

# **Enter & View**

## **Cherry Tree and The Farmhouse (Formerly the Lilliputs Complex) (Fourth visit)**

Wingletye Lane, Hornchurch, Essex, RM11 3BL

4 October 2024



## 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?

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 voice, 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*

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## 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.

## Introduction

Cherry Tree and The Farmhouse are co-located on a site just off Wingletye Lane in Hornchurch. Together with The Paddocks, they are care homes that offer residential care for people aged under 65 who are living with learning disabilities; they share the site with a Day Centre and a children's unit (both outside the remit of Healthwatch).

The facilities were formerly known as the Lilliputs complex (the whole site was once part of a farm known as Lilliputs) but, since the current providers, R G Care Ltd, took them over, they are treated as individual units rather than as a complex. The three homes are individually registered with the Care Quality Commission (CQC); however, for ease of reference, we have prepared a single report referring to both Cherry Tree and The Farmhouse.

The site is located in a semi-rural area within the Ingrebourne Valley, between the built-up areas of Hornchurch and Upminster, on former farmland. Residents are accommodated from a wide geographical area, across London and South East England.

Although each Unit is registered separately, Healthwatch regards the site as a single entity for the purposes of Enter and View visits.

HWH has visited the site on several previous occasions, both formally and informally.

This report relates to visits undertaken by teams from Healthwatch Havering on 4 October 2024. The two homes were visited by different teams.

It was not possible for our teams to visit The Paddocks on this occasion but a visit there will be arranged in due course and will be the subject of a further report.

## Cherry Tree

The team were made very welcome by staff. They were told that the CQC had carried out an inspection two weeks before the team's visit, the result of which was awaited.

The team were welcomed by the manager; walking into her office, they were pleasantly surprised to see how clean, and welcoming the home now was. Much had clearly changed since the last visit: the team complimented all concerned as the home had been freshly decorated, with numerous photos, pictures drawn by residents and graphical instructions for them to accomplish and follow during their normal day. All in all, the home's appearance far exceeded the team's expectations and it supported the feeling that the home was looking after its six residents, keeping them safe and well-supported.

The Manager had been working at the site for some time (initially as Deputy Manager then, following a spell at one of the other facilities on the site, returning as Manager two and half years ago), and had two deputies, who take over when required. The six residents are all men aged between 25 and 41 and have an allotted carer (key worker) with them always. Staffing levels are excellent, with 36 staff, including 5 bank staff. Eighty applicants applied for the jobs! The day shifts operate between 7am and 9.30pm and

the night shift operates from 9.30pm to 7am, with handovers at the ends of the shifts.

All residents are subject to Deprivation of Liberty Safeguards (DoLs). One further resident could be accommodated if need be. Residents have a range of disabilities, including cerebral palsy, autism, epilepsy and anxiety; five residents are non-verbal. Staff use Makaton sign language to communicate with residents.

On the day of the visit, three of the residents were out for the day with their Carers.

The team were able to get a good insight into how much residents are encouraged to look after themselves. Their bedrooms were decorated to each resident's taste - after all it is their home. One resident's room is padded.

Residents were involved with cleaning their rooms, doing washing and cooking with a choice of food made when shopping is done with them three times a week. The kitchen presented a very nice environment, with its facilities labelled to encourage and help residents. There are two meal choices every day and pictures are used when shopping to help residents make the right choices; Halal and gluten-free diets are accommodated. Nutrition and hydration are well monitored and residents are weighed once a month.



Staff training is completed online and face to face. All new staff have a two-week induction. The team spoke to several members of staff, who said that they loved the job and had worked at the home for a long while, and were happy with the training and support they got.

Medical emergencies and individual incidents were dealt with appropriately by staff. The team were told of an incident earlier in the year when a resident had to be taken by staff to Queen's Hospital to be checked following an incident; they had waited a total of 11 hours to see a doctor, despite the resident having a hospital passport, which the team found surprising as the resident ought to have been accorded priority.

Care plans are reviewed monthly, and medication is stored appropriately in locked cupboards etc. The residents themselves are very good at remembering how and when to take it. Eight staff are trained to administer medications and some residents are medicated covertly. The staff reported that the assigned GP practice and the pharmacy that is used are involved with the home and supportive, with an annual audit carried out by both.

Residents' hair is cut at a local barber, which closes to other customers when they attend. Dental care is provided by a practice in South Hornchurch and optical care is arranged as necessary. and as far as we can see every

personal thing is covered. A choice of baths, showers and even a jacuzzi is available with temperature controls.

Staff meetings are held every month, with a larger “get together” every six months. A whistleblowing policy is in force and is escalated if necessary. Not all families are involved, but those who visit regularly get involved with quality issues etc. Lots of activities are available, swimming, gym, etc. The back garden has a very high fence in place and swings and games are played, with barbeques in the summer. The residents can choose how they want to celebrate their birthdays with much fun here. We saw evidence of this.

There is a maintenance man on site. The night staff clean the complex, with residents doing their own rooms under supervision.

Summing up this visit, the team concluded that the residents have a lovely home and should be very proud of the way they help look after themselves. The encouragement by staff is second to none. All in all, the team felt that it had been a very positive visit. They did not wish to make any recommendations.

## **The Farmhouse**

The team were met by the site manager and unit manager. The unit manager had been in post for nearly a year, after a serious incident that had led to enquiries by the police and local authority, in consequence of which admissions had been restricted for some time and had only recently been partially relaxed.

The unit has places for seven residents but only five were accommodated at present. One of the residents was subject to 2 to 1 care due to challenging behaviour and three were subject to 1 to 1 care (which, effectively, meant that all residents had 1 to 1 care). All residents have been diagnosed as having learning difficulties, with one also having some physical disabilities. These requirements apply only during the daytime until 9.00p.m. as the residents all have regular sleeping patterns; thus an enhanced level of care is not required at night, so only three members of staff are on night duty. The staff team does not include a nurse.

Shift patterns are 14.5 hours during the day and 7.5 hours at night, thus providing for a half hour handover period. Absences are covered mainly by permanent or bank staff with the addition of regular agency staff (familiar with the home) when required.

The manager's office was well organised with shelves holding residents' details etc. and all other relevant documents, e.g. petty cash etc. Care plans are stored electronically with staff making entries on hand-held devices. Notices included rotas, training details, scheduled meetings etc. The team were advised that the

unit was currently undergoing redecoration and noted that everywhere was clean and bright. Some bedrooms had en-suite facilities but those that did not have were close to a full bathroom. There was no lift to the upper floor and that there were small slopes in corridors and an area of old block flooring, all of which might prove difficult for residents with mobility issues but the team were informed that the scope for change in the respect is limited as the house is a listed building. Secondary glazing had been installed due to the restrictions on altering the original building.

There were no unpleasant odours.

There was a large garden; at the time of the visit, four of the residents were using the garden, all of whom were being attended to by care staff. All were appropriately dressed and clean and appeared happy.

In one of the sitting rooms, the TV was switched on although there was no resident in the room, but one resident was sitting close to the door in the garden and had control of the remote device. Apparently, residents change the TV to their own preferred channel every time someone else changes it!

The team were impressed with the very large, comfortably furnished conservatory, which was equipped with air conditioning, but felt that this could be improved with the addition of window and ceiling blinds.

The manager advised that he, a deputy and one other member of staff provided cover for the unit, either in person or on an on-call basis. He clearly has a hands-on approach to his role, as several members staff approached him during the meeting and he had a good rapport with them. Training is mostly carried out on a face-to-face basis with external professional and head office staff involved, with some online tuition. Staff are paid for all training. All members of staff are subject to advanced DBS checks.

In response to a question about medical emergencies, the team were advised that there is currently no defibrillator on the premises although the purchase of one is anticipated. In the meantime such emergencies are referred to the 999 service.

Current residents are the subject of DoLs and relatives are encouraged to apply for Guardianship if they have not already done so. Where this is not possible, the relevant local authority is involved. Residents care plans are reviewed on a monthly basis or when there is any significant change.

Medication is supplied by a local pharmacy and is kept in the original packaging, stored in locked containers in residents' bedrooms. There is no requirement for controlled drugs at present. Three residents are covertly medicated, agreed in conjunction with the GP and an independent Mental Capacity Advocate, and which is deemed to be in the residents' best interest. Four residents are registered with a local GP practice;

the team were advised that this surgery gives an excellent service. The fifth resident has their own GP practice and there are no problems here also. Medication is reviewed on a six -monthly basis.

Access to physiotherapy, occupational therapy and other health related services is provided in conjunction with the local authority. An optician and chiropodist visit on a regular basis and a dentist will provide site visits, if necessary, but residents may be taken to the surgery. Hairdressing and barber services are arranged by residents' families.

Catering for the unit is provided in-house by care staff who order food on-line or by visiting local shops, with orders reflecting residents' wishes. Residents are given at least two choices of meal; one has Halal meals purchased on his behalf. The kitchen was spotlessly clean and all food in the fridge and freezer was appropriately labelled and dated. Nutrition/hydration is monitored by observation and recorded in care plans. No resident needs to be fed and only one resident has a special diet. The team noted visual information in the kitchen detailing snacks that are available for this resident as well as the regular menus. Residents are weighed at monthly intervals.

Staff meetings are held on a monthly basis and all staff are expected to attend, with their residents, when they are on duty. Meetings with families are held every three months and there is usually good attendance. The manager makes contact with

families on a two-weekly basis to update them on the general wellbeing of their relative.

The manager is able to deal with whistleblowing by staff/families but if this is not appropriate there is a QR code available which connects anyone to a director of the owning company.

Quality monitoring is carried out by the manager and by the local authority, and also by the site general manager on an ad hoc basis.

Cleaning and laundry services are carried out by care staff with the addition of a cleaner 3 days per week. The team were impressed by the overall cleanliness and tidiness of the premises. There was no evidence of scale build-up on any of the taps. At the time of the visit there was no build-up of laundry and each resident had their own laundry baskets for clean and dirty laundry. Each resident's laundry is laundered separately.

There is a site maintenance assistant who carries out all general maintenance and tests water temperatures on a weekly basis. There is also a site gardener who carries out all general garden duties to good effect.

Activities are led by the residents although there is a timetable of activities, which may or may not be followed. Additionally, residents may be taken out in the minibus or for a walk to the local shops/park or for picnics. The minibus is used on a regular basis and is sometimes used to take residents to more distant places – such as a zoo or the seaside.

Special occasions such as birthdays are celebrated with a party to which relatives are invited. The manager confirmed that most relatives visit on a regular basis.

None of the current residents practice a religion although Islamic music is played for the Muslim resident.

In response to a question about possible problems with hospital discharges, the team were told that this does not generally apply to this client group. However, the manager confirmed that he would be prepared to accept residents returning from hospital up to 9.00p.m.

The team spoke to a number of staff, all of whom said that they were happy and felt well supported to carry out their duties.

The team wish to make just one suggestion for improvement: that consideration be given to the installation of blinds in the conservatory.

## **Acknowledgments**

Healthwatch Havering thanks everyone at Cherry Tree and The Farmhouse for their co-operation before and during the visit.



## Participation in Healthwatch Havering

Local people who have time to spare were welcome to join us as volunteers. We need both people who work in health or social care services, and those who were simply interested in getting the best possible health and social care services for the people of Havering.

Our aim was 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.

### Members

This was 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 was 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 was part of ensuring the most isolated people within our community have a voice.

### Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there was no ongoing commitment.

To find out more, visit our website at

<https://www.healthwatchhavering.co.uk/advice-and-information/2022-06-06/our-friends-network-archive>



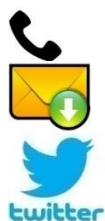
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