# Enter & View Romford Grange Care Home

# 24 June 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 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, supported by two part-time staff and a number of volunteers, both from professional health and social care backgrounds and people who have an interest in health or social care issues.

**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.

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:

The team arrived at 10.30 and were welcomed by the Manager, who made himself available for background questions whilst also responding to the needs of the residents.

The entrance to the home was small, but welcoming. There was a variety of posters and notices giving information to staff and visitors. There were photos of all members of staff here. There were no unpleasant smells here or anywhere else in the home.

The home is situated over two floors with the upper area housing only 8 rooms. When asked whether residents who had mobility problems were placed in the upstairs accommodation, the Manager said that placement was based largely on what rooms were available at the time of admission. There are 41 rooms, of which 38 were occupied at the time of the visit. None of the rooms have en-suite facilities although all have vanity units. Rooms are of varying sizes, some of which might lend themselves to the addition of ensuite toilet facilities. There are two bathrooms and one wet room for the use of residents, who are encouraged to take baths or showers as often as they wish. The home was built in the early 1990s and was extended at a later date – though the manager, who has been in post since March, was not sure when.

## Staff

Staff cover is provided over 12-hour shifts with 2 nurses, I team leader and 6 care staff on duty during the day. At night, there are 3 members of care staff and 1 nurse. Additionally there are domestic, laundry and kitchen staff as well as a maintenance assistant, who also carries out gardening duties, and an administrator. At present, some nurse cover is arranged through an agency although every effort is made to ensure staff who are familiar with the home are used. There is currently no need for agency cover for care staff as any gaps are covered internally.

Staff meetings are held on a quarterly basis and the Manager confirmed that he is in the process of arranging his first meeting with relatives and friends and that he hopes to hold meetings on a regular basis.

There is a whistle-blowing policy in operation whereby staff are able to voice concerns.

## Care and medical support arrangements

Care plans including MAR charts are reviewed on a monthly basis, or more frequently if this is indicated. Nursing staff carry out risk assessments on residents.

In response to a question about the notification of deaths and untoward incidents to CQC, the Manager confirmed that this is now dealt with online in a timely fashion. Details of unwitnessed falls are sent to the Safeguarding team as necessary and pressure pads have been introduced into the rooms of residents perceived as being at risk in an effort to reduce the incidence of these.

Senior staff give training in Moving and Handling techniques, but all other training is based on e-learning. It was confirmed that staff carry this out in work time.

The Manager confirmed that the home has signed up to the Gold Standard framework for End of Life care and that training is being provided by St Francis Hospice.

The home is now linked to the Linwood Medical Centre practice and the nominated GP carries out a surgery on a Wednesday – the team confirmed this during the visit, following the arrival of the doctor. Details of residents needing to see the GP are usually provided to the surgery before the GP attends.

Medication is provided by Boots pharmacy in Romford. The Manager confirmed that the service provided is good. In answer to a question about covert medication, he confirmed that there are currently two residents for whom that had been agreed and approved by the GP and the pharmacist and that DoLs are in place for those residents. There are a number of residents with diabetes, both type 1 and type 2.

The nursing staff manage medication for these residents. There are currently no residents on warfarin.

When asking about residents suffering from dementia, the team was told that there were only about 5 and that they did not present any particular problems.

The Manager confirmed that he had developed an action plan to resolve the issues reported following the recent CQC inspection. It was clear that a number of these issues had already been resolved.

## Activities for residents

The activities staff lead residents, who are able to do so, in armchair exercises. During the visit, and pleasingly despite the activities staff not being on duty, care staff were carrying out activities with the residents. The Manager had arranged for an ice cream seller to visit the home every Friday to enable residents to have ice cream if they so wished. Outings were only made locally as the home does not have a vehicle. A member of the Healthwatch team suggested that contact be made with Ford at Warley who have a minibus, which is available to care homes on an ad hoc basis.

## Facilities in the home

A tour of the home revealed that it is currently in need of decorating and that carpets were a uniform, drab colour. The Manager advised that a programme of redecoration is in hand and that he was seeking funding to replace carpets. It was noted that there was some variation of colours to walls and it was recommended that this practice was developed further to ensure that doors contrasted with walls to provide assistance in differentiating areas for residents with dementia. There were a number of pictures around the home.

In the large sitting/dining room there were a drinks cooler and

facilities for tea/coffee making. Residents were being served drinks during the visit. Additionally, it was noted that there was a large supply of varied canned drinks in the kitchen. In this room there was a large TV and music facilities and the store for activities items. There was also a smaller lounge with the hairdresser's room attached to it. This was designated as a quiet lounge.

The team spoke to a number of residents in their rooms, all of whom said that they were happy in the home and the food was, over all, good and that there was a reasonable choice. In one room it was noted that the armchair had some minor damage and this was reported to the manager because of the danger of lethal gasses in the event of fire.

As with the main sitting rooms, the décor was in need of redecoration.

The kitchen was bright and spotlessly clean and had been rated 5 by the Environmental Health Officer. Cupboards, fridges and freezers were clean and tidy with opened items being labelled appropriately. The cook was preparing lunch for the day, which consisted of curry or chips and fish fingers. There was also a choice of salads or sandwiches if preferred. The cook asked visitors to don white coats, which were available outside the kitchen, before entering, a request that the team was pleased to note and to agree to.

The laundry was housed in a building outside the main home. There was some protection from inclement weather but access through the doors to the main building was a little awkward. The laundry was well equipped and was neat and tidy but it was noted that the recommended practice of clean and dirty entry and exit could not be operated as there was only one door into the building. When asked whether there were any outdoor drying facilities (as there was clearly adequate space for this) the laundress stated there was not. She felt that this would be advantageous for hand wash items in particular but could also reduce

reliance of drying machines, which were expensive to run.

The area outside the main sitting room housed the home's pets – goldfish, guinea pigs, a rabbit and a cat (who clearly was not confined there – he was just annoying the rabbit!). The area was secure and presented no risk to residents. All pets appeared to be healthy and well cared-for. The Manager advised that he had introduced a herb growing activity.

The gardens were small and, although well maintained, were not felt to be suitable for the client group. There was a reasonably-sized patio area which, at the time of the visit, appeared to be a "sun trap", with only one small awning to provide protection from the sun. Only one resident was in the garden and did not have a hat on although it was not clear whether this was her preference or not. The team considered that it would be advisable to have hats available.

The areas laid to grass, where residents might like to be able to sit, were totally inaccessible to residents and this was felt to be a major concern.

Most of the members of staff to whom the team spoke had been working at the home for some considerable time and all appeared to be happy in their work.

## Residents' views

One member of the team visited a resident who used to belong to a knitters' circle and the Manager was asked whether it might be possible to introduce such a group to the home. This will be investigated.

## Conclusion

The team thanked the Manager for his time.

The team was pleased to note that the Manager appeared to have addressed, or was in the process of addressing, many of the points raised by the CQC.

## Recommendations

- That the armchair identified as damaged be removed and repaired/replaced along with any others chairs in this same category.

- That, when redecorating, colour schemes to brighten and to differentiate areas be taken into consideration.

- That, where possible, and subject to availability of funding, consideration be given to providing some en suite facilities.

- That serious consideration be given to improving gardens to allow access to grassed areas.

- That consideration be given to providing external drying facilities for the laundry.

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 24 June 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**

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