



**Dothan House,
Upper Brentwood Road,
Gidea Park, Romford**

12 January 2015

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



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 visit:

The team was met by the manager, who advised that she had not received any formal letter from Healthwatch about the proposed visit. However, she took us to the quiet room where she made us welcome and offered tea and coffee.

The Home

Ashany explained that the home covered 2 floors and comprised 18 rooms (10 with en-suite facilities), one of which was a shared room available for respite. It was her intention to convert the shared room to a single room with an en-suite facility when funding permitted. The home had a contract with Havering Council for social care but all residents received the same level of care, irrespective of funding.

All residents had been diagnosed with dementia - of varying types. Ashany advised that many residents had capacity and only 3 were the subject of DoLs. In response to a question, Ashany advised that only one resident was immobile but that this was variable.

The home was clean and tidy and there were no unpleasant smells. All rooms were well decorated and there were call buttons available in all rooms. One room had a listening device so that night staff were quickly made aware if the resident was restless.

The quiet room was arranged to double as a religious facility as and when needed and the team was advised that services and communion were arranged according to residents' beliefs by different church groups.

The garden was neat and tidy and easily accessible to residents.

The dining facility was provided in a conservatory, which was warm and welcoming but it was felt that this could become excessively hot in the summer. There were menus offering meal choices on each table. All meals were cooked on site.

The kitchen was clean and tidy.

Staffing

All staff were wearing name badges

The team was told that staff were arranged as follows:

- A.m. - 4 care workers
- P.m. - 4 care workers
- Nights - 2 care workers
- The cook worked from 8.00am to 4.00pm
- The domestic assistant worked from 7.30am - 1.30pm
- The administrator worked from 9.00am - 4.00pm but was also qualified to work as a carer if necessary
- There was no maintenance assistant at present but one of the male carers would step in to perform these duties and met the manager each Monday to identify/discuss tasks to be done
- Laundry duties were carried out by all staff, with night staff performing ironing duties
- Carers' shifts overlapped between morning and evening, evening and nights and nights and days by an hour to allow for adequate handover. There was a daily meeting at 2.00pm to ensure that all staff were made aware of changes etc. in the condition/care of residents.
- Cover for annual leave and sickness was provided internally by part-time staff and by bank staff. A senior team leader covered in the manager's absence.

Training

The manager holds a registered manager qualification and well as NVQ IV. Her senior team leader holds a "Train the Trainer" qualification, which enables him to provide training to care staff in a number of areas, particularly in Mental Health. Focus, a training agency, provides further training and audit facilities. The home had signed up to the Gold Standard "End of Life" training provided by St Francis Hospice.

Domiciliary Care

Healthwatch had noted that Dothan House was proposing to provide a Domiciliary Care service. Ashany explained that the proposed service was not active at present as she did not believe that a contract with the local authority for a specific number of hours was the right way forward. She felt that the service would be more viable if it were to be offered only to potential clients in the vicinity of the home rather than Havering-wide as would be required by the local authority. Day care was currently offered to two people on an *ad hoc* basis.

GP service

The home was supported by two GP practices, one of which was a single-handed GP. If a resident came to the home who's GP also covered the locality of the home, that resident would retain their own GP.

Pharmacy Service

A service was provided by Newlands pharmacy and medications were issued in blister packs. There were no residents on covert medication although some were prescribed medication in liquid form during a recent spate of chest infections when they were unable to swallow tablets. The GP reviewed medication on a regular basis. No residents were currently on warfarin. It was noted that the pharmacist was qualified to take blood if necessary.

Security

The home is accessed by a coded lock system. Medication was secured in a locked facility. There were CCTV cameras in public areas. The office was kept locked, so the records were secure.

Families and Visiting.

Formal meetings with families were arranged twice yearly and Ashany was very happy to accommodate other meetings as and when requested. There were no set visiting times although visiting was discouraged after 9.00 pm, and mealtimes were also protected (except in special circumstances).

Records

Residents' care plans were updated every 4 - 6 weeks, and when there were significant changes to residents' circumstances/conditions. Plans were reviewed annually.

Showers/bathing

Showers or baths were provided as required by residents but all were encouraged to have a shower or bath at least once a week.

Activities

Activities were provided by all members of care staff and the team observed some residents colouring-in valentine card templates, whilst others were involved in a game with a large circular sheets and a ball. They appeared to be thoroughly enjoying this. The team was advised that entertainers were booked for birthday celebrations and that the staff performed pantomimes three times each year. External outings are arranged 3 or 4 times each year, mostly in the summer.

Staff encouraged residents in exercise and a massage therapist attended weekly.

Professional visits

A chiropodist visited every six weeks. A hairdresser visited weekly. Dental and optical services were provided as and when required.

Views of residents and staff

The team spoke to a number of residents who said that they were very happy and felt well cared for - and that the food was good!

Staff also appeared to be happy in their work, with many having worked at the home for a number of years.

The visit finished at 12.15pm.

Recommendations

The team did not wish to offer any recommendations as a result of this visit.

Disclaimer

This report relates to the visit on 12 January 2015 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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