healthwatch Havering

Enter & View

Romford Grange Care Home

144 Collier Row Lane, Romford RM5 3DU

18 January 2018

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 in the London Borough of Havering. 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 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 by volunteers, both from professional health and social care backgrounds and lay 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, NHS Services and contractors, 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.

Occasionally, we also visit services by invitation rather than by exercising our statutory powers. Where that is the case, we indicate accordingly but our report will be presented in the same style as for statutory visits.

Once we have carried out a visit (statutory or otherwise), we publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

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 welfare of the resident, patient or other service-user is not compromised in any way.

The Premises

The team were met by the manager, who advised the she had been in post since last April and was currently awaiting completion of the registration process.

In view of recent publicity about Four Seasons, the parent organisation, and its financial position, the manager was asked if there had been any local difficulties, but she assured the team that there had been none and, indeed, that she had been assured by Head Office that the financial situation had now been resolved.

Work had been continuing to provide en-suite facilities to all rooms and this was nearing completion. There was evidence that a number of carpets had been replaced and this work was also continuing.

In the large sitting room, a Disney film (Mary Poppins) was playing although no-one appeared to be watching it. Some residents were decorating cupcakes, led by the Activities co-ordinator and a relative who told us that she attended regularly to help out with activities. Soft drinks and snacks were available here and there were facilities for making hot drinks. All residents appeared to be clean and dressed appropriately.

All of the areas visited appeared clean and tidy and the team noted that a smaller sitting room had been converted into a proper dining room, rather than an area of the large sitting room which, the team was told, was to be re-designed and re-furbished. This dining room led out onto a paved courtyard and grassed area which, due to its

elevation, is not suitable for use by residents. A second garden area is also paved, and relatives are helping to develop this into a user-friendly area for residents' use - with raised flower beds etc. All bathrooms/toilets seen were clean and there was no evidence of scale build-up.

The kitchens were well-equipped, and the store cupboard was very well stocked. Stock rotation appeared to be being carried out. Fridges and freezers were clean and tidy and all opened packets had been dated appropriately. The chef advised that she cooked as much as possible from scratch and showed us the menus which offered a good choice. The laundry was located in an out-building - possibly an old garage - which appeared dingy and which did not provide appropriate clean and dirty areas although the staff do their best. Consequently, laundry has to be transported across unprotected areas back into the main building, which is less than ideal.

Staff

The home was seeking to recruit more staff but there had been delays in obtaining DBS clearances. However, the incidence of agency usage had dropped considerably extent; and 4 nurses were awaiting DBS clearance. Additionally, an internal bank of nurses was being developed. All nurses had UK registrations.

The shift system in operation was mostly 12 hours (7.30-7.30) with some 6 hour shifts to provide extra cover. A written handover was provided between shifts and nurses also discussed any issues that may have arisen. Staff meetings were held weekly, with some 'flash' Heads of Department meetings on an ad hoc basis.

Training was largely by e-learning and mostly took place during work time. To ensure that staff fully understood their training, questions were asked during supervision and there was a 'Policy of the Month' scheme where questions on particular policies took preference.

In addition to nursing/care staff, there were 5 cleaners/laundry staff daily, 2 chefs,1 kitchen assistant, 1 maintenance assistant and 1 activities co-ordinator.

The manager advised that she had last carried out a night time inspection on 5th January and that she had had no concerns.

Care

The manager advised that staff communicated with residents in several ways including eye contact, pictures and cards, and that a clinical lead or mental health lead was in place. A priest attended the home weekly to offer communion to those who wished to partake of it and that members of a local church were undertaking 1:1 befriending to residents.

The team was told that, when the Manager was not on duty, the lead Clinical Nurse on duty was responsible for day to day decision-making.

Of the 37 current residents, the majority received nursing care; only 6 received only residential care. The home was registered for dementia care and also offered palliative care, nursing with dementia and simple nursing care. All new admissions - respite, palliative and rehab etc - were assessed prior to admission and all were subject to the same record keeping methods. Nurses were trained in palliative care and the Havering facilitator was involved. At the time of the visit, 10 residents were bed-fast and required turning on a regular basis; this was all documented. It was noted that one resident who should be turned on a regular basis consistently refused to be turned: this individual was observed regularly to ensure that tissue viability was being maintained.

No specialist emergency equipment (e.g. a defibrillator) was available at the home.

The home had a whistle-blowing policy, details of which were posted on notice boards.

At the time of the visit, Deprivation of Liberty Safeguards had been sought for 19 residents, but only 5 had been confirmed; the delay in obtaining approval meant that many would have to be re-submitted shortly.

Care plans, risk assessments and MAR charts were reviewed monthly unless there were issues requiring more frequent intervention.

Meetings for residents/relatives were arranged three-monthly basis but the manager advised that she had an open-door policy for anyone who wished to discuss issues with her. Quality audits were carried out regularly. Provider Monitoring reports were also carried monthly, following which an action plan would be drawn up as necessary.

Hand sanitisers were available, and the team were advised that residents showing signs of infection would stay in their rooms until they had recovered.

The falls management policy entailed the keeping of 24 hour observation charts and referral to the Falls Team.

Decisions on NHS111 or 999 calls were made according to the nature of the incident but would usually involve NHS111 initially unless there was clear evidence that a resident needed to be taken to the Emergency Department - e.g. for head injury, clearly injured limb or a heart attack.

Medication was provided by a nearby pharmacy and all medication was kept in specially designed trolley, in a locked room (the temperature of which was controlled by a mobile air-conditioning unit). No residents self-medicated but 7 residents had covert medication which has been approved by the GP, the residents' families and the pharmacy.

The GP for the home, from Lynwood surgery, visited weekly, with details of residents being sent to him prior to his visit. He would also see any new referrals.

Access to a physiotherapy service was difficult but every effort was made to ensure that arrangements for physiotherapy for new admissions was arranged prior to their discharge from hospital. Optician, dentistry and chiropody services were provided on a regular basis and a hairdresser visited weekly.

Residents' levels of nutrition were observed, with weighing carried out monthly (or more frequently if there were concerns). One resident was on a PEG feed and 3 residents required pureed food - the chef was qualified in the preparation of these special diets. Fluid charts were kept to ensure residents remained hydrated.

In response to a question, the team were advised that baths/showers were offered on a weekly basis. All taps had appropriate control valves and temperatures were checked in accordance with requirements.

The manager reported to the team that her main concern over hospital discharge related to pharmacy issues, of which she cited a number:

- Discharge without medication
- A patient requiring PEG feeding had a container of food but no pump
- Blank PACE documents
- Blank discharge letters

Whilst talking to the manager, the team noted that she had a generous supply of incontinence pads in her office. Having commented on this, the team were told that they had been purchased by the home due to the very poor supply from the local authority – it appeared that the larger the pad required, the fewer were provided. Regular size pads were provided 4 per day whilst the larger sizes were reduced to 2 per

day. The team could see no logical reason for this - but did note that other homes had made similar comments.

Views of staff and visitors

The team spoke to a number of staff during the visit. All appeared to be happy and felt supported in their work. They confirmed that they were paid for training time and that they had undertaken a considerable amount of training under this manager.

The team also spoke to several visitors, all of whom said they were happy with the care provided and that the manager was happy to discuss issues with them.

It was not practicable to discuss issues with any resident in view of their conditions.

Conclusion

The team felt that the home had made considerable improvements since the last visit, with plans for more to be made.

Recommendation

That consideration be given to:

- Re-designing the large sitting room to provide discrete areas - quiet, TV, activities etc.
- Re-designing the laundry to provide clean and dirty areas in accordance with requirements
- Providing shelter between the laundry and the entrance to the main home in order to protect staff and clean clothing etc

Healthwatch Havering thanks all service users, staff and other contributors who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on [date] and is representative only of those service users, staff and other contributors who participated. It does not seek to be representative of all service users and/or staff.

healthwatch Havering

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**

email **enquiries@healthwatchhavering.co.uk**

Find us on Twitter at @HWHavering

healthwatch
Havering

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

Registered Office:
Queen's Court, 9-17 Eastern Road, Romford RM1 3NH
Telephone: 01708 303300

Call us on **01708 303 300**

email **enquiries@healthwatchhavering.co.uk**

Find us on Twitter at **@HWHavering**