



**Enter and View at**  
**The Priory Nursing Home**  
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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.

## **Background and purpose of the visit:**

Healthwatch Havering (HH) is aiming to visit all health and social care facilities 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.

Healthwatch Havering (HH) were concerned over an adverse CQC report over the safety and suitability of the premises, a SG issue brought to HH re the lift not working and a resident falling.

## **About the home**

The Priory Nursing Home is owned by Advinia Health Care, who have 15 other care homes around the country and have recently purchased another larger home at the end of Priory Road. The Priory provides accommodation, personal care for people over 65 and care for people with dementia both over and under 65.

The home is a detached property and there are three floors.

### **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.

A letter was sent to the home on 4 February 2014 outlining the role of HH and enclosing a copy of the Enter & View Governance. A further letter was sent dated 20 August 2014 informing the manager that HH were intending to visit the The Priory on one of 5 dates. Monday, 15 September 2014 was the date chosen for the visit.

### **The visit**

The Healthwatch Havering team arrived at 10.30am on Monday, 15 September 2014. There was a small time delay in answering the buzzer and also the door knocker.

The HH team were met at the door by the The Priory's Administrator, who explained that both the Manager and the Deputy Manager were away that day on a health and safety course.

The administrator was very helpful but had not been advised that HH might visit on this day. It was later learned that the staff are not informed if a visit is expected as the manager wanted them to act in their normal manner and show their true colours every day. There are no set visiting hours.

As builders were doing some electrical work in the office on the ground floor, the administrator showed the team to a table in the corner of the dining room. There was a lot of activity and work going on in this area. The HH team explained the role of Healthwatch and the administrator was given all the necessary paperwork regarding the reason for the visit.

- The home had an activity co-ordinator (4-5 days a week) (who was also on

duty at the time of the visit) and who helped with general tasks around the home.

- The administrator explained that district nurses came into the home as well as a specialist nurse. There was a single GP for the home.
- One resident had been on warfarin for the last 6-8 weeks and the specialist nurse came in to do blood tests for this resident.
- The GP from Ingrebourne Surgery came in on Tuesdays.

There were 5 staff on duty on the day of the visit who 'do a bit of everything'. The administrator explained that because of the absence of the manager and deputy she would be working a long shift.

### **Staffing levels**

1 senior  
3 carers  
1 laundry  
1 cleaner  
1 cook

The staff covered for holidays and did anything that might be required. There are a team of 5 relief staff. More are being recruited at the moment and another 2 are just waiting for DBS and reference clearances. Agency staff have been used 3 times within the last year which were authorized by the manager.

### **Hours of work**

8am - 2pm  
2pm - 8pm  
8am - 8 pm - long day  
8pm - 8am - night duty

**Falls** - CQC would be informed if it was a serious fall and then the resident would be taken to hospital. For a slight fall, the CQC would not be informed.

The administrator explained that pressure ulcers happened very rarely as residents had pressure cushions as well as airflow mattresses supplied by the district nurses.

There were 24 residents at the moment including 2 respite residents. One of these residents came every 4-6 months for about 10 days.

As well as the GP and nurses, The Priory had a chiropodist who came in every 6 weeks, a hairdresser on a Tuesday and Thursday and a community matron from Gooshays Health Centre.

- They had a mixture of residents
- Respite patients had also wanted to stay permanently
- One resident was 104 and had arthritis and poor eyesight
- The youngest resident is in their late 60's
- Some have mild dementia
- The Gold Standards Framework is in place as well as End of Life Care, and the management team have been undertaking training for accreditation at St Francis Hospice in this.
- There were care plans and MAR charts from Boots printed out
- DNR care plans were reviewed
- "It's My Day" - the day was the resident's bedroom number - one a day throughout the month

Residents were taken to a local dentist (and community visits to the home had been booked) and the optician came in yearly unless treatment is needed sooner. The activity co-ordinator did their nails.

**Bathing** - residents were bathed daily but had a choice of bath or shower. The bathroom was about to be changed to have a larger bath installed and new flooring. They had a full body strip wash in the morning and in the afternoon if it was needed.

**Sun downing** - as the sun sets, The administrator explained that people with dementia can become agitated. Diazepam was prescribed if necessary to calm them down. It has been known for residents to throw food around.

**Training** - regular training was carried out in-house with Care Shield training on the computer. The manager and deputy manager go to the head office in Finchley, London for computer training. Staff also take part in training mostly rostered on before they start work.

**Activities included** - going to a pub on Wednesday and there was a visit planned to Southend shortly. They also had a garden party in the summer, quizzes and bingo, etc. The administrator told the HH team that some relatives came into the home daily and some took the residents out fortnightly. There should have been someone coming into the home to sing with them that day but was off sick.

While the team were speaking to the administrator, a resident nearby was calling out and the administrator went to see to her needs.

**Covert Medication** - The administrator explained that 1 resident is on covert medication as it was a severe case. The family were aware and appropriate DoLs was in place.

**Homely Remedies** - they had a list of who can take them.

**Weighing** - carried out monthly and checks were made on who needed building up.

**Garden** - people from LD of Havering College came in and tended the garden and were due in this week. There had been a garden competition and The Priory garden had won. This was shown in the Romford Recorder during June/July.

The maintenance man also came in 5 days per week and was available on call at any other times needed in the event of an emergency.

They had regular staff meetings - Night staff meetings were held monthly and Senior staff meetings were also held monthly, and "10 @ 10" meetings were held each day with the senior staff to discuss things going on around

the home for that day and tasks needing to be done.

The manager had been in place for approximately 15 months. The administrator had worked for this company for 7 years and said the manager had brought the home up a great deal after many staff changes. The manager had previously worked with children with LD's and also worked with elderly people, managing a residential children's home and a supported living service for people with learning disabilities.

**Premises** - The administrator was asked if she thought the premises were safe as one of the original reasons for the visit was the CQC report over safety and suitability.

The administrator replied that work had been carried out outside and inside including major plumbing works. The driveway had been widened for ambulances as there had been some problem with nearby residents.

The lift had been refurbished and there was now no problem but there was a stair lift should it be needed. The staff knew who to call should the lift break down. It had been flooding in the bottom of the lift shaft that had caused all the problems and the shaft had been sealed.

In response to enquiry about residents' experience after hospital treatment and returning to the home, the administrator explained that 1 resident had a lot of water retention and had been catheterised but was on tablets. The district nurse checked the catheter and the community matron also came in. Paramedics, as the CQC stated, have to be called if there was a bad fall. Residents could be treated at the home if deemed necessary but if paramedics said they had to go to hospital then they would be taken.

There are monthly relatives' meetings but the administrator had not been to any. She said some families were not happy with anything but 95% were happy with the care provided. The staff constantly kept families informed of everything.

- There was new furniture in bedrooms
- There were 3 washing machines and 2 tumble driers
- Laundry was done every day. The laundry assistant works 6 days of the week
- Head Office wanted tablecloths on the tables in the dining room but the

staff felt it would be better to wipe table tops clean although the tablecloths, bud vases and menus etc did create a better look

- Some residents had bibs when they were asked for
- There was a transfer hoist and standing hoist
- Wheelchairs were stored in under stairs cupboard which was not locked

**Menus** - there was a choice of 3 cereals, porridge, tea, coffee and juice for breakfast but if residents wanted a cooked breakfast this was to be pre-ordered the night before, to ensure ingredients were ready. Mid-morning there was tea, coffee, juice and a cake. There were 2 choices of meal at lunchtime as well as an omelette or a sandwich if required. Two residents had pureed meals. There were also 2 choices at teatime. Families also brought in food at teatime. The residents that needed help with their food were seated at the same table.

On the way out of the dining room a member of the team spoke to a resident and relative who had come over from Tenerife (where he lived) as it was a 90<sup>th</sup> birthday celebration. Teas and coffees were on the table in the dining room and everyone was very happy including another relative who was also in the home. Chatting to both it was discovered that the resident, who had only been there a month was having difficulty with 'noises' at night. This was affecting sleep. The relative felt this could be due to the oncoming dementia but was not sure as he lived abroad.

It was noticed that laundry was being done as the team were walking round and the cook was preparing lunch, it was felt that the kitchen needed updating although The administrator had explained that new stainless steel units had recently been installed along one side. It was noted that outside was clean and tidy between the kitchen and laundry area.

### Observations

- The hallway was not very big and the stairs to the 1<sup>st</sup> and 2<sup>nd</sup> floors go up from here.
- There was no unpleasant odour.
- There were notices displayed for forthcoming trips and activities.

- There was a very large delivery of boxes of incontinent pads that arrived while the visit was going on and were left in the small hallway taking up a great deal of room. This would be a fire hazard if they were left there for any length of time. The residents did not have access to this hallway as it was protected by a keypad.
- There were keypads on all main doors.
- Family members do not know the code to come into the building for safety reasons but are welcome to visit as they please but are asked to show consideration to the other residents.
- The HH team were asked to sign in and out and it was clear that other people visiting were also required to sign in and out.
- The dining room was not very big but tables were quite well spaced out. When the HH team left, two of the tables were nicely laid up for lunch.
- The medicine cabinet was in the dining room but is locked away when not in use, and is placed in the medication room on the 2<sup>nd</sup> floor which is locked. This was being used whilst the team were there.
- The kitchen was situated off of the dining room, the cook was busy and the food that she was preparing looked appetizing and nutritious.
- There was a small bathroom on the ground floor which appeared clean. Taps worked and were of good appearance.
- There was a small lounge which is used as a quiet area. There was no television but the radio was on. This room appeared in need of painting and redecorating. There was some dust on the skirting boards and had a very dull colour scheme, not suitable for dementia residents. Two residents were asleep in there.
- On walking through to the main lounge, there was a resident who was in bed in a room on the left hand side of the hallway. One of the team asked this lady if she was well and she smiled and said she was. She had a television on and the bed linen was clean and also the sides of the bed were up. It was explained to the team that this lady did not get up.

- The main lounge was quite large with 6 easy chairs, 2 double sofas, 3 other chairs and a large screen television was on. There was a dining table in this lounge with six chairs around.
- At this point a lady asked to go to the toilet and the carer came immediately.
- The residents were dressed appropriately and seemed very happy and relaxed.
- One resident also told us that she had not had her medication in the morning; she said the pharmacy had not sent it. On checking with the carer, this was true but it had now been sorted out.
- Through the lounge, there was very a pleasant conservatory looking out to the garden. There were 5 easy chairs and 1 other chair, also 4 wheelchairs.
- There were several ladies chatting in the conservatory and when the HH team asked them, they said they were very happy at The Priory. The son of one of the ladies was also there and he said his mother had been there for 5 years. He was very happy with the care provided to her at The Priory. The only thing he was concerned with was the kitchen needed updating (this had also been noted by the HH team).
- The ladies said the activity co-coordinator was lovely and did word searches with them, and bingo. They were also looking forward to their forthcoming trip to Southend. They were allowed a choice in decision making.
- The garden was very pleasant and well-kept with a large grassed area, with trees and shrubs around. There were several benches arranged in an arch position. There was a slope with handrails for wheelchairs. There was also a bench set at the front of the slope to prevent anyone falling down the slope.
- The Priory had a cat called Monty who had decided to make his home with them. There were several photos of pets on the walls. Pets were allowed to be brought into the home.
- On the 1<sup>st</sup> floor, the rooms were very pleasant, appeared clean and quite big. Residents can have their own bedding, chairs and have the walls papered if they want to. Bedrooms were gradually being decorated when they were empty, those on the 3<sup>rd</sup> floor had been done already.

- The bath in the large bathroom is to be replaced by a shower and changed to a wet room shortly. It was explained that the bath seat had been put in the wrong way round. It was felt that the bathroom needed updating but was quite pleasant.
- There was a separate toilet for staff and visitors on the 1<sup>st</sup> floor.
- The medication room was kept locked and the manager/and senior on duty had the key, case notes were also locked away in here.
- There was also an office situated on this floor to which only the manager and deputy manager had access. The administrator said it would be better if the seniors were able to use the office as well.
- The light bulb on the landing on the 2<sup>nd</sup> floor needed replacing but the administrator said this was in hand.
- Sprinklers were situated throughout the home, including the kitchen and dining room. Also fire alarms were installed throughout. All doors closed within 30 seconds.
- A 'new company' came into the home to check these about 2 months ago.
- The maintenance man checked the alarms on a weekly basis.
- Legionnaires' disease sample had been sent away for a yearly check.
- The pest control man came in monthly.
- All store rooms were locked and there were no unpleasant odours.
- A volunteer young man comes in to help out in the home a couple of times a week.

## Talking to the staff

The staff spoken to were welcoming and appeared happy and very busy in their work. They tended the needs of the residents straight away while the HH team were there

All staff were dressed appropriately with no jewellery, etc. Uniforms were not worn as per the dress code policy.

### **Conversation with The Priory's Office Administrator at the end of visit**

The HH team thanked the administrator for the courtesy and welcome shown. It was explained that the draft report would be prepared and sent to the manager before publishing. The team felt that the administrator deserved a special mention on this occasion.

### **Our recommendations**

- Kitchen to be updated
- Small lounge needed redecorating
- An area to be dedicated for deliveries to be taken to rather than left in the small hallway

### **Disclaimer**

This report relates to the visit on Monday, 15 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.