



Enter & View
Barleycroft Care Home
Spring Gardens
Romford RM7 9LD
Monday, 25 January 2016

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. 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.

This was the third visit by HH to Barleycroft, which was previously visited in March and September 2014.

About the home:

The team arrived at the home at 2pm and were met by the Manager and the Operations Director.

The team advised that the Manager had been in office for 4 months but his Registration as Manager had been delayed. There was also a Deputy Manager; both were contactable by telephone at all times and one of them was expected to be on the premises for some part of each weekend.

The home can accommodate up to 80 residents although there were fewer - 56 - at the time of the visit. Accommodation is provided over three floors: the ground floor accommodates 30 elderly residential care beds; the first floor - 30 beds for the elderly, mentally infirm (EMI); and the second floor - 20 EMI nursing beds. At the time of the visit, 23 residents had been diagnosed with dementia.

Staffing is provided over 12 hour shifts:

Ground floor - **days:** 1 senior carer, 3 carers; **nights:** 3 carers

1st Floor - **days:** 1 nurse, 5 carers; **nights:** 1 nurse, 2 carers;

2nd floor - **days:** 1 nurse, 3 carers; **nights:** 1 nurse, 3 carers

Additionally, there are 2 chefs and 3 kitchen assistants, 1 Housekeeper, 1 FT domestic assistant on each floor, 1 maintenance assistant, 1 administrator and 1 FT activities co-ordinator.

The team was not advised how many hours-equivalent care staff vacancies there were but were advised that only 36 hours were currently being provided by an agency. It was hoped to recruit to this and 1 PT activities assistant (20 hours) post in the near future.

In response to a question about handover between shifts, it was reported that notes are made throughout each shift to provide the basis for handover between day and night shifts and these were carried during the overlap period. Meetings were also held during the day with all relevant staff. A communication book is kept in which all relevant information is available.

Training is given via a mixture of face-to-face and e-learning. This includes all mandatory training, DoLs, Dementia, prevention of pressure ulcers. Currently one member of staff holds a Train the Trainer

certificate for Moving and Handling and a second is undertaking a First Aid course so that this can be provided in-house. The team was particularly pleased to note that two members of staff were undertaking Gold Standard training via St. Francis' Hospice.

There is a whistle-blowing policy. Staff may contact a senior member of staff, a manager and, if still concerned, the local authority or the CQC.

Maintenance contracts are in place for all usual services - gas, hoists, lifts, electricity, water. PAT. The maintenance assistant carries out weekly checks on call bells and water temperatures.

Services for residents

All residents are assessed pre-admission and assessments are reviewed on a monthly basis. Medication and care plans are reviewed on a monthly basis or more regularly when it is deemed necessary to reflect changing care needs. Medicines are reviewed on a 6-monthly basis by Boots, who provide the medication service and by the home's GP surgery, the Lynwood Medical Centre. A weekly surgery is undertaken. One resident is currently prescribed covert medication by the GP and a DoLs is in place for this resident.

Controlled drugs are kept in a dedicated cupboard, in a locked room. Administration of controlled drugs is carried out by 2 members of staff who have had appropriate training. Stocks are checked at each shift change.

There are currently 2 residents on Warfarin and this is checked according to the individual's protocol by the pharmacy and adjusted as necessary.

The only residents who are bedfast are accommodated on the top floor and each has a turning chart. Residents are checked/turned on a 2-hourly basis and during the night.

All falls are reviewed by the Manager, who is analysing data in order to try to reduce the incidence. Should a resident have more than 2 falls, a referral would be made to the Falls Clinic.

Blood and diabetic checks are carried out by the GP practice.

Additional services are provided as follows:

Physiotherapy - via GP referral

Optical service - via Vision Call on a regular basis

Dentist - as and when necessary

Chiropody - every 6 weeks

Hairdresser - weekly

In response to a question about availability of showers/bathing, the team advised that all residents were showered/bathed at least weekly and more frequently if required.

Residents are weighed on a monthly basis or more frequently if there are concerns about weight loss/gain.

The home does not currently have any pets although some residents have had budgies in the past. Families/friends are encouraged to bring in dogs.

The Activities co-ordinator helps to offer a variety of activities - picnics, book reading, hand massage, trips out - the home shares the use of a mini-bus with a sister home in Newham. Every effort is made to encourage residents in activities as much as possible, including armchair exercises. There were collages made by residents on display and there was also an alcove decorated to represent a beach. Additionally, there was an old-fashioned sweet shop and a black and white projector.

Staff meetings are held every 2 months and Resident/Relatives/Friends meetings are held every 2/3 months.

There is a separate signing-in book for visitors.

There are no set visiting times but meal times are protected.

Observations

The entrance to the home was clean and tidy. There were a number of notices, including information about the manager on duty. There were no unpleasant smells.

All residents seen appeared to be appropriately dressed and all residents who were in bed at the time of the visit were able to reach their call bells.

All store rooms were locked and case notes were appropriately stored. There were jugs of drink available in lounges and most residents had drinks on nearby tables. There did not, however, appear to be any snacks available.

All areas visited appeared to be clean and tidy. Toilets and bathrooms checked were all in order and the team pleased to note the installation of red toilet seats to toilets in the EMI units. There were charts to record water temperatures in most bathrooms.

Most staff were wearing uniform but no staff were wearing identity badges. There were menus displayed on tables in the dining rooms on each floor. It was noted that, on the day, there appeared to be little choice of vegetables.

The garden area was enclosed but looked very neglected, even taking into account the time of year, and there was little garden furniture.

The kitchen was clean and tidy and displayed a 5-star certificate from the Environmental Health Officer. Fridge and freezers were clean and tidy but did not seem to have large amounts of food. The kitchen store was well organized, as was the COSHH cupboard, which was situated outside the kitchen and which was locked.

The laundry was situated in the attic. Its location meant that it was not possible for there to be separate “clean” and “dirty” entrances; inside,

however, the “clean” and “dirty” areas were separated and the area was well organised. There was a rotary iron and domestic iron and ironing board.

Over all, the décor was good with murals and other decorations on some corridor walls. There was however little, if any, contrast between wall colours and door frames. Carpets on the first floor were worn but not dangerous. The team was advised that these were to be replaced shortly.

Staff generally seemed to be happy and confirmed that they were able to undertake training during working via a PC in the admin office or could access via their phones outside of work.

The team spoke to a number of residents and their visitors and most were satisfied with the standard of care provided and with the catering etc.

One visitor brought to our attention a recent incident with a power surge, which had led to the failure of the call system and the gas supply in the kitchen over a 24hour period. This impinged considerably on the ability of catering staff to provide an appropriate meal service to residents but was mitigated, in part, by the presence of a microwave and an electrically-powered deep fat fryer. The view was expressed to the team that there had been insufficient staff to deal with this situation. It was also alleged that, over the Christmas period, a senior member of staff had said that he would be going off duty on time that evening regardless of whether his counterpart had arrived or not as he had somewhere to go, and had duly done so.

Conclusions

At the conclusion of the visit, the team met again with the Manager and the Operations Director to discuss, in particular, the power surge incident at the previous weekend.

The Operations Director expressed the opinion that individual who had told the team of the incident and its aftermath was often critical of the

home. However, the team felt that, as the resident for whom he cared had been at the home for some years, he must be generally satisfied with her care and that his comments deserved to be taken seriously. It was confirmed that the problem with the gas was confined to the kitchen (the gas central heating resumed following the initial problem) and appeared to have been mechanical rather than gas supply-related, which should have been resolved more swiftly. While Healthwatch accepts that occasional mechanical failures are unavoidable, the team felt that a more proactive response is necessary; people cannot be on stand-by “just in case” but robust arrangements need to be in place to address such incidents when they occur without avoidable delay.

Recommendations

That:

- Consideration be given to ensuring that the response time to breakdown of critical equipment (such as catering appliances and central heating) is reduced to a maximum of four hours to ensure that residents’ diets and comfort do not suffer as a result of breakdowns such as occurred
- When re-decoration takes place, consideration be given to providing positive contrast between walls and door frames, as is recommended for residents with dementia
- Consideration be given to employing a gardener or contractor to re-design the gardens to ensure that they are well-kept and inviting to residents, with appropriate furnishings
- Staff be provided with suitable badges to enable residents to identify them by name.

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 [date] 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



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