

Enter & View

Ashling House Care Home **(Second visit)**

119 Elmhurst Drive, Hornchurch RM11 1NZ

13 September 2023



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 Community Interest 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?

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 voice, 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.

Visiting after the Covid pandemic

During the period of the Covid pandemic, the Enter & View programme was inevitably suspended. Now that the pandemic is largely over, we have been able to resume the programme but with safeguards to ensure the safety of the users and staff of the facilities we visit and of our members who are conducting the visit.

For that reason, visits will generally be carried out by a small team, who will wear personal protective equipment (PPE) appropriate to the facility they are visiting and take sensible precautions such as the use of hand sanitiser.

We have also changed our approach to conversations with the management, staff and users of the facility. Previously, this would have been done face-to-face on the day of the visit but, after Covid, that is no longer practicable. So we will hold such conversations, where possible in advance of the visit, using an online video meeting.

The visit that is the subject of this report was carried out in accordance with this new approach.

Note: there may be some repetition of information between the sections of the report relating to the interview with the manager and the report of the actual visit, reflecting discussion as it took place and the observations made during the visit.

Pre-Visit interview with Wendy Adnams – Manager of Ashling House Care Home

Before the visit, members of Healthwatch met the home's Manager in a video conference to discuss the home and to set the scene for the visit.

The Manager had been employed at Ashling House for 12 years, starting as a Care Officer, moving up to Deputy Manager, and now serving as the Registered Manager. She has become more involved in the management of the home since the previous owner retired.

Ashling House is a converted house that has 10 single rooms, and two double rooms available for couples or siblings who wish to share. The team were told that there were plans to add a further four rooms but planning permission for that had been refused.

All rooms have ensuite facilities, and there is a separate bathroom for residents. At the time of the visit there were 10 people residing at the home.

Staff

The staff includes the Manager, Deputy Manager (who also work at an associated home, Arron Manor), two full-time and 13 part-time care staff, a cook (full-time and part-time), and maintenance personnel. The maintenance assistant carries out gardening also and is shared with the nearby sister home. Staff absences are covered by other staff or a local agency. The Manager is actively involved in daily operations and starts early

in the morning to meet night staff. Recruitment and retention of staff does not seem to be a problem.

Dietary Requirements

The kitchen staff are fully trained, and the home follows a rotating menu which is posted on the notice board. Special dietary needs, like pureed diets, for residents with severe dementia and a pre-diabetic resident are accommodated.

Healthcare Services

The home has access to various healthcare services, including incontinence services, footcare, dental care, GP visits, district nurses, hearing tests, mental health services, Marie Curie Nurses, and St Francis Hospice along with palliative and end of life care services. There are no issues accessing these services.

Training

Training is provided to staff, and most of it is completed online. Staff have the option to train at the care home if convenient., staff may not be paid for training completed at home. Some training is completed face-to-face on the premises.

Respite and Day Care

Respite and day care services are provided, mainly at the associated home.

Plans for end-of-life care are in place and are reviewed monthly, involving residents, and keeping families and carers informed.

Communication

Residents' meetings are held every 3 to 6 months. Family and carers are kept updated through phone or email. There is an open-door policy for anyone wishing to discuss anything with the Manager. A complaints policy is in place.

Activities

There is no dedicated activities coordinator, but activities and entertainment are provided in-house. Residents who wish to go out are taken out.

COVID-19 Preparedness

The home has sufficient supplies of protective equipment for COVID-19, and plans are in place to keep residents safe. Resident vaccinations are ongoing. All staff have been vaccinated.

Deprivation of Liberty Safeguards (DoLs)

Five residents are subject to DoLs, and there may be delays in these authorisations from the Local Authority.

Recruitment and Staff Absence

Recruiting and retaining staff are not issues, and there is a waiting list of candidates seeking employment at the home.

Management and Quality Assurance

The Manager told the team that she is actively involved in the daily operation of both Ashling House and its associated home, and feels supported by the owner. Quality assurance systems are in place, and relatives are regularly contacted to ensure their contentment.

On the basis of this interview, the team felt that, overall, Ashling House is well-managed and provides comprehensive care services for its residents. The staff seemed committed and well-trained, and there were plans in place to ensure residents' well-being. The Manager's hands-on approach and the support of the owner contributed to the smooth operation of the facility.

The visit

The team were made very welcome by everyone, including the Manager and her deputy, and everything appeared very cosy and inviting.

Care services

Normally there is a maximum of 12 residents and there were 10 residents, including one respite resident, on the day we visited.

Five of the residents are the subject of DoLs. The Manager advised that she is careful, when assessing potential residents, that consideration is given to how the proposed client will fit in with existing residents.

At the time of the visit, three of the residents were Local Authority-funded, one by Havering Council, the other two by local authorities elsewhere.

The Manager was very open with team, showing them one of the empty bedrooms. The team felt that some areas upstairs were in need of redecoration.

Two staff were on duty in the morning, two in the afternoon and two at night. As Ashling House is a small home, sharing staff with the associated care home was well organised and mutual help would be available when necessary. There were two domestic staff, and the home was spotlessly clean. An agency in Ilford who know the home is used to provide temporary staff when needed, to cover holidays and sickness. Training takes place in house and at home (unpaid), online.

Weight and fluid charts are monitored monthly, with the SALT Team involved in doing that.

The home is well supported by the owners, and there is a waiting list for staff who want to work in the home. There is an open-door policy and staff are regularly updated. The communications book is well used.

The home works with the Local Authority, NHS North East London, the safeguarding team and the multidisciplinary teams. There is access to numerous services. The allocated GP is at Western Road and is very good. Various agencies are dealt with by the

families, all others are referred by the GP. This involves things like chiropodist, hairdresser, dentistry, hearing and opticians etc.

There is also a good relationship with the Hospice, Marie Curie Nurses, end of life and palliative care. There are no problems accessing these services, by phone calls and email.

For any resident coming home from hospital there is a cutoff point of 6pm. At the time of the visit, one resident was receiving respite care.

End of life care plans are in place, and all are reviewed monthly, with families included along with their relative. Any problems are dealt with immediately.

The team were advised that the residents' care plans had been updated and changed around since the retirement of the previous Manager

The team were able to speak to all of the residents, who were alert and able to converse well.

The premises

There is no dedicated parking for the home, but this is not a problem as there is ample on-street parking in the vicinity.

The pathway leading to the home looks a little uninviting due to a significant number of weeds in the block pavement on the forecourt. There are two bins for clinical and general waste situated here. The team were concerned to note that a clinical waste bin appeared not to be locked despite being accessible by the public, but they were reassured to be advised that it was not actually in use and that the clinical waste bin that was in use was stored to the rear of the home.

The entrance opens onto a small lobby with seating where visitors may sit whilst awaiting entry to the home. The team were told that this area had proved very useful during the COVID disruption as it was sometimes possible for visitors to sit in the lobby and meet with residents with a glass screen between them. The team were advised that, following the lifting of COVID restrictions, visiting time had been relaxed but the relatives were still requested to telephone to advise when they were coming as this helped to ensure the smooth running of the home.

Mealtimes were protected for residents.

The lobby leads into the dining room where there is ample seating for all residents to dine together and this is encouraged. Currently there are no residents who remain in their rooms - all being accommodated in the lounge, which opens off the dining room, during the day. Five bedrooms are situated on the ground floor and lead off the public areas. All other rooms are on the first floor and are accessed by stairs or by a small lift. The main stair well is protected by doors but the team noted that there is a second stair that is gated at the top. This gate is alarmed so that staff are alerted if any resident attempts to use it.

There was hard flooring in all public areas which was in good condition (except for one small area which appeared to need stripping and polishing). There were several pictures on the walls, which helped provide a homely atmosphere. All bedrooms have en-suite facilities (toilet and basins) and all seen were carpeted. All carpets were in good condition. The team were told that re-decoration takes place as and when necessary, particularly before new admissions. There is a bathroom on each floor, which were clean and tidy. All

windows are limited to 100mm opening. The team were advised that sensor mats had been installed in all rooms under the carpets. This has proved successful as they cannot be moved and/or disconnected if residents do not like them - a monitor displays room numbers if sensors have been activated.

The kitchen was clean and tidy, and the team noted that the Environmental Health Officer (EHO) had awarded a 5-star rating. A cook spends 3 or 4 days at this home and also attends the associated home (Arran Manor) At other times, there is a regular agency cook for two days and the last day is covered by a member of staff who covers in whatever capacity is needed. Evening meals are all part prepared before the cook goes off duty at 2.00pm. Menus are displayed in the dining room along with the EHO rating; menus are turned around four weekly. All diets can be catered for along with a puréed option.

The laundry comprised one washing machine and one tumble dryer which appeared to be adequate for the needs of the home, if a little crowded. All residents were clean and appropriately dressed. The team spoke to several of the residents, and all appeared to be happy. One visitor we spoke to was very happy with the care provided.

It was noted that all residents were in the lounge when the visit took place and that there was music playing. The team were told that there is a drinks schedule which is followed strictly; on safety grounds, residents were discouraged from pouring their own drinks at other times but staff were on hand to provide drinks when needed.

Most residents were reading or dozing, with no organised activities taking place at the time of the visit. The team were

advised that, although there is a timetable for activities, the most popular activity is Bingo and residents were often reluctant to try other kinds of amusement. Communal TV viewing is confined to evenings although residents may choose to watch TV in their rooms at other times if they wish to do so (the size of the home makes it impracticable to provide more than one communal TV). Activities are provided by care staff.

The staff undertook activities with the residents and an activity chart was available, they only ever wanted to play Bingo. The team felt that more encouragement to use other activities could be given, with the staff suggesting stimulating alternatives.

The home has a large garden which is divided into two. The larger side is for residents and the second contains a shed for the maintenance assistant and a further shed for supplies and COSHH storage. The supplies shed was locked when the visit took place but the maintenance shed was open and appeared a little disorganised. The clinical waste bin was stored in this garden. The Manager advised that she experienced some difficulties in getting waste picked up but the reasons for this were not clear, particularly as general waste collections must be paid for.

In the residents' garden there was a paved area with tables and chairs where residents could sit in good weather if they wished to do so. The remainder of the garden was dominated by a large water feature (a life-sized elephant), which we were told was currently being re-wired as the cables had been chewed by rodents.

The maintenance assistant (who is shared with the associated home) is responsible for checking water temperature etc. and

for carrying out day-to-day repairs. It was noted that, although he lives elsewhere, he will always attend promptly in an emergency. The owners of the property were very supportive, and the team noted that tidying up the grounds was now underway.

Residents' views

All residents (and relatives present at the time) seen by the team were happy with the home.

Conclusions

The team felt that, overall, the home had a cosy, homely atmosphere. Summing up, this was a very enjoyable visit, and all residents were being looked after and cared for appropriately.

Acknowledgments

We would like to thank everyone at Ashling House for their assistance with this visit.

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.

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.

Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there is no ongoing commitment.

To find out more, visit our website at

<https://www.healthwatchhavering.co.uk/advice-and-information/2022-06-06/our-friends-network-archive>



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