healthwatch Havering

# Ravenscourt Nursing Home

# 3 December 2014

*Healthwatch Havering was the operating name of*
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383

## What was Healthwatch Havering?

Healthwatch Havering was the consumer local champion for both health and social care. Our aim was to give local citizens and communities a stronger voice to influence and challenge how health and social care services were provided for all individuals locally.

We were an independent organisation, established by the Health and Social Care Act 2012, and were 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 was a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary. There was also a full-time Manager, who co-ordinates all Healthwatch Havering activity.

**Why was 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 was 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 was <u>your</u> 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 were understood.

Your contribution will be vital in helping to build a picture of where services were 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 were 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 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.

## About the home:

Ravenscourt Nursing Home was a home for 70 residents, which at the time of the visit had 65 residents, accommodated on two floors. The first floor accommodated residents with varying stages of dementia while the ground floor accommodated residents who were frail elderly requiring nursing care.

## Staffing:

The manager of the home had been manager of the home for 14 years whilst the deputy manager/head of care had been at the home for 18 years. Both the manager and deputy manager had nursing backgrounds.

On the ground floor there were two nurses and six carers during the day and two nurses and five carers at night. Staffing levels on the first floor were two nurses and five carers during the day and two nurses and five carers at night. Nurses and carers worked 12-hour shifts. Staff absence/sickness was covered by bank staff who all knew the home's policies. There were two laundry staff who work for seven hours a day. There was one cook and a kitchen assistant on duty each day. There were three cleaning staff per day.

## Care provided:

Care plans and MAR charts were reviewed monthly. If a resident had a fall, GP alignment would be informed. If the fall was serious, the CQC and Adult Social Care Safeguarding would be informed. Staff completed body map charts and if necessary the resident would be sent to hospital for checks. The manager said that all residents lose weight after they had been in hospital. The home reports every instance of Urinary Tract Infection (UTI).

The home had a GP group practice, which held a surgery at the home every Monday and GPs were called to the home when required. The nurses at the home took blood samples and sent them to Queen's Hospital; results were sent to the GP surgery and the GP came to the home to see the resident. The home had a private chiropody practice, which visited every six weeks. Diabetic, MS, Parkinsons and TV nurses came to the home as required. Several residents were on warfarin and a local pharmacist came to the home to measure levels weekly.

Residents got up in the morning when they wished. The home did not have any residents who had their own pets: as it was a nursing home, the keeping of pets was not regarded as appropriate. In the foyer, however, there was a large aquarium containing very colourful fish. The manager said that there was also a bird feeder in the garden to encourage garden birds so that residents could see them. Some of the families that visit residents in the home were able to bring their pet dogs in when they visited.

Residents were offered dietary alternatives daily. Residents were weighed every week and their feeding checked daily. A community dietician had visited the home and checked residents.

Residents who had to go into hospital were sent with transfer letters, which had all relevant information before admission. Often when residents were discharged from hospital there was a lack of discharge information. Quite often the hospital would telephone in the morning to let the home know that a resident was being discharged from hospital but often the resident did not actually return to the home until late in the day.

The home had two full-time activity coordinators and a third who came in 3 days a week. Every Wednesday, a hairdresser came to the home. Activities available included quizzes and reminiscence days.

The home had signed up to the Gold Standard Framework for End of Life Care, with two nurses having received training.

There were regular staff meetings. ‘Residents and family meetings’ were held by the activity coordinators who listened to suggestions for forthcoming events or trips. Residents and families were informed about any activities or forthcoming events planned by the activity coordinators. There were no trips out.

In answer to the question what does the home have in place to try to prevent abuse, the manager said there was a whistle blowing policy and an open door policy. Staff undertook a range of training as well, including SOVA, challenging behaviour, DoLs. If neglect or abuse was suspected there was a number to ring out of hours.

**Looking around the home**

When the team arrived at the home the front door was locked. The representatives were met by a member of staff who asked them to sign in the visitors' book. In the foyer was a fire points diagram showing fire exits and fire assembly points. There were no pictures of staff displayed in the foyer. An activity board was on display.

At the front of the home there was a small sitting area with chairs and tables.

There was a small lounge on the ground floor, which was clean and had a table, settee and chairs, which was often used as a family room when residents had visitors and wanted a private area to sit.

There was a treatment room which was locked. A cupboard was locked. There was Emergency Resuscitation Equipment. There was a shower room on the ground floor with a sitting chair. The room had a clean smell. Another shower room was also clean had a chair in it for residents to sit in the shower. There was a bathroom downstairs, which was out of use. The taps on the bath were not working but the taps on

the washbasin worked. There was a light switch in the bathroom. The team noted that there were wall mounted light switches in the bathroom rather than safer pull switches, which was pointed out to the manager.

By invitation, the team viewed some of the residents' rooms. One of the rooms seen was of a good size with lino on the floor. It smelt fresh and had flowers in the room. There was a syringe in a cup by the resident. Another resident's room looked clean and had a pleasant smell. There were flowers, plants, fruits and the residents' memorabilia in the room, giving it a homely appearance.

There was a stair lift which was working and the lift had a code system for operation. The team used the stairs to reach the first floor and noticed that the stair carpet needed cleaning (they were told that the cleaners had not finished cleaning for the day).

There was a small courtyard garden which had outdoor tables and chairs and plants in pots.

The tram did not visit the laundry or the kitchen during the visit.

**Discussions with residents and visitors**

Residents' answers to the question how do you find the food at the home ranged from "average" to "can't fault the food". They said that they always had a meal choice alternative. One resident said that the home was spotlessly clean. One of the residents was not able to eat normally and had to be fed by tube.

One resident raised with the team a concern about the night-time toilet routine. According to that resident, 'named carers' would be on duty and only they could see to a residents' toileting needs. If a resident sought assistance at night, the resident's named carer had to be called for, and only when they arrived would the resident's need be attended to. This appeared to be unsatisfactory as it could mean that the resident had to endure discomfort for longer than necessary. In the view of the team, it would be better for any carer to be able to help the resident in such circumstances in order to avoid causing great concern to residents.

When this issue was subsequently raised with the manager, he indicated that the resident had been mistaken and that, at night, any duty nurse or carer would attend to any resident's toileting needs.

As the visit was not carried out at night, it was impossible for the team to check the resident's assertion.

Residents and visitors asked about the activities at the home mentioned knitting, playing cards, scrabble, cooking with the cook (making cupcakes), reminiscing, talking about the origins of sayings and quizzes.

**Discussions with nursing staff and carers**

We spoke to one member of staff who was happy to be working at the home and said that they had received relevant training. The member of staff had been at the home for several years.

Another member of staff had been at the home several years and was doing the Gold Standard training. They said that there were regular staff meetings and that they regularly spoke to families and visitors of

the residents. They said that they had good support from the manager and deputy manager. The residents were encouraged to sit outside during warmer weather and to get involved with activities. They said that residents had weekly showers not baths. Some residents had daily bed baths or showers if necessary. Some of the residents required help with feeding. None of the residents were given drugs for sedation. Some of the residents require medication to be crushed so that they can swallow it. The staff member said that staff changeover at 8 am and breakfast was served when residents wanted it. They were given drinks at 10.15, lunch at 12.30, drinks at 2.30 and supper at 4.30pm.

## Recommendations

The procedure at night for assisting residents with their toileting needs should be clarified or re-stated to ensure that there is no misunderstanding about who provides that assistance, and when, so that no resident is left in unnecessary discomfort.

The switch in the bathroom should be changed to a chord-pull type.

A staff chart with pictures and names of carers and nurses in communal area would be helpful for visitors and residents.

## Disclaimer

This report relates to the visit on 3 December 2014 and was representative only of those patients, 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 were simply interested in getting the best possible health and social care services for the people of Havering.

Our aim was 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:**

### Specialists

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.

### 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 was 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 was part of ensuring the most isolated people within our community have a voice.

### Supporters

Participation as a Supporter was open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch was 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 us on **01708 303 300**;
or email **enquiries@healthwatchhavering.co.uk**

*Healthwatch Havering was the operating name of*
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