

Enter & View Abbcross Nursing Home, Brentwood Road, Romford

2 June 2015



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 <u>your</u> 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.

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.

About the home:

The team arrived at the home at 10.45 and were welcomed by the Manager.

The entrance hall was small but appeared welcoming and there were no unpleasant smells.

The home is registered for 28 beds provided on 3 floors, but two are provided in a shared room, which is only used for couples. There are currently 22 residents, 3 of whom have a diagnosis of dementia. When asked, the manager said that they did not have any residents with challenging behaviour.



All rooms, except one, have an ensuite toilet and washbasin. The team was told that the excepted room lacked this facility because the incumbent resident had not wished to move out while the work was carried out but it was intended that this should be redressed at the first opportunity.

Staffing

A.M. 1 nurse and 5 care staff

P.M. 1 nurse and 4 care staff

Night 1 nurse and 2 care staff

Additionally there is 1 domestic assistant, 1 laundress, a cook, an activities co-ordinator and a part time maintenance assistant/gardener. Hours for these staff are variable subject to the needs of the service. All staff were wearing uniforms but were not wearing name badges. The team felt that it was important that staff be identified: name badges are inexpensive but allow residents and relatives to know whom they are dealing with.

It was noted that the home has a minibus to take residents out and the manager explained that this had been transferred from the sister home, Upminster Nursing Home, as it was felt that the residents of Abbcross would make better use of it. It was intended to put this to good use when the weather was better.

Training

All staff have received training in Mental Capacity and DoLs. This was provided by Focus whose staff are all former CQC employees. Training in all statutory requirements has also been carried out, with some staff having undertaken training in dealing with challenging behaviour. Nursing staff carry out risk assessments. A problem had arisen with training for naso-gastric



feeding but the manager had as yet been unable to identify anyone willing to provide training to the home nurses on the cleaning and re-positioning of the tube. This was currently being carried out by specialist nurses from Queen's Hospital. It was suggested that a better response might be obtained from contacting the Chief Executive of Queen's Hospital, whose details were given to the manager; alternatively, the North East London Foundation Trust (NELFT) might be able to assist.

Health and wellbeing

There are regular visits from a dentist (whose surgery also provides training in oral hygiene), optician and chiropodist. A hairdresser attends weekly and is willing to attend at other times if required for special occasions. Physiotherapy can only be accessed following referral by the GP.

When questioned about comments made by the CQC, the manager advised that training and work was ongoing to improve the standards of record keeping. Medication is the subject of monthly audits carried out by the CCG pharmacist. There are no residents currently on warfarin. Most residents in the home are registered with the Billet Lane Surgery and a doctor attends a weekly surgery.

Most residents use the lounge and its facilities where it was noted that the activities co-ordinator and a volunteer were playing a floor game with residents and were taking part in a sing along. Some residents prefer to remain in their rooms and those residents are checked on a regular hourly basis.

When asked about the quality of discharges, the Manager said that there had been no problems and that there were few incidents of residents being discharged with pressure sores. When this did happen, the support of the Tissue Viability service was requested.



When asked about the incidence of meetings with relatives, the Managers explained that, despite trying various ways of encouraging relatives/friends to attend meetings, the take-up had been very low. She had therefore been making contact via e-mail as far as possible. Staff meetings had also proved difficult due to the lack of a proper facility in which to hold them. This had now been resolved by hiring a room in the dance school premises next door.

In response to a question, the Manager advised that residents were weighed each month, or more often if there were any particular concerns about a resident. Residents' religious needs were partially met by a monthly non-denominational service. If residents wished to attend church, arrangements would be made for this.

Facilities

The gardens where the home's pets - three chickens - were housed were well laid out and maintained. It was pleasing to note that the paths were created with non-slip material and there were raised beds where residents could carry out gardening if they wished. There was some seating and a gazebo to protect them from the sun.

The home was clean and tidy but many of the walls were painted magnolia. The team felt that the lack of colour variation could disadvantage residents, particularly those with dementia.

The kitchen was well laid out and was spotless. The team observed the cook serving lunch and noted that food that was pureed looked appetizing. There was a good choice for residents. It was noted that the Environmental Health Officer (EHO) had awarded a 4 point "Score on the Door" to the kitchen and when asked why they had not achieved a 5 as the kitchen did not appear to



be failing in any way, it was reported that an out-of-date form had been in use at the time of the EHO visit. This had now been rectified.

The laundry service was provided in two places. One very small room housed two washing machines and very little space where the laundress could sort items. The tumble dryers and hanging/storage space were located across the car park in a separate building. The maintenance assistant had managed to provide hanging space and shelving appropriate to the volume of work. However, the team felt that this arrangement was less than satisfactory with the laundry staff having to carry wet washing across the car park to be dried and ironed and then returning it to the main building for distribution. This arrangement also meant that the laundress was required to transfer laundered items across to the main building in inclement weather which was less than ideal.

It was noted that an evacuation chair was blocked in by equipment and advised that this should be rectified.

The residents to whom the team spoke were very happy with the care provided and they were pleased to note that the widow of a former resident came in to present the staff with a beautiful flower arrangement and a donation in gratitude for what she described as the excellent care afforded to her husband whilst in the home's care during his last weeks. The members of the team felt that the home appeared to be very caring.

Recommendations

• That the Manager approach the Chief Executives of Queens Hospital and North East London Foundation Trust (NELFT) for help in resolving the issue of the care and maintenance of naso-gastric feed tubes.



- That, when redecorating, consideration be given to a variety of colour schemes rather than magnolia alone. This is particularly recommended when caring for residents with dementia.
- That serious consideration be given to re-designing the present laundry facilities to provide them in one area that meets with recommendation in regard to clean and dirty areas.
- That consideration be given to providing name badges for all staff.
- That arrangements be made to ensure that the evacuation chair is not blocked in by equipment.

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 2 June 2015 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:

<u>Members</u>

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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