

**Enter & View**  
**Hillside Nursing Home,**  
**Harold Hill, Romford**

**27 April 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 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 representatives visited the home on 27 April 2015 at 10.30am as a planned visit. The visit was made following expressions of concern by the Care Quality Commission (CQC), who identified “the care and welfare of people who use services” as requiring attention in an October 2014 inspection report.

The Manager was aware of the planned visit and warmly greeted the Healthwatch representatives on their arrival. She made herself available throughout the visit and her assistance and that of the staff is greatly appreciated.

### About the home

Hillside Nursing Home is a purpose-built, 55 bedded Residential and Nursing home in Harold Hill. The layout of the home consists of two floors, ground and first floor with lift access.

The ground floor has two units:

Malvern is a 10 bedded unit caring for residents with varying levels of dementia.

Chiltern is a 13 bedded Nursing unit caring for residents with nursing needs.

The first floor:

Pentland is a 32 bedded unit caring for residents with a varying degree of Nursing/Dementia care and Palliative care needs.

At the time of the visit, there were two unoccupied beds.

Call bells are situated in each room with connecting alarm pads on the walls in each corridor that alerts staff and identifies the resident needing assistance.

The manager explained that, for those residents who are unable to use the call bell system, staff carry out hourly checks to provide drinks and assist with personal care needs as required. A note of actions taken is recorded on each residents' individual "Comfort Chart".

The manager confirmed that there are currently 13 residents with Deprivation of Liberties (DoLs) in place.

The front exterior of the building and garden appears well maintained, including replacement external front doors with motors on the automatic entry doors.

The lobby was warm and welcoming with a good selection of information leaflets on display, along with a copy of the home's most recent Inspection report, for the benefit of visitors/relatives and residents.

An extensive refurbishment programme was currently underway and many of the concerns identified in the previous CQC report had been addressed, such as new curtains in some of the units and carpets in the corridors replaced with non-slip flooring.

One toilet was not flushing and when a member of the team tried to flush it, the water was found to be running very slowly. A member of staff advised that this had been reported to the handyman.

Some areas were decorated in bland colours and the team felt that consideration should be given to using bolder colours, with door frames being in contrasting colours.

All the meals are cooked on the premises by a chef and two assistants.

The team observed that the kitchen was clean and well stocked, with a good choice of menu. The food is delivered to the units, already plated, in warming trolleys. The pedestrian lift is used to take the trolley to the first floor residents.

Concerns were raised by a member of the team about the risk of food losing some of its heat by the time it reaches the residents, but assurance was given by the chef that the temperature of the food was tested before leaving the kitchen and again when it arrived on the unit.

However, one residents that we spoke to subsequently said she thought the food "could be a bit hotter"

The laundry room was clean and well organised; however, a member of the team observed that the same entrance was used to transport the clean and dirty laundry.

The team noticed that the extension lead for the iron in the ironing room ran along the back wall behind lower shelving and therefore what may be perceived as a fire hazard was obscured. The socket was trailing on the floor beneath the ironing board, highlighting a trip hazard. The rotary iron in the laundry was not working but was awaiting repair; an ordinary domestic iron was available instead. The team felt that an ordinary domestic iron was insufficient to meet the needs of the home and the manager was advised of more sophisticated irons available.

## Staffing

Staffing levels were discussed with the Manager.

There are two part-time domestic staff, two laundry staff covering the full week and two part-time maintenance staff.

On each ground floor unit, care staffing consists of one qualified nurse and two carers during the day shift, with one carer at night (however staff can be called upon from the other units should the need arise).

An additional qualified nurse is available from 5.00pm to midnight to work between all the units when required.

The first floor is divided into two units.

One unit provides care for those residents requiring nursing or palliative care - its staffing level consists of four carers and one qualified nurse during

the day shift, and one qualified nurse and two carers at night, with the addition of the nurse working the 8pm-midnight shift if required.

The second unit is for residents with long term care needs requiring a safe, secure environment. Here, staffing levels consist of one senior carer and one carer during the day shift and one carer at night, again with the facility to call members of staff from the other units should the need arise.

The manager advised that all permanent staff vacancies had now been filled but, in the event of there being a shortage of staff due to annual leave/sickness, overtime would be offered to the regular staff in the first instance for continuity of care, otherwise they would use bank staff.

The team were advised by the manager that they do not use agency staff.

### Staff training

The manager stated that a number of staff was currently provided with training modules to complete which she closely monitored on a regular basis.

She added that manual handling training was undertaken In-house by a member of staff who held the necessary qualification to provide this level of training.

Other mandatory training, including Safeguarding and Dols (Deprivation of Liberty), was outsourced.

### Other services

The GP service was aligned to the Robin Medical Centre. A GP visited on Thursdays to meet the staff, to discuss any medical issues and to review individuals' medication if needed. The GP also carried out an annual review

of all the residents' medication and tried to engage the residents, where possible, and their family members in this process. The manager stated that Care Plans are reviewed annually; however individual care plans would be updated more frequently should there be a significant change in circumstances.

The Optician and Dentist would visit as and when requested and the Chiropodist visits every 6/8 weeks

There is a hairdressing room on site.

## Activities

Two activities co-ordinators work Monday to Friday.

On the day of the visit, one of the activities staff was reading to one of the residents, which she said she was enjoying. The activities team explained that they have programmes of activities to meet the residents' varying levels of ability.

There were photos on the display board showing residents celebrating St George's Day. A "resident of the day" was identified and their photo put on the board each day.

A "Dignity Tree" has been put in place in the reception area, activities staff has been encouraging residents to talk about their care and what "Dignity" means to them, the responses are written on a leaf and put on the tree.

The manager said that staff are currently in the process of planning outings for the rest of the year. A group from the local church visits regularly to entertain the residents.



Asked by a team member how residents' cultural and religious needs were being met, the manager said there were currently no residents with ethnic diverse dietary needs. There were residents who were picked up by a charitable organisation and taken to their chosen church once or twice a week.

A Chaplain also visited the home on a regular basis.

One resident, who had special feeding requirements, mentioned that she took sips of communion wine when she attended church twice weekly and admitted that it could cause her problems. The manager was made aware of this.

The needs of a small group of residents that smoke were managed by hourly escorted visits into the garden, where they are supervised by a member of staff.

### Views of residents and relatives

Members of the team spoke with many of the residents in each unit and of those that were able to express a view said they were happy with the care they received and that said the staff were "very nice and helpful". However one resident remarked that she is often kept in bed longer in the mornings than she would have liked, because the staff "are busy doing other things". When another resident was asked about the food, she said it "wasn't always hot enough".

A visitor was asked for her views on the quality of care her relative was getting in the home. She said overall she was satisfied with the level of care given, but was concerned that residents were not given enough to drink. It was also observed by the team that there were no jugs of drinks placed conveniently around any of the units for those residents that could help themselves. When asked why drinks were not readily available, the manager explained that the staff provided all the residents with drinks on at least an

hourly basis.

Some of the residents invited team members into their bedrooms and said they had picked their own colour scheme and were eager to show off the personal photos and mementoes used to personalise their rooms. The majority of the bedroom doors had the names of the resident written in large, bright colours.

## Recommendations

- Staff should be encouraged to increase fluid intake, by making sure a regular supply of fresh beverages/drinks are easily assessable for residents throughout the day
- Staff should increase the frequency of drinks provided to those residents with a high level of dependency from the currently hourly arrangement to half-hourly
- To ensure that residents are able to exercise more choice, for example over what time they go to bed at night and what time they get up in the morning, there needs to be sufficient staff on hand
- The wall socket should be located closer to where the ironing board is stationed, therefore eliminating the need for an extension lead and obviating any hazard that might be caused
- Consideration should be given to redecorating those areas currently decorated in bland colours using bolder colours, with door frames in contrasting colours

Although not a formal recommendation, and while acknowledging the practicalities, the team felt that extensive use of “wipe clean” flooring might detract from the “homely” feeling that a care or nursing home should have and that more extensive use of carpet would be appropriate.

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 27 April 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@healthwatchhaverling.co.uk](mailto:enquiries@healthwatchhaverling.co.uk)**



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