

Enter & View

The Fountains Care Centre

12 Theydon Gardens, Rainham RM13 7TU

15 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 Fountains Care Centre. 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:	62
Current number accommodated:	62
Number of care staff employed:	13 nurses 80 carers
Number of management staff employed:	2
Number of support/admin/maintenance/activities staff employed:	9
Number of visitors per week:	35 approx

The team were met by the Manager, who explained she had worked at the home since November 2018 and had been appointed as Manager in February 2019 (having previously been Regional Support Manager for the parent company). Her Deputy was currently providing cover at another Home.

The Premises

On arrival, the team noted that the outside of the building was well kept and looked quite impressive. The poster advising of the visit was in place in the lobby along with lots of other useful information, and a visitors' toilet. An internal TV was screening activities that had recently taken place with the residents, which the team felt was a

nice way to confirm the homeliness of the home and a good advertisement.

The ground floor offers residential care for 21 residents, the first floor provides for 20 residents living with dementia and the top floor provides end of life care and dementia care for a total of 21 residents. Access to each floor is controlled but the manager enabled the team to have full access. Regrettably, when the team entered the ground floor, they noticed an unpleasant odour, which was detectable throughout the home.

The temperature in the home appeared lower than might have been desirable and some heaters appeared not to be working properly. The state of internal decoration suggested that some attention was needed to it.

It was pleasing to see the bedrooms were of a more than adequate size. All floors were covered with linoleum, and there were no carpets. The team noted that only a few beds had duvets; in conversation, the laundry person, said that, if she had duvets to wash, she would never complete her daily wash.

There was a small CO₂ fire extinguisher on the wall and a larger foam extinguisher standing on the floor, and fire blankets high up on walls on each floor.

Overall, however, the establishment felt homely, everyone was dressed appropriately, clean and well presented. Staff were wearing uniform and there was a registered nurse on each floor. The layout of all three floors was similar. The home appeared very well staffed and the team were able to speak to most staff; they all said they enjoyed working at the home and that management were very approachable. Drinks were available and the team noted care plans being updated by staff in the lounge; the TV was on and the team felt there was a happy atmosphere.

On the first floor, some doors were being made dementia friendly, but much work remained to be done. On all floors, cupboard doors were

all locked, including sluice and storage etc. Two hoists were available on all floors as well. However, the team noted several “cubby holes” that contained items for which other storage space could not be found; the team felt this could be hazardous. Dining rooms were clean and tidy but seemed lacking in brightness and colour.

There were bright toilet signs on the doors, and all plumbing and taps were of good quality, with extractor fans being installed, and large hand washing signs displayed. The team noted a few minor maintenance issues requiring attention, such as a toilet with no sign on door, and no working light.

Access to all working doors not used by residents was controlled. Hand gel was widely available.

The team visited the laundry which appeared well-run, with dirty laundry separate from clean. There were two washing machines and two dryers, all working. The laundry did, however, feel rather hotter than was comfortable.

The kitchen was equally as good, very clean and organised. Dietary likes and dislikes were recorded and passed to the kitchen; when asked how he would deal with allergies and special diets, the chef advised that he could consult a dietician if necessary. There were no menus on display; the chef told the team that, as it was Friday, fish and chips would be served. The kitchen also appeared rather hot.

The small garden was neat and tidy, with chairs and a table to be used in the summer.

Care

There is a nurse and a senior carer on each floor, day and night.

The Manager works 9am-5pm or 8am-4pm, and occasionally a late shift, and also carries out a random night visit about once a month. Normally her Deputy provides cover too (but has been unable to do during her current secondment elsewhere). The general shift pattern for staff is 8am-8pm and 8pm-8am, with a 15-minute handover. On occasion, staff from a 'bank list' are used for emergency cover - generally, the home seeks to avoid using agency staff. At the time of the visit, there was a vacancy for a night nurse.

The team were told that the home staff work at communication with pictures etc especially with menus etc. Few residents required help eating. At the time of the visit, the home was full but very occasionally is able to take residents for respite care but have little spare space. The Manager or Deputy carry out admission assessments.

Bed-bound residents were turned as necessary and the Tissue Viability Nurse would be called in if necessary; grade 3 ulcers are reported to the CQC. At the time of the visit, 12 residents were bed-bound.

A GP from the Harlow Road practice attended the home once a week unless needed more frequently.

Weighing took place monthly or more frequently in the event of weight loss - weight gain was also monitored. Bathing/showering was arranged in accordance with residents' choice. There is a wet room.

There are two Activities Co-ordinators, of whom one is employed full time. The team spoke at length with the Activity Co-ordinator who clearly enjoyed what she was doing. She was working out plans for things to do with residents for next year. The activities available included Tai Chi, Hand Massage, Stretching, painting, baking, and outings. There is a Sensory Room. Birthdays and other special occasions are celebrated

Non-care staffing includes a Head Housekeeper, who has a supervisory role, a Chef, a bank Chef and 3 assistants, 2 laundry staff (who work 9am-4pm) plus a student who comes in to sort the clean clothes, a maintenance man and 3 domestics.

A chiropodist visits every 6/8 weeks, and a hairdresser also attends (there is a dedicated room for hairdressing). An optician visits on a regular basis. The home finds obtaining dentistry for housebound residents difficult, although those residents who can do visit dentists if they so wish.

Medication was managed with locked trolleys on each floor including Controlled Drugs; nurses are responsible for administering the drugs, and the nurse doing so wears a tabard.

Carers accompany any residents who are taken to hospital and stay until they are admitted. Cut off time for discharge back to the home is around 5.30pm. While the visit was taking place, a carer accompanied a resident who was being transferred to a sister home, Alexander Court, which was 10 minutes away.

Residents can go out accompanied and some go to church. Sometimes the home is visited by members of the congregation of a local church.

Staff

Training is mostly by e-learning, in-house teaching and by external trainers. Staff were not paid to undertake training outside of normal working hours.¹ Training included dealing with the behaviour of patients living with dementia, food and nutrition, and hygiene. Staff were also trained in palliative and end of life care, and the support of St. Francis Hospice would be sought if necessary. The team considered that the staff were well trained and that they interacted and communicated well with residents.

¹ There is a risk that staff undergoing training without pay may inadvertently lead to infringement of minimum pay requirements

Staff meetings were held on Thursday mornings; the team were invited to attend the one due on the day of the visit but declined.

Visitor's views

The team were able to speak to a visitor who praised the care for his wife, who was receiving respite care; he told the team that she had recently been in another care home where she had developed three bad bed sores, but since being at the home the sores had healed.

Conclusion

This home had a lovely feel to it, with all staff happy and productive in their work. Unfortunately, the team were unable to hold the usual feedback session with the manager at the end of the visit as she had another commitment requiring her attention.

Recommendations

That:

- 1 Attention be given to the outstanding need for minor repairs and maintenance
- 2 Menus be displayed, and consideration be given to widening the choice of food available
- 3 Heating around the home be reviewed to ensure that residents' comfort is maintained year round
- 4 Action be taken to eliminate unpleasant odours
- 5 The arrangements for residents' bedding be improved
- 6 That arrangements for staff training be reviewed to ensure that staff are paid when participating in training events
- 7 Consideration be given to improving the heating and cooling arrangements in the laundry and kitchen areas

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 15 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.

Updates

The home has advised that, since the visit, the following actions have been taken in response to the recommendations in the report:

- 1 - Attention was paid immediately after the visit to the corridor radiator and laundry ventilation
- 2 - Once redecoration of the dining rooms has been completed, menus will be displayed on tables in each dining room
- 3 - Boiler maintenance is being undertaken
- 4 - Consideration is being given to the installing air fresheners in corridors and lounges. The unpleasant odour detected during the visit followed an accident by a resident
- 5 - New bedding has been obtained and issued
- 6 - Staff are expected to undertake e-learning while on duty but consideration is being given to allowing it to be undertaken at home
- 7 - Staff have been reminded about the need to ensure that air conditioning available in the laundry and kitchen areas is properly used to maintain appropriate temperatures.

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



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