

## Enter & View

# Arran Manor Residential Care Home

55 Westmoreland Avenue  
Hornchurch RM11 2EJ

Second visit

10 December 2018



## 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.

## Key facts

The following table sets out some key facts about [the premises]. It is derived from information given to the Healthwatch team during the visit, and reflects the position at the time of the visit:

|  |    |
|--|----|
| Number of residents/patients that can be accommodated:                 | 22 |
| Current number accommodated:   | 22 |
| Number of care staff employed:   | 12 |
| Number of management staff employed:                                   | 2  |
| Number of support/admin/maintenance/activities staff employed:         | 4  |
| Number of visitors per week:   | 12 |
| Number of care/nursing staff spoken to during the visit:               | 1  |
| Number of management/admin/reception staff spoken to during the visit: | 2  |
| Number of residents spoken to during the visit:                        | 1  |

## The Premises

Arran Manor is in the same ownership as Ashling House, a care home elsewhere in Hornchurch.

The home is registered for Dementia residents and the elderly, but not for nursing care, and offers residential care, Day Care and Respite Care.

Arran Manor is a pleasantly-presented former house adapted to a care home. There is wheelchair access and a lift to the upper floor. The

décor is bright and welcoming. An atmosphere of calmness was evident. It is close to local shops and public transport.

The home has a large conservatory with sofas and seating areas, and there is a neat garden area with seating, with a table and chairs available to eat.

There are 20 single rooms and one double room, all with en-suite facilities and internet connection for residents.

A resident therapy dog is shared with Ashling House; the residents find the pet therapeutic. He growled at the team when they met him, indicating that he knew that they were strangers to the home.

## Management

The team were met by the Senior Care Officer, then the Manager (who has been the registered Manager for 13 years). The Senior Care Officer is in charge when the Manager is not there. There is always a shift leader on duty,

The Manager and Senior Care Officer are both on call 24/7.

## Staff

At the time of the visit, there were 12 care staff, with 3 support/admin/maintenance staff and one cook. Staff cover for absence and sickness, with regular agency staff used when this is not possible.

Shift arrangements are: 7.30am - 2.00pm, 2.00pm-8.30pm, 8.30pm-8.30am

There are comprehensive handovers at the end of each shift with all Carers involved. There is also a 10.30pm night check.

Staff meetings are held daily at handover. Changes in work routines are discussed at these meetings.

There are twice yearly staff appraisals and a yearly review. Their training is updated every year, using eLearning, DVDs and “question and answer” exams. Studying at work is permitted. All staff were fully up-to-date with mandatory training. All training is done in house, one to one and staff are paid for the time spent doing so.

Staff were fully aware of how to use equipment in an emergency. All had been trained in fire duties.

Staff wear uniform, which they wash at home.

## Care

At the time of the visit the home had 20 occupants, 3 of whom were funded by Havering Council.

95% of residents were living with varying degrees of dementia.

Residents tend to stay at Arran Manor longer than the national average of two and a half years; one resident had lived at the home for 11 years.

All residents had varying degrees of communication difficulty and were assessed accordingly. The home felt very strongly that it is important to get to know residents before they lose capacity, sight, hearing or other communication skills.

The home caters for respite, usually the same people, throughout the year. If a new resident is placed for respite, this is usually with a view to their staying at the home in the near future. Assessment of a resident would take 2-3 hours.

Care Plans are drawn up on admission; they include activities that are enjoyed by the residents and are reviewed monthly.

Care and reviews plans are reviewed every year, where information is collated, and a plan put in place for the following year. Relatives are involved in this and spoken to regularly on a one to one basis.

Residents have baths or showers once or twice a week according to need. Taps are thermostatically controlled.

Residents' nutrition is monitored when necessary, and some need their food pureed. While the team were walking round it was evident that lunch was about to be served. The kitchen looked clean and the meat pie smelt appetising.

Residents were sitting in the dining room listening to music or in the lounge talking.

Arran Manor and Ashling House do not feel it necessary to engage an activity coordinator. Staff have a one-to-one discussion with each resident daily about activities, which tailors the offer to the individual. An activity planner was displayed on the wall, with exercises planned for the day of the visit.

Deprivation of Liberty Safeguards (DoLS) were up to date for Havering residents at the time of the visit but the home was waiting for a couple out of Borough residents' DoLS to be confirmed.

There was a poster inviting residents on a trip to Ashling House which was pinned to the wall.

Birthdays and special occasions would be celebrated.

Palliative care would be offered when needed.

The home has access to chiropodist, opticians, and a dentist. At the time of the visit, there was no assigned GP but there was a designated pharmacist.

Procedures were in place for Infection Control and Falls Management, and staff are fully aware of the criteria for calling 999 and 111. There was no need for a night time inspection as often the Manager or the Senior Care Officer would be on duty during the night. A shift leader is on duty at all other times.

All medication is stored in locked cupboards

Some residents were on concealed medicine and this is compliant with the GP. This would be recorded in the Management Care plan.

The home has residents who need turning but the ethos was prevention rather than cure.

With regard to infection control, all staff are aware of procedure. Aprons and gloves are worn.

Medication rounds take between an hour and an hour and a half. Tabards are worn during rounds, and staff stay with residents until they have taken their medication.

Staff assured the team that residents never suffer from pressure ulcers as this is a critical part of the care supplied.

Two residents require feeding, and most are dependent in some way.

Snacks are available for residents at 10.30am, 4.00pm tea time and a hot drink before bedtime. Fluids are offered constantly with a cooler in the corner of one of the dining rooms containing orange, raspberry or water. Some residents have their own water bottles to measure consumption.

If family and the manager think it appropriate, residents are able to go for outings, but most are too frail to go very far.

### Discharge from hospital

The Manager told the team that discharge from hospital was not as smooth a process as it should be. Residents were assessed at hospital but this could lead to unsatisfactory discharges with missing paperwork and medication. It was very difficult for the home to give correct medication and care without the correct information.

The home was sometimes asked to collect residents from hospital without their medication. This caused problems if the resident had been in hospital for some time and their medication had been changed; without knowledge of the change, how could the home know to administer correct medication.

There seemed to be a distinct lack of communication between the hospital staff, with incorrect information often being given to residents, their relatives and the home. Patients were frequently discharged on Friday afternoons or evenings without a discharge letter

and/or medication. This was unacceptable and often led to re-admission.

### Resident's view

The team were able to speak to only one resident, who was nearly 100 years old. She said she liked the home and enjoyed living there. She particularly liked the fact that the home was very clean. She was complimentary about the food.

### Recommendations

The team found the home exemplary and do not wish to offer any recommendations as a result of this visit.

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 10 December 2018 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.

## 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@healthwatchhaverling.co.uk](mailto:enquiries@healthwatchhaverling.co.uk)



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