

**Enter & View
Nightingale House
Residential Care Home**

23 March 2015



What is Healthwatch Havering?

Healthwatch Havering is the local consumer 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, who are supported by a team of part-time staff and volunteers.

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 reinforced 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 is 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 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.

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:

The Healthwatch Havering team was met by the Manger who gave background information on the home.

The home caters for 38 residents with varying degrees of dementia - from mild confusion to advanced dementia, when many are generally unable to get out of bed. Care is provided over two floors and most rooms have en-suite toilets. There is one bath/shower room on the ground floor and 2 on the first floor where most of the rooms are situated. There are currently 35 residents, whose ages range from 52 to 99.

Regular meetings are held with residents and relatives although take-up is not particularly high. Complaints are dealt with immediately they are brought to management's attention.

The CQC visited 1 January and the Local Authority Quality Assurance Team visited in February. Neither report was available at the time of the visit.

Staffing levels are 2 senior carers and 4 care assistants on the morning shift, 1 senior and 4 care assistants on afternoon shifts. There are 3 staff on at night. In addition to the carers, there are additional ancillary staff - 1 handyman, 1 cook, 1 laundress, kitchen assistants and 2 domestic assistants daily (the latter was confirmed by telephone as the team did not observe any cleaning staff during the visit as they were cleaning rooms on the upper floor). All care staff wear uniforms. Most cover for annual leave, sickness etc is provided internally but agency staff who know the home and its residents are booked from one designated agency.

The Manager advised that the home had taken part in a World Project on dementia care which had entailed a Psychologist visiting the home and providing training in dementia care to the manager and senior carers. They had, in turn, cascaded it down to all staff. The aim was to improve the well-being of residents and it was hoped that feedback would be available shortly.

GP services are provided through the GP Home Care Alignment service and one specific GP usually covers the home, although residents may retain their own GPs subject to their remaining in the appropriate catchment area. A GP from the Western Road surgery visits the home on a weekly basis to discuss particular problems and is also available for ad hoc visits. Some residents are able to request to be seen by the GP but others are referred for advice by care staff.

Catering is provided in house and there is a 4-weekly menu offering two main meal choices plus vegetarian and soya options. Diets include purees and diabetic, with some residents requiring thickening in their drinks. When asked whether extra help was available at meal times to assist residents, The Manager said that the Activities Co-ordinator helped out with this duty.

In response to a question about an earlier CQC report when it was suggested that residents were being got up and dressed from 5.00am, The Manager explained that many people with dementia had no sense of time, with some not going to bed at all and it was these residents who were washed and dressed by night staff. Breakfast, as a consequence, was staggered over quite a long period. Evening meals consisted of soup, hot snacks and cakes etc.

The activities co-ordinator works from 11.00am until 3.00pm Monday to Friday and after these times care staff are expected to continue with this service. Activities were tailored, as far as possible, to the abilities of the residents, many of whom had very short attention spans. Activities provided included arts and crafts, baking, helping with dusting, table-setting etc and visits to the local park. External entertainers were arranged on a monthly basis and local schools provided concerts twice yearly and a pantomime at Christmas.

The residents enjoy regular visits by a chiropodist (every three weeks), a hairdresser (4 days a week), and opticians and dentists as required.

Staff training is carried out by the manager with DVDs, e-learning and some external professionals and courses provided by the local authority although the latter had dwindled over the past years due to budget restraints. Most staff hold or are working towards NVQ II & III or equivalent.

When asked about hospital discharges, The Manager said that there were difficulties, particularly with regard to discharges. Because of the nature of the client group she felt that where residents were assessed during the morning, discharges should be made in the afternoon - not late into the evening when it was not possible to settle residents well before bed. She felt that, where she assessed resident during the afternoon, they should not be discharged until the following day as ambulances and TTAs were difficult to arrange in a timely way. She expressed the view that the 111 service, which homes were encouraged to use, was very inefficient as it was sometimes necessary to go through the routine questionnaire 4 times before any decision was made. She also expressed concern at the management of medication because residents were re-prescribed medications which were already held by the home prior to admission to hospital and this led to waste.

What was seen during the visit:

The dining room was large and area and clean with solid floors. A member of care staff was cleaning tables.

The lounge was large and residents were taking part in activities with the activities co-ordinator (manicures) and care staff who were playing with large noughts and crosses. Music appropriate to the age group was playing. The carpets and upholstery were clean and undamaged and there were no unpleasant smells. Members of the team spoke to one respite resident and her daughter. They were satisfied with the home. Another resident said that she had been there for five years and the food was satisfactory but that her physical problems prevented her from taking part in many activities. All residents were well dressed, clean and tidy.

The toilet nearest to the lounge smelt stale and it was noted that there did not appear to be any extraction unit in this or the bathrooms.

Corridors were clean and the carpets were in good condition but it was noted that all appeared to be the same magnolia colour. The team was not shown into any bedrooms.

The kitchen was clean and tidy and the fridges were tidy and all food dated. The freezers were stored in an out-building and were also clean and tidy. It was noted that cooking duties were being carried out by a member of care staff and the team was advised that the home had been without a permanent cook since Christmas but that one was due to commence very shortly following references etc. It was confirmed that the member of staff was not included on the care rota for that day.

The laundry was housed in an outbuilding, which was well laid out in terms of dirty and clean areas but there was only a domestic type iron available to staff.

Additionally, due to its position, the laundress had to manoeuvre trollies laden with linen around paths and up steps in the open to obtain access to the main building.

It was noted during the visit that CCTV was being installed in public areas.

The gardens were neat and tidy.

The members of the team gave the Manager feedback about their visit and left at 12.15p.m.

Recommendations:

The team recommends that consideration be given:

- To introducing more colourful décor when re-decoration is carried out
- To the provision of a more sophisticated ironing system
- To improving the access between the laundry and the main building.

The team would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 23 March 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

Local people who have time to spare are welcome 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 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:

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.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

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 us on **01708 303 300**; or email
enquiries@healthwatchhavering.co.uk



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

*Registered Office:
Morland House, 12-16 Eastern Road, Romford RM1 3PJ
Telephone: 01708 303300*

Email: enquiries@healthwatchhavering.co.uk

Website: www.healthwatchhavering.co.uk

