Representatives gave an update to The manager and raised the following concerns:

- Ripped carpet on Birch Floor
- The stale smell of the lounge. Barrie explained that the carpet was only steamed clean 3 days ago.
- Residents and relatives appeared happy and felt that the home had improved since Barrie had become manager.
- Residents happy now that another activity co-ordinator has been employed.

Our recommendations:

- Improved hospital discharge information to be given to care homes so that changes to prescriptions or treatment can be continued, to ensure care and welfare of people who use the service.
- To continue with a regular and varied activity plan to ensure stimulation of residents.
- To be sensitive that activities are assessed to be appropriate to the

requirements of residents. Residents may not be able to reminisce about WW1 but may be interested to explore about such events.

- To ensure regular checks of carpets and facilities for damage.

We would like to thank the manager, the staff, residents and relatives for their co-operation and hospitality during our visit.

Disclaimer

This report relates to the visit on Monday, 1 September 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.