

## Enter & View

# Barleycroft (Unannounced)

Spring Gardens  
Romford RM7 9LD

**31 July 2019 and  
15 January 2020**



## 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?

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.

One of the most rewarding things about Enter and View is that it enables Healthwatch to work positively on behalf of residents, families and carers with Care and Nursing homes in the Borough. The approach has been, and will always be, to help organisations that work on behalf of residents to be as good as they can be.

Following the visit in July 2019, concerns were raised honestly and openly with the home. Creditably, the home acknowledged this and set about bringing real and sustainable change to the environment and the care model for their residents and staff.

Six months later in January 2020 a further visit was undertaken. This report demonstrates clearly that the previous findings of Healthwatch volunteers have really helped to turn this service around, and progress has been tangible and evidential.

## 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:	80
Current number accommodated:	73
Number of care staff employed:	65
Number of management staff employed:	6
Number of support/admin/maintenance/activities staff employed:	5
Number of visitors per week:	200+
Number of care/nursing staff spoken to during the visit:	3

Number of management/admin/reception staff spoken to during the visit:	2
Number of residents or relatives spoken to during the visit:	4

### The visit, 31 July 2019

When the team carried out an unannounced visit to Barleycroft in July 2019, they observed conditions that were, frankly, disappointing. The exterior of the building was untidy, security appeared lax, and the overall appearance of the interior was of neglect. Residents spoken to in the course of the visit were uncomplimentary and staff to whom the team spoke appeared unmotivated and inadequately trained.

The team put forward several recommendations for improvement.

The formal report of that visit was, in accordance with standard practice, shared with the home's management, who acknowledged that the team's observations had been accurate but urged that a further visit be carried out as, since that visit, numerous improvements had been made and they were now confident that the home was much improved. The CQC had also rated the home as Good.

Accordingly, it was agreed that a further unannounced visit should be arranged - the home was notified in advance that a team would be visiting within a range of dates but not of the precise date and time of the visit.

### The visit, 15 January 2020

Upon arrival, the team were met by the home's proprietor's Area Manager, who introduced them to the home's Manager and Deputy Manager. Bearing in mind that the visit was unannounced, the team noted considerable activity in progress: windows were being cleaned and the dining rooms on both floors were being cleaned and mopped after breakfast service. A few carers were performing morning tea

rounds, and residents were participating in activities in the common rooms.

The team were pleased to note immediately that the flooring in the arrival area had been replaced with a laminated surface, which greatly improved the appearance of that area. They were told that the carpets throughout the building were being replaced, and when walking around they saw that improvement work was well underway, although much obviously remained to be done. A skip outside was full of old furniture.

At the time of the visit, there were 72 residents; the maximum the home could take was 80.

### Ground floor

Although furnishings, bedding, curtains etc on this floor remained in poor condition, the team was shown a bedroom that had been updated with new curtains and completed as an example. They were told this was an ongoing process.

The ground floor corridors had been repainted with a hessian colour at the top of the walls and yellow at the bottom. Along with the new flooring, this gave a much more pleasant look. The team considered that the corridor would be further improved by the provision of pictures or other decorative features and residents' names on room doors.

The dining room had a pleasant appearance, with red checked tablecloths, but still needed a big update and redecorating. The satellite kitchen floor was dirty and in need of refurbishment, hopefully to be carried when the dining room is improved. At the time of the visit, residents had two menu choices but the manager told the team that it was intended to increase the range of food on offer in due course. Residents were awoken at 7.30am in time for breakfast at 8.30am. Some residents needed assistance with feeding.

The team were pleased to see an activities co-ordinator working with residents, which was a considerable improvement since previous visits.

The flooring had been replaced in this lounge, but furnishings remained to be updated. A new large TV had been installed and a smart speaker had also been installed, so different music could be played and heard. The team understood that the quiet lounge was not used, but the larger one that was in use could become crowded with not much room for residents or staff to manoeuvre.

One toilet/bathroom was full of junk, but the other one was fully working. The team were disappointed to observe that, although need for repair had been noted and reported during the July visit, a faulty extractor fan still had not been repaired or replaced; in addition, three fire extinguishers were noted hanging from the walls. At the conclusion of the visit, the team drew these issues to the Manager's attention, urging that they receive attention.

The garden was tidy, with decking and some seating.

The team managed to speak to six members of staff, most of whom had been working at the home for some years (one staff member was unable to speak English fluently). Training was completed as and when required, on a one to one basis or by online learning at the home.

The team also spoke to two residents, who were very happy with their care, and to two visitors, who were happy with the care being given to their relatives. The residents told the team that they were given as much food as they could eat.

### Upper floors

The team observed that the home had been considerably updated since the July visit. All of the rooms and corridors on the first and second floor seen by the team also had laminated flooring of good standard. The corridors had all been painted and the bottom half of the walls were now a brighter pale yellow.

The communal room on the first floor has been decorated and a large TV had been installed. An activities co-ordinator helping residents to paint at the time of visit.

The rooms that we looked in were very tidy and clean, with bed linen of a good standard, with residents' personal items evident. The correct supporting equipment was available for residents who needed propping up.

All staff we spoke to said they enjoyed working at the home. More staff were now employed and staff tended to residents in their rooms in pairs.

The team spoke to the head housekeeper, who was new in post. She had previously been a carer at the home for some time and was enjoying her new position and working at the home and was happy to step in as a carer when needed.

The team visited the dining room and kitchens, which were very clean. The kitchens had been fitted with new white goods.

The team was able to speak to two relatives of residents. The first was generally happy with the care his wife received and said that most of the carers were very attentive and caring. He had seen a lot of improvements in the last six months. The other relative's mother had been at the home for five years; she had noticed improvements in the last few months and said that, at one time it had been embarrassing to bring other relatives to visit her mother in the home, but was now happy that her mother was being cared for properly. Both relatives expressed the view that the Manager was more receptive to comment.

## Conclusion

Overall, the team were impressed with the improvements made at the home since the July visit. They did not feel it necessary to offer recommendations but agreed that a further visit be undertaken later in the year to review progress.



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 unannounced visits on 31 July 2019 and 15 January 2020, 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.

### Friends Network

Participation in the Healthwatch Havering Friends Network is open to every citizen and organisation that lives or operates within the London Borough of Havering. The Friends Network enables its members to be kept informed of developments in the health and social care system in Havering, to find out about Healthwatch activities and to participate in surveys and events

### Interested? Want to know more?



Call us on **01708 303 300**

email [enquiries@healthwatchhavering.co.uk](mailto:enquiries@healthwatchhavering.co.uk)



Find us on Twitter at @HWHavering

twitter

To join the Healthwatch Havering Friends Network,  
[click here](#) or contact us as above



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