

## Enter & View

# Romford Nursing Care Centre (third visit)

107 Neave Crescent, Romford RM3 8HW

19 April 2017



## **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 residents 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 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 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, resident or other service-user is not compromised in any way.

## The Centre

Healthwatch had visited the Romford Care Centre twice before, in May 2014 and February 2015. The Centre is large, with a capacity of 114 beds, spread over three floors. Apart from one corner which had been decorated by a

former activity co-ordinator (with murals), the appearance throughout the building was all the same and possibly confusing for residents, especially those living with dementia who had no points of reference. Almost all the walls were painted in a light green with occasional mushroom, with all the doors looking the same. Current good practice suggests that people living with dementia benefit from a variety of colours throughout a building. It should however be noted that the uniformity of colour was broken up by the use of pictures and postcards on the walls. There were also many noticeboards, full of local information.

The en-suite bathrooms were well equipped and clean; and there were no unpleasant odours throughout the Centre. The kitchen was very clean and tidy (although some bags of cereal seemed, inappropriately, to be stored on the floor) and the fridges and freezers were well stocked. The windows were meshed to prevent insects getting in, with filters cleaned weekly and vents every 6 months.

At the time of the visit, 74 beds were occupied, with residents coming from Hammersmith & Fulham, Redbridge and Barking & Dagenham as well as Havering. There were 14 self-funded residents, accommodated in a unit together, which looks the same as the rest of the building. Most residents need nursing care or are living with dementia - some both. Respite care was provided for a minimum of 4 weeks and there was no limit. One resident was spoken to who was having respite care and was happy to be at the Centre (at which she had stayed previously) because she said she received good care for her ulcerated legs. She was in a wheelchair. Anybody wishing to take advantage of respite care is visited and their needs assessed before admission.

## Staff

Two of the visitors spent time with the Deputy Manager (the Manager had just left to work elsewhere) and two spent time looking at the home, meeting staff, residents and visitors. The team were told that the process of recruiting a new Manager was under way at the time of the visit. The

Deputy Manager had been in post for 18 months and, in his absence, the Unit would be covered by the Manager and/or Regional Manager (both of whom were in the home at the time of the visit and were also spoken to by the team). There were four registered nurses on staff, two of whom were on duty at any time, plus the Deputy Manager. The staff worked 12 hour shifts with a 15-minute handover although there was flexibility. Agency staff would be used if necessary but, at the time of the visit, the Centre was fully staffed.

Training was undertaken during paid time by a mixture of e-learning and face to face. The team met a new staff member who was training on the computer. Some staff (approx. 20%) did not complete their training. All staff were trained in end of life care (although none to the level of the Gold Standard Framework). There was evidence of Matrix training records. A number of residents were the subjects of Deprivation of Liberty Safeguarding statements but (as is common in Havering) there had been a long delay in receiving the necessary approvals.

The full staff establishment was 2 Chefs plus an Assistant working 7am - 5pm (plus a bank chef if necessary), 5 Kitchen Staff working 7am till 7pm, 3 Kitchen Porters, 1 Gardener/Maintenance Man, 4 Activities Co-ordinators and 8 Domestic Staff. Two activity co-ordinators were working during the visit and they covered weekends: one was supervising a group of about five residents, colouring in books; the other was very keen to show the team the Sensory Room (a converted bedroom), known as "Amy's Park", which was well equipped with soft lights, candles, music, comfortable chairs and there was plenty of cream for stroking their hands and arms, which the team were told had a very calming effect. This room was very popular. There was also a large garden, in which they hoped to develop a Sensory Garden area.

### Care arrangements

MAR Charts and care plans were reviewed monthly and all medicines were kept in a locked cupboard on the wall. The Registered Nurse is responsible for the administration of medicines and wears a 'Do Not Disturb' tabard when

carrying out that duty. At the time of the visit, no residents were having their medication crushed or concealed and none were self-medicating. Residents were observed to ensure that their medications were taken.

The GPs in attendance are Drs. Gupta and Prussard, from a surgery in nearby Straight Road and it was anticipated that a further GP, Dr. Feldman, would also support the Centre once extra accommodation had become available, expected to be in June. The GPs did not hold regular surgeries but came when requested.

New residents would not be accepted after 5.p.m. but established residents were accepted back from hospital at any time, if the Centre had been forewarned to expect them. For residents requiring blood-thinning medication, Apixaban is used rather Warfarin as it does not require blood tests. There were two Jewish residents at the time of the visit but that did not present any dietary problems.

Fluid charts were kept and residents were weighed monthly (or weekly if necessary). More than ten residents required feeding or pureed food. Baths or showers were offered once a week but bed baths were carried out every day. Ten or more residents needed regular turning, of which records were kept. The Tissue Viability Nurse was available for the Centre and, indeed, had been attending a resident.

There is a hairdressing salon which some residents were able to use. Other services available when called included the optician and dentists, and a chiropodist attended every three months.

Staff meetings were held quarterly but the manager operated an Open-Door Policy. There appeared to be a very good team spirit among all staff. Most of them said they felt there were enough staff and that they felt well supported and trained to undertake their work. There were also quarterly meetings for relatives, which were mostly well attended; but they were always welcome to see staff if they wished to. Spot checks were undertaken and these can involve relatives. There is a group hotline which goes to an answerphone which is their whistleblowing system: the team were told that it had been used three times in the past 18 months.

The team spoke to one Chef who was on duty and also to two staff working in the laundry nearby. There was a memory corner in the room near the cinema that was a really good idea with nice things on show.

The team found the dementia care unit and “Amy’s Park” (see above) very impressive.

### Residents’ views

At the time of the visit, many of the residents were resting and it would have been inappropriate for them to be disturbed. The team was able to speak briefly with some, however, all of whom seemed to be happy with the home and the care they received; one resident spoken to had been at the Centre for 4 years, was quite articulate and was sitting in her room doing crosswords, surrounded by her personal effects, including family paintings. She said she was very happy - the only criticism she mentioned was that the food was “boring and only O.K.”

The team also spoke to a number of visitors, all of whom were content with the Centre and the care offered to their relatives or friends.

### Recommendations

That

- When opportunity arises, the decoration colour scheme be reviewed in line with current good practice to provide a variety of colours for the benefit of residents living with dementia.
- Kitchen staff avoid storing foodstuffs on the floor but place it in an appropriate storage space (and that the store room be re-organised if need be to achieve that)
- Development of a Sensory Garden proceed

## Addendum

On 17 May 2017, the Centre hosted a Dementia Day event, attended by more than 100 people, including the Mayor of Havering. A member of the team which had carried out the April visit was present at the event and took the opportunity to make enquiries about progress since the visit.

She was told that a Manager had now been appointed. In addition, the team member spoke with the Dementia Manager, who (among other things) was ensuring that the uniformity of colour of walls and doors was being dealt with. Development of an area for the benefit of those living with dementia, to assist in maintaining their powers of recall was proceeding apace and it was notable that many of the people attending the event were impressed by what they saw of the facility.

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

## Disclaimer

This report relates to the visit on 19 April 2017 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](mailto:enquiries@healthwatchhavering.co.uk)**



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