

**Enter and View at
Clover Cottage
Residential Care Home,
Wincanton Road, Noak Hill,
Romford, RM3 9DH**

**Monday,
17 November 2014**



What is Healthwatch Havering?

Healthwatch Havering is the 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 inquiry 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 which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local 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 citizens' 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:

Clover Cottage is a Residential Care home owned by Mr and Mrs Magon. There are 12 rooms. The home is easily accessible via public transport and there are shops in the vicinity.

All Healthwatch Havering 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.

Our Observations

Healthwatch Havering (HH) representatives arrived at Clover Cottage at 10.30 am. The front door was locked and there was a buzzer to gain access. HH representatives were met by a carer, who was in uniform and had a name badge displayed. In the reception area there was a notice board with information about recent residents/relatives meetings and activities. There was good signage displayed showing fire doors. The home smelt fresh. Staff appeared smartly dressed in uniforms with name tags visible. All residents appeared appropriately dressed. Residents either sitting in communal rooms or in own bedrooms had water jugs and glasses available at easy reach. The Carers were attentive and helped residents to move safely around the home when required. Some residents had walking frames. When we arrived one of the residents was having breakfast in the dining room listening to cheery music on the radio. Other residents were sitting in the sitting room either watching television, or chatting to each other or sitting quietly in small groups.

Discussion with the manager

The manager of Clover Cottage has been in post since March 2014 after the retirement of the previous manager. She has recently gained her Diploma 5 in Social Care. One of the proprietors of the home was at the home. We were told the home has 13 residents at the moment with 14 being the maximum it can take. Two of the residents have dementia, a number have suffered strokes, there are two diabetics and the others are frail elderly. During the day, there are two carers (one junior/one senior) on duty for 12 hours from 8am to 8pm and at night there are two carers (one junior/one senior) on duty for 12 hours. Staff work five days and have three days off on a rota. The senior carers have NVQs or nursing background. Absences/illnesses are covered by regular bank staff. They do not use agency staff. Carers do the residents washing as part of their duties. The manager works five days a week. The home has two cooks, who work alternate Tuesdays with every other weekend off. At lunch time there was a

lovely aroma of cottage pie. Most of the residents were seated in the dining room in small groups and most of the residents were chatting to each other as lunch was served. The dining room was bright and cheery with silk flowers on the table. There is a board on display in the lounge showing a menu from which residents are asked what they would like to have. The staff also go around and ask each resident what they would like on the day. If a resident prefers, they may have a sandwich instead.

The atmosphere was very calming in the open plan sitting/dining room area, with a light and airy conservatory made into the dining area.

When the manager started at Clover Cottage she set up new care plans for all residents, because policies and procedures were out of date for some of the residents. These care plans are updated monthly or more often if the residents are unwell. The medicine cabinet was on view in the living area, but was shut and locked. A small office was in use off the main living area. It was noted that there were no pictures of staff on the wall and this was a suggestion put to the Manager (we learned subsequently that there had not been felt to be a need for this but the residents will be asked whether they would like photos of staff to be on display).

The manager has implemented a training program for staff and undergone additional training herself. She has obtained funding for staff training at Barking College. Staff have undergone fire training, food safety, dignity training, challenging behaviour, B-Mar Medication, COSSH Health and Safety and basic first aid. Infection control training for staff is planned for 18 December. Carers are also doing NVQ 2/3 training. The home is working towards the Gold Standard Framework for end of life care and the manager has given staff training in such care. There are two DNRs in place. Two of the residents are 101 and 102 years old. All families are aware of their relatives' care plans. The kitchen has recently been upgraded and increased its rating from 3 to 5. The cook on the day was extremely pleased about this top rating. The home has recently introduced gel and paper towels for added cleanliness. There is a gel dispenser in the foyer.

In answer to the question what does the manager do to help prevent abuse of residents, the manager does out of hours and weekend spot checks. She also has encouraged staff to do training such as dignity training and dealing with challenging behaviour.

The home has one local GP assigned who holds a clinic at the home every Tuesday. An optician attends every 6 months and last came to the home in

August 2014. A chiropodist also comes in and there is a community dentist. A local pharmacist works well with the home and there is an electronic system in place. Only one resident with dementia is on covert medication. The GP prescribed this medication prior to the new manager joining and the documentation was already in place. The HH representative suggested that the manager should look into this as a DoLs should be in place and needs to be renewed; we have been told that this is in hand. Two residents are treated by a physiotherapist to help recover following a stroke. There are also stroke nurses and incontinence nurses who visit the home when required. A district nurse comes to the home and does body charts. Two residents are on warfarin and district nurses come to check blood clotting on Thursday every two weeks.

The home does not have an activity co-ordinator but carers are involved in providing activities for residents. Examples of activities include quizzes (identifying celebrities, politicians and other famous people from the past is a popular quiz type). Bingo is also popular. A hairdresser comes in every Wednesday. Carers paint female residents' nails for them if they would like them painted. One resident enjoys crocheting and since being introduced to this has become more sociable. There have been two students from a local college doing work experience at the home. The students have put together life history memory boxes for a number of the residents. In the summer some residents went on a day trip to Southend. Residents are encouraged to exercise by doing chair aerobics. In the summer they are encouraged to go out in to the garden. Every few months a singer comes to the home for a sing-a-long with the residents, which they all enjoy. The manager has arranged for a singer to come in at Christmas and hopes to get a local school to come into sing carols to the residents. None of the residents have pets in the home, but from time to time Staff have brought their dogs in for the residents to enjoy and pet. Also the manager's child comes to see the residents occasionally, which they really enjoy.

Many relatives come to see residents almost daily or several times a week, which is encouraged. The manager holds residents/relatives meetings every six months. The first meeting she held on a weekday but only two relatives attended so she held the last meeting on a Sunday as most relatives visit residents on a Sunday and hence the manager had a very good attendance at the meeting and good feedback from them.

The home has had a few problems associated with the discharge of residents from Queens Hospital back to the home. The manager has a policy not to

accept discharges after 6pm in the evening, as it can add distress to the resident returning back to the home late in the evening. There was a case very recently, when the hospital rang the home after 6pm, but said that the resident was in the ambulance on their way back and would be there before 8pm. Although the staff said they did not take residents back after 6pm, they agreed on this occasion as it would be more upsetting for the resident to be sent back to the hospital, when already in the ambulance. The staff awaited the return of the resident, who did not arrive at the home until 10.45pm. The explanation by ambulance staff of the delay was that it was due to difficulties getting the resident into the ambulance. The resident was discharged from hospital without any notes regarding medication, which the home found unacceptable. We were told that, earlier in the year, before the new manager joined the home, there had been another case of a resident being discharged from Queens back to the home at 12.45 am deemed to be medically stable, but with a syringe for medication in their hand. The resident died at the home the next day.

Observation around the home

The kitchen appeared to be clean. There was a new fridge freezer and microwave. There are two cooks at the home, who work one week on one week off. The kitchen has been upgraded from a three to a five star. When HH representatives viewed the kitchen there was a lovely smell of homemade cottage pie, which the cook was plating for the residents.

All bedrooms HH representatives saw were clean and smelt fresh. The rooms appeared to be personalized to individual residents with family photos and memorabilia. Rooms were generally decorated well.

There was one bedroom with two beds and a wash hand basin in it. It was clean.

Another bedroom had wash hand basin but no toilet. There was a call button at the side of the bed. There was no toilet off this room. The room was brightly decorated and clean.

The bathroom and toilets appeared to be clean and smelt fresh. The bathroom had a bath in it, but there was a note on it saying it was out of commission. Apparently residents preferred to have showers now in the shower room on the ground floor. The shower room on the ground floor appeared clean and smelt fresh it could be classed as a wet room.

There is a working lift at the home and also a chair lift in place on the stairs with a wooden gate at the top.

The laundry room appeared clean and tidy. There was one washing machine and one tumble dryer. There were plastic laundry baskets on a shelf around the room with the resident's name and room number on it. Part of the carers' duties is to do the residents laundry.

The back garden is of a good size and accessed through the dining room/conservatory via a shallow ramp allowing easy wheelchair access. There was no safety rail down the ramp. The path goes around the garden and would allow residents in wheelchairs to access all parts of the garden. The garden is a pretty, with a newly seeded lawn area in the middle. They employ a gardener to look after this. There are several areas in the garden for sitting, which would provide sunny positions for most of the day. There are also sheltered areas. There was only one garden table with three chairs. Further tables and chairs had recently been stowed away for winter. The manager's office is situated in a wooden garden room overlooking the garden. The manager said staff like to encourage residents to sit out in the garden in the summer and during the warm summer months often give the residents ice creams or ice cream and jelly to try to ensure that residents have enough liquid during warm weather.

There is a shallow ramp leading from the dining room into the back garden. This should ideally have safety rails in place, as it is easy to step off the shallow step, which could pose a risk for residents/visitors and staff. Also the path around the grass area has a small step down with no safety guard.

Talks with residents and staff

Resident 1

Resident in their bedroom and in bed said that they had been at the home a number of years and found that the carers are very good and they are very happy at the home and felt cared for. They were watching TV in their room. The resident enjoys playing bingo. We were told later that this was one of the oldest residents at the home.

Resident 2

The resident was sitting chatting to another resident in the sitting room. They had been at the home over a year and they were happy at the home

but would prefer if they were able to look after themselves to be in their own home. They said the food at the home was nice and they have set meals at the home. They like the activities provided such as bingo and quizzes. One of the quiz formats they like is the ones where they are shown pictures of old film stars and famous people. They would like to have more quizzes with more demanding questions. They also enjoy the sing-alongs.

Resident 3

The resident has been at the home over a year. They like quizzes but find them not stretching enough and has expressed this opinion to staff. Would like questions to be more demanding as they often win. The resident said that they have won the quiz four times now. The resident enjoys meals at the home but sometimes they do not like the meal and tells the staff so. They can have a sandwich if they don't like the cooked meal.

Resident 4

The resident felt cared for and has friends at the home. They enjoy the food and like bingo.

Resident 5

The resident had been at the home a long time and said that the food is good. The resident enjoyed watching television and liked playing bingo.

Resident 6

The resident was sitting in a chair in the sitting room and appeared to be dozing. The resident had a number of bruises on wrists and hands. This person the HH representatives were told had recently returned from hospital and all necessary paperwork recorded the bruising.

Staff 1

The carer had been at the home over a year. They have undertaken quite a lot of training over the last year. The carer enjoys working at the home and said that there is a lovely atmosphere at the home.

HH representatives also spoke to the proprietor, who looks after residents and staff alike and is very conscious about smells and cleanliness at the home. Anything that needs replacing will be dealt with. The old fridge freezer was waiting to be picked up and taken away.

Recommendations

The resident receiving covert medication, who had been prescribed this prior to the new manager starting, should have a DoLs in place and this should be reviewed regularly. HH representatives asked the manager to look into this.

Although the home considers that there is no need to provide safety rails for the ramp that leads from the dining room into the back garden, we recommend that a risk assessment be carried out by an appropriate person - e.g. an occupational therapist - and advice be sought on whether safety rails are required. In our view, even though staff are usually on hand when the ramp is in use, there may be occasions when residents are unsupervised when using the ramp and the risk of that ought to be considered.

There are issues regarding discharge from Queen's hospital late at night and without correct notes being sent with the resident from the hospital, especially notes regarding medication changes. These need to be raised with Queen's to improve this process.

We also asked for pictures of Staff to be put up on the wall for everyone to see and be aware. It was noted in the hall area that a book of remarks from gratified families was being displayed.

In conclusion

The residents we spoke to all seemed to be comfortable and happy. The home had a very pleasant atmosphere and appeared to be very well run. A light bright homely feeling overall.

We would like to thank the manager, the staff and the residents for their hospitality and the pleasant manner in which we were spoken to.

Disclaimer

This report relates to the visit on 17 November 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.

Participation in Healthwatch Havering

We need local people, who have time to spare, to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering. To achieve this we have designed 3 levels of participation which should allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Lead Members

To provide stewardship, leadership, governance and innovation at Board level. A Lead Member will also have a dedicated role, managing a team of members and supporters to support their work.

Active members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call our Manager, Joan Smith, on **01708 303 300**;
or email enquiries@healthwatchhavering.co.uk



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