

Enter & View

Emerson Court Care Home

129 Wingletye Lane, Hornchurch, RM11 3AR

6 November 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 [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:	22
Current number accommodated:	14
Number of care staff employed:	30
Number of management staff employed:	2
Number of support/admin/maintenance/activities staff employed:	4
Number of visitors per week:	10
Number of care/nursing staff spoken to during the visit:	5
Number of management/admin/reception staff spoken to during the visit:	2
Number of residents spoken to during the visit:	1

The Premises

On entering the home, the team was made welcome, and first impressions were that it was very homely and bright. Posters (including the one advising of the visit) were displayed on walls, including a food hygiene rating of 5. The team met the Manager (who had been at the home for a year) and the Deputy Manager (there for 17 years) and were told that it was shortly being taken over by the nearby Freshfields Care Home as the current proprietor was soon to retire.

The home is in a very old building and needs some updating.

It has 21 beds, with 14 residents at the time of the visit. The team were told that the home had recently accommodated several respite care residents. Some residents were self-funding, the rest were Council-funded. An activity co-ordinator was working with the residents in the dining room/activity room. A second lounge was being used, which led into a conservatory with good accessibility to the tidy garden, which has a summer room. All doors had controlled access.

The bedrooms had toilets and washbasins and three hoists were available for use. There was also a working lift.

Care

All residents were living with dementia at various stages. End of life care was available when required.

Staff used an online program called Nourish to monitor feeding, recording details of nutrition and hydration, and any problems occurring during their care, by using handsets, but some residents need prompting or help with feeding. This approach ensured that care plans were kept up to date. Residents were weighed, and MAR charts were completed, monthly. Falls management was assessed and recorded when needed. All training in end of life care was completed with help from the community care end of life co-ordinator from NELFT involved when needed. Palliative Care was available with help from a Macmillan nurse from Queen's Hospital. CPR would be used unless a resident was subject to a Do Not Resuscitate (DNR) order.

All residents were subject to Deprivation of Liberty Safeguards (DoLS). Infection control is by isolation, and staff wearing appropriate clothing.

The NHS111 service and 999 calls were used as and when necessary.

Drugs were stored in a locked cabinet chained to the wall, with a member of staff wearing a tabard whilst doing the rounds. There was no self-medication and any controlled drugs or crushed medications

were administered in accordance with the directions of the GP. No resident was on warfarin. Incontinence pads were delivered every three months.

Three GPs looked after the home from practices in Glanville Drive, Suttons Avenue and Upminster as residents had chosen to keep their own GP.

All residents had chiropodist appointments every 6-8 weeks; a hairdresser visited once a week, Specsavers visited for optician appointments. Dental checks were arranged by residents' families, but most residents had dentures. Mouth hygiene was treated as very important. South Hornchurch dental clinic would be used in an emergency. Body mapping is carried out regularly.

The team were told that residents preferred a wash down or shower as and when needed. The home has two bathrooms and there was a toilet and sink in the en-suite of bedrooms. The maintenance person checked water temperatures. No resident was bed bound. All residents had buzzer-controlled floor mats.

The team were that the home experienced difficulties with the discharge of residents from hospital, with information lacking or incorrect medication. Although the home prefers to accept all discharged residents by no later than 6pm but it had been known for a resident who had been taken to A&E to return at 3am!

Staff

The shift arrangements were 8am-2pm (3 staff), 2pm-10pm (3 staff) and 10pm-8am (2 staff), with management on call for emergencies at all times.

Agency staff were sometimes used, but only those who had worked at the home before. Ancillary staff included a gardener and maintenance person who were used as and when needed. There was a cook and three domestics, and two activity coordinators working alternate shifts, with entertainment available from outside agencies. The team

were told that there had been no recent night visit check on staff. Staff meetings were carried out as and when needed and handovers were always completed on shift changes. Staff wear uniform, and no staff seen were wearing nail varnish.

A whistleblowing policy was in place.

Training was completed at work with two experienced former inspectors helping. Some training was done online, some face to face.

Recommendations

- 1 That consideration be given to redecorating the building, including installing laminated flooring
- 2 That management arrange to visit the night staff on a regular basis

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 6 November 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@healthwatchhavering.co.uk

Find us on Twitter at [@HWHavering](https://twitter.com/HWHavering)



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