

# Enter & View

# Freshfields

265 Corbets Tey Road, Upminster, RM14 2BN

23 October 2019



## 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.

### Key facts

The following table sets out some key facts about Freshfields. 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:	34
Current number accommodated:	34
Number of care staff employed:	48
Number of management staff employed:	4
Number of support/admin/maintenance/activities staff employed:	6
Number of visitors per week:	14 approx
Number of care/nursing staff spoken to during the visit:	28
Number of management/admin/reception staff spoken to during the visit:	4
Number of residents spoken to during the visit:	4

### The Premises

Freshfields is a converted property with various extensions. Entrance Security is in place with keypads being used. The team's first impressions were that the home smelt pleasant and there was a nice atmosphere. The home was brightly decorated and clean.

The garden appeared very safe and accessible.

Recent photographs of the staff were displayed in the hallway at the entrance.

## Staff

The registered Manager had been in post for 16 years and her Deputy had been at the home for 11 years. The registered Manager was available 7 days a week and a senior carer was always on duty in the morning and afternoon.

The Managers regularly attended training courses, and in turn trained the other staff in a dedicated training room. The staff training and courses were all displayed on a notice board, and the team were told that staff would be paid for the time spent on training. Staff also bring Red Crier training sessions to the home and were expected to achieve an 80% pass mark.

A night inspection had been carried out by the manager two weeks before the team's visit.

All staff were long term employees and had been trained in mandatory aspects of care and safety for residents.

Additional training included food hygiene and infection control, with a yearly audit for all staff training.

In all, 48 part time staff were employed at the home, working shifts as follows:

7am - 2pm, 2pm - 9pm, 8am - 3pm.

7pm -11pm to support night staff. (Residents can go to bed when they want and eat when they want)

7 staff during day - 2 waking staff on at night plus a manager on call.

An agency is not used for staff cover. Staff do not wear a uniform or have name badges.

There were also 3 kitchen staff - of whom one was on annual leave at the time of the visit; 1 gardener and 2 maintenance staff; and 1 activity co-ordinator.

2 people from the Havering Rose project came to the home at the weekend to assist chef and washing and ironing of clothes and a 17-year-old volunteer organised activities at the weekend for residents.

## Care

34 residents were residing on the day of visit, of whom half were living with the early stages of dementia; three residents were subject to Deprivation of Liberty Safeguards (DoLS).

Palliative care was provided for permanent residents - there were two receiving at the time of the visit - but the home does not have the facilities to offer it for respite care.

The home has support from local GP, district nurse and pharmacy.

The GP attended every Thursday or as required, and the 999 and 111 service were rarely used, only in a case of extreme emergency. The Deputy Manager assessed falls patients and

determines if hospital treatment was necessary. There was a procedure in place for review, outcome, hazard and reason for the falls, which were all recorded in detail, and monitoring mats were used.

A dentist from South Hornchurch Clinic attended annually or as required. The chiropodist visited every 6 - 8 weeks. The tissue viability nurse was available as and when needed. An optician visited annually.

Physiotherapy would be arranged after hospital discharge if required. The hearing aids of residents who had hearing difficulties were checked weekly.

The home does not have a defibrillator, but CPR had been performed successfully by the manager.

Residents were not allocated named carers as the view was taken that all residents should be familiar with all staff.

All relatives and residents are involved with significant decisions. An average of 14 visitors a week visited the home. Families and friends were encouraged to attend events and parties etc.

No residents were on a pureed diet at time of visit, but many residents needed attention and help at mealtimes.

Nutrition and food charts were used if necessary. High calorie food and fresh fruit was a daily part of the menu. At the time of visit, one resident's food and fluid intake was being monitored.

Residents were weighed monthly.

Menus available to view on notice board in advance.

Baths or showers were taken according to each resident's preference, although they were encouraged to bathe or shower at least once a week so that staff could monitor skin viability. One resident was receiving weekly attention from the district nurse.

### Medication

Drugs were kept in secure storage. Two residents were on warfarin and checked regularly, and one resident was on covert medication. One member of staff wearing a do not disturb tabard was responsible for dispensing medication at the appropriate times.

Care plans were reviewed at six month intervals, and monthly if necessary.

### Discharge from hospital

As found with other homes, discharge from hospital posed problems. This home would not accept residents discharged after 6pm and preferred to visit them in hospital before being discharged. Discharge letters were not always returned with the resident and the home then needed to contact the hospital to find out the future treatment needs.

Over prescribing of medications "to take away" (TTAs) was seen as an unnecessary waste, as the home generally had sufficient supplies.

The Manager stated that the registering of DoLS with the local authority was still a tardy process.

## Activities

A newly appointed activities co-ordinator was in post, working 9.30am-12.30pm Monday to Friday. Weekend activities included quizzes, Yoga and visiting singers. Activities available included flower arranging, twiddle cushions, painting and other art activities.

The home had a pet cat and dog, which the residents found comforting.

Placards and twiddle cushions were used for residents living with dementia.

The home had a quiet room where TV and radio are not available until 6pm. The communal room had an active atmosphere.

The religious needs of residents were fully catered for, either by regular services in the home or by attendance at church etc.

Residents were able to go out unaccompanied where they had capacity to do so.

Residents, rooms were numbered, and residents had personal pictures etc in them. All call bells were in reach and working. Bathrooms and toilets were very clean and tap temperatures were checked weekly and before bathing.

The residents seen by the team all appeared clean and groomed and told the team that they felt safe and that their dignity was respected.

## Conclusion

The members of the team were very impressed with the home and the overall presentation and dedication of the staff. **The team did not wish to make any recommendations as a result of this visit.**

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 23 October 2019 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**



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



Find us on Twitter at **@HWHavering**



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