

Enter & View

Cranham Court Nursing Home

435 St Mary's Lane
Upminster RM14 3NU

16 January 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.

The Premises

Cranham Court Nursing Home is a large house, set in 11 acres of gardens, almost a parkland setting, which afford most of the rooms good views of countryside. The Home is in two parts: an extended large house and a purpose-built separate wing called Woodlands, which accommodates the dementia unit and has en-suite bedrooms, all of good size, plus a Nurse's room and a treatment room which houses all the drugs in a locked cupboard.

In Woodlands, the accommodation is over 2 floors with a lift, with 13 rooms downstairs and 12 upstairs, half of which are intended for residents living with dementia and the rest available for residents generally. 16 double bedrooms are being used for single occupancy.

There are bathrooms and even a wet room at various points in both buildings, which appeared to be clean and good working order. Residents can choose between baths and showers - baths once a week and showers twice a week or more often if requested.

Residents may provide their own TVs in their rooms; there are large TVs in the lounges.

The corridors are all painted cream and a deep pink; although room doors in the dementia unit are painted in different colours, the team found it difficult to identify other individual rooms as most doors looked the same. Good practice suggests that all residents' room doors should be differentiated, and corridors painted in a colourful way to

enable residents, particularly those living with dementia, to find their way around more easily.

The whole premises were clean and well decorated. A painter was working in a corridor in Woodlands. There were no unpleasant odours. The floor covering is a mixture of carpet and wood.

There is a caged lovebird, which was donated, in the main sitting room.

There are 2 FT and 1 PT laundry staff. At the time of the visit, all the washing machines and dryers were in operation and there were rows of boxes containing people's clothes. The staff advised that correct temperatures are observed. Labelling of clothes is the responsibility of the resident's family.

As the home is large, it is not practicable to celebrate special occasions (such as birthdays).

Care

Residents in Woodlands have a named carer. The call bells were obvious and easily reached.

The 3 RGNs are responsible for the medication rounds, 4 per day. The morning round takes 2 hours and they have the assistance of a care assistant to ensure medication is taken. They do not wear tabards. All medications are kept under lock and key in a locked room. The GP, who is based in Cranham nearby, attends once a week or as necessary. There is no problem with bed sores or ulcers. At the time of the visit some residents had chest infections (at a time when such infections were rife across the country).

Care Plans, Medication and risk assessments are reviewed on a monthly basis unless there is an incident which indicates more frequent review is required. Quality issues are discussed with relatives (presumably when they visit!) and a monthly audit is also carried out by the matron.

Although the team were advised that Provider Monitoring Reports take place on a monthly basis, it was not clear who carries them out.

Hand sanitisers were in evidence and a colour coded system was in operation to ensure efficient infection control.

The team were told that in the event of a resident having a fall, he/she would be examined by the nurse on duty before being moved. Unless there was a head injury or clear bone injury the 999 service would be used if it was felt hospital treatment might be necessary.

Each unit within the home has a dedicated treatment area where medication is stored in an appropriate fashion. Controlled drugs are handed over at each shift change and weekly checks are undertaken. Some residents in the dementia unit have covert medication and this is approved by the GP and the Pharmacist. No residents administer their own medication. Two residents attend hospital on a regular basis for a warfarin check and five other have their bloods taken on site.

There are regular visits by an optician dentist and chiropodist but Physiotherapy can only be accessed via the GP. A hairdresser attends weekly.

Residents are usually weighed monthly but more frequently if there are concerns when a dietitian may be consulted. Some residents are on soft or pureed diets.

A number of residents require regular turning and charts are kept, ensuring that records can be monitored. At the time of the visit, there was one resident with a pressure sore and one with leg ulcers; the Tissue Viability Nurses are involved with their care.

The Manager confirmed that residents and families are involved with decision making.

The team were advised that hospital discharges often take place late in the evening despite there being a cut-off point. There was a major issue with medication, which often did not arrive with the resident and

there then followed a battle with the hospital pharmacy to ensure that they were sent out in a timely manner.

The team observed lunch being served: the food smelled and looked good and groups of residents were eating at small tables together, a few with assistance.

The kitchen was well equipped. Drinks and snacks are available outside mealtimes. On the day of the visit, there were 4 options for the evening meal.

The team was told that 15 residents are subject to Deprivation of Liberty Safeguards.

Staff

The owner/manager is herself a nurse and has been at the home since 1982. She is supported by a senior nurse who has been at the home since 1991. At the time of the visit, the Nurse in charge was an RGN wearing the appropriate uniform, who had specialist qualifications in Dementia and was also a Dementia Champion. The RGN works 7am-8pm; a night sister works 8pm-7am. Part-time staff work 7am-2pm and 2pm-8pm. During the day, three nurses are on duty, with two at nights. Partly as a result of its location (not least a lack of convenient public transport), the home is reliant on agency staff who are, however, in regular attendance; a large banner at the main gate advertises for staff.

Two Activities Co-ordinators work for two and a half hours each every afternoon; at the time of the visit, the co-ordinator on duty was reading a memory book with a small group of residents. Activities are restricted, owing to the incapacity of residents, but she showed the team a scrap-book of photos of activities they had undertaken at Christmas in which residents had been fully engaged. In summer, small parties are held in the garden as Cranham Court is outside of town and not too well connected. Most residents are registered for the Dial-a-

Ride service: residents never go out alone but are able to go out with family or friends. An effort is being made to paint each door a different bright colour in Woodlands.

Writing Life Stories is proving difficult for the Activity Co-ordinators as they need family involvement for those residents who are living with dementia.

Staff meetings are held on a monthly basis but arrangements to meet with family and friends have been less than successful.

Most training is by e-learning. Staff are appraised once a year by the Manager. Staff are trained in fire precautions, manual handling, palliative care and End of Life Care.

Four domestic staff are on duty each day, two laundry staff and one chef, supported by two assistants.

There are also two maintenance assistants who manage the gardens and day to day maintenance issues.

Residents' views

There was a good atmosphere in the Home and the team spoke to 10 residents and two visitors, one of whom had brought the family dog in on a lead and did so regularly. All were satisfied with the care and attention, the food and drinks available and said that staff would come when needed. All residents were well-dressed and well-groomed and were chatting to one another. Residents said that they enjoy the lovely views from their rooms and felt safe.

Recommendations

Although the home is well-decorated, consideration should be given to providing more variation in the decor to help it be more user-friendly, so people can find their way around the home. It is considered good practice in homes accommodating people who live with dementia to

ensure there are contrasting colours in corridors and doors to reduce the possibility of people becoming confused by their surroundings.

In addition, the residents who are frail and cannot get out might find it stimulating to be able to listen to more music. It might be beneficial for the management to explore with the nearby Coopers' Company and Coborn School whether student choirs or musical groups could visit the home from time to time.

Finally, the home may wish to consider whether changing the morning shift start time to 8am would improve the possibility of staff recruitment by enabling a maintenance assistant to provide a shuttle service to collect staff from the town centre or railway station.

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 16 January 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

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Find us on Twitter at @HWHavering



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