

Enter & View
Upminster Nursing Home,
Clay Tye Road, North Ockendon,
Upminster

9 September 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, 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.

Healthwatch Havering representatives carried out a planned visit to the home as a result of a number of concerns raised by the Care Quality Commission (CQC) as requiring attention, in their February 2015 inspection report.

The Manager and the owner were aware of the planned visit and warmly greeted the Healthwatch Representatives on their arrival. The owner also made himself available should the team wish to seek further information or clarification on any points raised.

About the Home

Upminster Nursing Home provides accommodation and nursing care for up to 35 older people, some of whom may have dementia; there were 25 people living at the home at the time of the visit. The home is based in a large, purpose-built building and the bedrooms were on four floors with lift access. The communal rooms were on the lower ground and ground floor. Each room has en-suite facilities

The building is well maintained inside and out. The lobby was welcoming with a varied selection of information leaflets on display, along with the most recent copy of the CQC report for the benefit of residents and visitors alike.

The interior of the building was bright, airy and clean but all the walls were painted in the same uniform cream colour, which the representatives felt was a little bland and suggested that using contrasting bold colours, particularly around door frames, would be of benefit to those residents with visual or cognitive impairment.

The conservatory, situated on the ground floor was used as an alternative quiet sitting area, with an unobstructed view of the garden. However, it was noted that the glass roof did not have any protective covering to deflect the heat from sunlight penetrating the room, particularly during the hot summer months. This was identified as cause for concern, because of the potential risk of heat exhaustion to residents exposed to the heat for long periods of time, especially the more vulnerable residents who are unable to exercise choice to leave the room independently, due perhaps to sight or cognitive impairment or mobility problems.

The layout of the large back garden is well designed to take into account the diverse needs and abilities of the residents. There is a raised area to encourage residents to participate in gardening activities. There are planter units that are raised from ground level to enable residents to participate in gardening activities. During the winter months the individual boxes can be brought indoors for residents to continue their gardening activity.

The garden is easily accessible for wheelchair users and residents with reduced mobility with lift access from all four floors.

The communal sitting area is large with comfortable looking armchairs and ample spacing between each one.

The good relationship between the residents and staff was evident by the manner in which they interacted with one another, and was further confirmed after talking to many of the residents, who expressed the same views that “they (the staff) could not do enough for you”. One resident said “the staff are all very friendly and helpful” another resident said “I have no complaints and am very happy living here”.

The activities co-ordinator is on site Monday to Friday from 11.00am - 4.00pm and will swap a day in the week, to come in at the week-end, if there is a particular activity planned. There is a weekly comprehensive programme of activities organised to meet the varying needs and abilities of the residents. A mobile shop is also taken round once or twice a week to enable residents to purchase small personal items.

On the day of the visit it was noticed that the activities co-ordinator was successfully encouraging a bed-bound resident to participate in light exercise with a ball. Some residents pointed with pride at their art & craft work show-cased on the walls throughout the home.

The manager explained that the home owns its own mini-bus, which is insured for a member of staff to drive. However, there had been little opportunity recently to take residents for days out due to inclement weather, but arrangements were currently being made for drives out to the local nature reserve and garden centres. There are also plans to have a visiting Zoo come to the home on a regular basis at some future date. There are regular bingo sessions, armchair exercises, cooking and a film afternoon with popcorn.

Subsequent to our visit, the home has told us “As part of our external entertainments program we will have a visiting zoo and other entertainers that our residents enjoy”.

A hairdresser visits the home fortnightly; the current hairdressing room, which is situated on the top floor, is soon to be re-sited on the ground floor.

The manager told the team that a multi-faith service takes place at the home once a month. In addition, a catholic priest also calls in frequently to administer communion to those residents who have requested this service.

All meals are cooked on the premises by two chefs. The team observed that the kitchen was clean and well stocked with a good choice of menu, with Summer and Winter menus. At meal times, the routine is for those residents requiring their food puréed or needing feeding to be attended to first, which then frees up the staff to serve up the food to the remaining residents without delay and whilst still hot.

Of those residents whose viewpoints were sought by the team with regards to the quantity and quality of the food the response was very positive. One resident asked one of the carers, with a smile, to “stop giving me so much food” while another resident also commented that she “receives large food portions and the food was lovely”. A visiting relative’s view was also sought and she also said that the food looked appetising and there is a good choice on the menu.

The Laundry room was clean and well organised, with one door used for transporting dirty laundry and a separate door used for the transportation of clean laundry.

Domiciliary Staff

Two staff from 7.30am to 3.00am

Two staff from 7.30am to 4.00pm

Housekeeper - 7.30am- 3.00pm

Maintenance person - 8.00am -1.pm

Occupation of rooms

Top Floor; Currently 4 residents

1st Floor: There are 11 residents, one of whom has chosen to remain in her bed, which is documented in her Care Plan.

Ground Floor: Currently 2 residents who are confined to bed.

Lower Ground Floor: Currently 8 residents, two of whom are confined to bed.

Staffing levels

The day shift consists of 1 Registered nurse and 4 full time carers, plus an additional carer who works 7.30am - 11.30am to assist during the busy period.

Subsequent to our visit, the home has told us that “The Manager monitors the required care hours to meet the needs of all residents and there were sufficient staff on duty on the day of the visit”.

The night shift consists of 1 Registered nurse and 2 to 3 carers (depending on the identified needs of the residents at the time) who are responsible for covering all 4 floors. Hourly checks are routinely carried out throughout the night on all residents, except for those who have been assessed as having capacity to make an informed choice about not wishing to be checked on, which is recorded in their individual Care Plan.

The manager advised that the home was not up to full staffing capacity at present but were in the process of interviewing and had recently recruited more carers. She was optimistic that all vacant positions would be filled before too long.

Subsequent to our visit, the home has told us that “The home has sufficient staffing levels for the needs of current resident’s requirements. The Manager is currently recruiting staff with experience as resident’s numbers and needs increase”.

Where there is a short fall of staff, the manager prefers to ask existing staff to work extra shifts, but if this is not possible, she will try to get bank staff for consistency of care, and will only use agency staff out of necessity.

Staff Training

The manager confirmed that all the regular staff have completed their statutory training requirements, including safe guarding adults and Deprivation of Liberty safeguarding (DoLs). Staff training includes RGN-trained male catheterization, infection control, manual handling, good hygiene, fire safety and use of pressure pads. The team was particularly pleased to note that staff are also undergoing training in the Gold Standards Framework for End of Life Care by a member of staff from St Francis Hospice.

Subsequent to our visit, the home has told us that “Staff continue to have training from Westmeria Health Care on the use of air mattresses and profiling beds”.

Arrangements are currently being made for new members of staff to have training in Dignity & Respect, DoLs and Choice Risk. A record is kept of all staff members’ training requirements and is reviewed during their individual supervision, which takes place every three months. In addition, all staff receive an appraisal annually

Subsequent to our visit, the home has told us that “Training has been arranged for staff to attend in November this includes; Safe administration of medication, Dementia awareness, Mental Capacity Act (including DoLs), Fire Awareness, Infection Control, Health & Safety, Food Hygiene and First Aid”.

Team meetings takes place on a quarterly weekly basis and Resident/Family/ Visitors’ meetings are held every four months, although attendance at them has been very poor. Relatives and visitors tend to approach the manager on a more informal basis as and when the need arises, as the home has an open door policy.

The owner told the team that they have implemented strategy meetings within the management tier structure for collating and documenting evidence-based good practice.

The team was told that a key worker system is used throughout the home and that staff are encouraged to empower residents to exercise choice. Some of the residents choose to be cared for in bed, which is documented in their individual Care Plan. The majority of the residents assessed as being able to make informed decisions, have opted to have bed rails, which is also documented in their individual Care Plan. At the time of the visit, one resident was awaiting the outcome of an assessment before DoLs could be implemented.

Residents' well being

Residents are offered a bath weekly, but this can be arranged more frequently if requested by a resident. There are call bells in all rooms, where residents are capable of using them, and for those residents who are unable to, due to some form of impairment, sensory mats are placed on the floor beside the bed. Staff will routinely do a round every half hour to check on those residents that are bed-bound and one hourly for others.

The manager confirmed there were currently no residents with behavioural problems, and no residents on covert medication at this time.

Currently one resident takes warfarin medication and blood tests are carried out and monitored by the local Pharmacy.

Professional visitors

The tissue viability nurse will visit when a referral is made or when ongoing treatment is required following hospital discharge.

A Medication Audit is carried out monthly and the controlled drugs handover is done daily.

A General Practitioner visits weekly to carry out a ward round. He also reviews medication every six weeks, and more frequently if required.

A local pharmacy carries out a review of all medication half yearly.

A **Chiropodist** visits every 6 weeks and a **dentist** and an **optician** visit on request.

A **Physiotherapist** will visit following a referral by the GP or hospital.

An **Occupational therapist** who attends with the Physiotherapist to work with re-ablement residents that have been discharged from the hospital to release acute beds. Occupational and physiotherapy is carried out by the team, with care staff input under the direction of the team, until it is deemed that the resident can be safely discharged home.

Visitors, carers and relatives

Views were also sought from some of the relatives visiting the home at the time of the visit. One relative explained there had been some teething problems initially when her relative moved into the home, which was mainly due to the relative having difficulty settling in, “but I found the process much easier because the staff are approachable and supportive and do the best they can for everyone in here”.

Another relative said “I only visit once a week and from what I see the staff spend lots of time chatting and laughing with the residents, it’s got a nice atmosphere in here”

It was noted that none of the staff were wearing name badges. The team suggested that perhaps by having at least just their first name in large print on the badge would help residents, visitors and new members of staff to identify individuals more easily.

Recommendations

That

- Action be taken to fit appropriate deflecting material to glass roof of conservatory; an air conditioning unit would be beneficial.
- When next redecorating (or before if possible) consideration be given to the use of bolder colours in communal areas, especially around door frames.

- the named staff badges be introduced for ease of identification for residents, visitors and new members of staff.

Subsequent to our visit, the home has told us that “Currently all en-suite door frames are painted in an alternative colour to assist those with visual and cognitive impairment. This was the recommendation by the dementia nurse specialist who visited the home”.

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 9 September 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



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