

**Enter & View
Lilliputs
Residential Care Complex
(Third visit)**

Wingletye Lane, Hornchurch RM11 3BL

30 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.

The Premises

About the Lilliputs Complex

Lilliputs is a residential care complex, consisting of five “units”, each separately registered by the CQC (one of which is occupied by children and regulated by Ofsted, and is therefore outside Healthwatch’s remit), originally operated by the Care Management Group (CMG) but now by Achieve Together, formed by the merger of CMG and another organisation, Regard.

The complex is located in a semi-rural area within the Ingrebourne Valley, between the built-up areas of Hornchurch and Upminster, on former farmland. The five “units” are the Farmhouse, The Paddocks, Cherry Trees, the Day Centre and the children’s Unit. The client group is mainly severely disabled younger people, some children but others long-term residents who have grown to adulthood since taking up residence. The complex accommodates residents from a wide geographical area, across London and South East England.

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

HWH has visited the complex on several previous occasions, both formally and informally, the last time in February 2017. On this occasion, the team were met by the newly appointed Area Manager.

The team divided into three groups, each visiting a separate Unit: The Farmhouse; the Day Centre; and The Paddocks and Cherry Tree together.

For ease of understanding, the separate groups are all referred to as “the team” in this report.

The Farmhouse

The Farmhouse is literally a farmhouse converted to accommodate 7 people with their own bathroom facilities.

The property has a large garden with a conservatory. The garden is completely fenced in and secure. In the garden at the time of the visit here were a trampoline, some bikes and a small paddling pool. The home has the full use of the onsite activity centre including indoor pool, sensory area and all facilities.

The property consists of large bright rooms on two floors. Its decorative condition, however, was in need of attention, and the floors especially appeared in need of some attention as the team considered them potentially hazardous.

Bedrooms were all large, each with a double bed. Five had en-suite facilities and the other two had private bathrooms. All rooms had their own locked medicine cupboard. Bed linen appeared very dated but was clean.

From what the team observed, all rooms were clean and tidy but appeared in need of a make-over. Every room was very personalised with pictures and possessions in abundance. All rooms had a picture of the resident on the door.

One bedroom had CCTV for monitoring a resident who had epilepsy. Although the staff informed the team that they were opposed to CCTV in all rooms as it would be an invasion of their privacy, the installation was a response to a Safeguarding issue.

Downstairs, the laundry appeared disorganised and not to meet expected standards (there were dirty mops about, inadequate washing facilities and the room was generally untidy)

The kitchen looked clean with fridge and freezer well stocked with food dated and labelled.

The communal area was bleak but satisfactory. The conservatory was clean and tidy. The team were told that nothing was pinned to the walls as residents had a tendency to pull pictures and posters off them.

Residents

Residents seemed to have the 'run' of the house - with no restrictions. All seemed comfortable. While the team were present, there was a medical incident involving one resident; four staff dealt well with the incident, protecting the resident in question and calling an ambulance.

Not all residents were subject to Deprivation of Liberty Safeguards (DoLS). DoLS in force were updated annually. Most residents were on medication.

Each resident had their own social worker, and an annual review of needs.

A full supply of suitable incontinence pads was available for those residents who required them.

Hornchurch Dental Services provided a service for all residents, with check-ups taking place every 6 months to a year although those needing treatment had to travel to the dentist. One resident who required special care attended another practice.

Residents had individual GPs but again had to travel to the relevant surgery; all residents received annual health checks.

Activities

The residents were regularly treated to trips to the Cinema, Zoo, Alton Towers, Queen's Theatre, Stanstead airport and Butlins. These costs were met partly by relatives and partly by the company.

Some residents were able to visit their families, or to be taken out by them.

Staff

At the time of the visit, 6 staff were on duty looking after 7 residents.

Shifts patterns were 7am-2.30pm, 2pm-9.30pm and 9pm-7am. 4 staff would be on duty at night.

Staff told the team that they felt well supported by management, as did the regional manager who was present and seen by the team.

Staff training was carried out in-house and by e learning. One member of staff had annual life guarding training for the pool and fire training is every three years for this member of staff.

Staff are paid a flat rate 24 hours a day.

A Positive Behavioural Support (PBS) Team was available to give full support in the event of any problems. All managers received regular training in management and ongoing support.

Mental health training included empowerment and how to approach people with challenging behaviour.

The cost and use of agency staff had reduced significantly since the manager had taken up post but recruitment was being hampered by the inability of agencies to identify suitable candidates for positions at the Complex.

Recommendations

That:

- 1 Bedding be replaced
- 2 Urgent attention be given to the carpet(s) and flooring of the ground floor corridors to ensure that any possible hazard be avoided
- 3 A recruitment drive for applicants who have experience in this type of care.

The Day Centre

On arrival, the team noted that there had been no change to the lay out of the building, or in the services provided. The Day Care Centre serves young people from the London Boroughs of Havering, Barking & Dagenham and Redbridge and the neighbouring borough of Thurrock, and very occasionally from further afield. User assessments are carried out before users are accepted, to ensure that the facilities available match their needs.

The Team were introduced to the Manager of the Day Services, who was very welcoming and escorted them around

the building, as its doors are controlled by electronic security coding.

Staffing was either 1 to 1 or 2 to 1, and sessions were pre-booked in order to maintain staff ratios, such as for the swimming pool, massage room and other areas. Some service users were accompanied by their own carers

Most service users were encouraged to bring their own lunches, which were placed in the communal fridge.

The Manager advised that there were currently 11 service users of the Day Care Centre although, at the time of the visit, the team only saw 5.

The team were told that bespoke training for staff included e-learning, and face-to-face. The team were told that the training available was good quality and took place on site; one newly appointed member of staff told the team that her training was not yet complete.

On looking around the entrance to the Day Centre, the team noted that the taps in its two cloakrooms were difficult to turn on and the wash basins appeared stained.

The swimming pool area was in need of a thorough deep steam clean, and redecoration.

The team was disappointed to note that, since the previous visit in February 2017 very little appeared to have changed: the fences had not been raised and one fence outside the Activities Room had broken down: the team were concerned that these lapses would make it easier for service users to leave the site unofficially.

The team were pleased to note, however, that the original Art Room had been upgraded and the Kitchen had been refurbished.

Conclusion

Although the building interior required attention, the Team felt that the Centre was run in a quiet, timely and calm manner with staff who were caring.

Recommendations

The team were disappointed to observe that the recommendations made following the 2017 visit had not, on the whole, been carried out (although they accepted that this may in part have been due to the recent merger of business interests owning the facility).

The team recommend that:

- 1 The cloakrooms in the Entrance Hall need to be upgraded, for example by attending to taps and wash basins; the team also considered that it might be useful to convert one of the cloakrooms into a wet room
- 2 The flooring be replaced and/or carpets laid
- 3 Attention be given to the fences, not least to reduce (if not eliminate) security concerns

- 4 The swimming pool area be deep steam cleaned, the floor area tiles be replaced and the area redecorated
- 5 The arrangement with recruitment agencies be reviewed to ensure that they provide staff who are better suited to the Centre's staffing needs and pre-qualified with DBS clearances, etc.

The Paddocks

The team were met by the Unit Manager, who told them that she had been in post for some 2½ years.

The Paddocks provides accommodation for up to seven adults; there were currently six residents - 1 female and 5 males, all aged in their 20s and 30s. The female resident had a self-contained flat and has 2-to-1 care at all times. The unit provides support for adults with learning disabilities including challenging behaviour, autism disorders and other complex issues, including epilepsy. Its aim is to develop independent living skills, which may include further education and employment so that residents can be moved out into the community; the team were told that one resident was nearing the time when that would be possible.

Care provision was person-centred and provided in a purpose-built facility. There was ample communal space for activities and TV, music and games were available. The care philosophy was holistic, with carers providing all aspects of home life - e.g. cooking, cleaning, laundry, shopping etc. All areas seen were clean and tidy. The team was told that care staff carried out all cleaning tasks as part of the all-inclusive care philosophy.

The team were advised that staff sickness/absence was largely covered internally, but there were some agency staff who were familiar with the unit and who were used whenever necessary.

The unit was clean and tidy, with laminate flooring throughout, apart from the kitchen and laundry which were both well-equipped and locked, except when residents were supervised by staff in carrying out appropriate activities, e.g. assisting in the preparation and cooking of food. Some areas were observed to be in need of minor refurbishment and the team were advised that some painting/decorating was taking place (and was the reason for the current lack of pictures). We were advised that deep cleaning was carried out by night staff.

The gardens are secured by good quality fencing and we noted a table with benches and a swing ball. There was also a trampoline, which was no longer in use. The gardens were mainly laid to lawn except for a few shrubs in the front garden.

All residents in the unit were provided with care on a 1-to-1 basis as a minimum, with some on a 2 or 3-to-1 basis as appropriate, especially where activities took them outside the unit. Night care was stepped down to 3 members of staff, who were expected to undertake deep cleaning as and when necessary.

On the day of the visits, all residents were preparing for a trip to the zoo and the team observed very good inter-personal rapport between residents - two of whom were non-verbal - and staff. The team noted that the means of communicating with the non-verbal residents had been developed on an individual basis and, although it was not a recognised system it appeared to work well.

Residents were encouraged to make decisions about meals and were involved in shopping expeditions, on a weekly basis, to a local supermarket (of their choice).

The team were advised that medication (which was stored in locked cupboards in a locked room) was reviewed by the GP every three months; dental checks were undertaken annually, as were health checks (which were due between December and January).

The team were also advised that some residents were living with severe epilepsy. They enquired whether it might be advisable to install CCTV to monitor those residents; in response, they were told that all residents with this condition had mattress monitors that triggered alarms indicating unusual activity and some also had wrist monitors. It was therefore not felt necessary to have CCTV, particularly in view of the minimum 1-to-1 ratio in staffing levels.

Staff training included all the standard subjects with additional units, such as challenging behaviour. Some training was provided on-line but, increasingly, it was carried out face-to-face.

The team were advised that some residents were able to use the facilities of the day centre and some were also able go out to community facilities, such as swimming pools and the local theatre.

Recommendations

- 1 That the obsolete trampoline is removed as this may present a safety hazard.

- 2 That residents are encouraged to keep the gardens neat and tidy and, perhaps, develop flower/vegetable gardens.

Cherry Tree & Annex

The team were met by the Unit Manager, who told them that she also had been in post for some 2½ years.

This unit provides accommodation for 5 residents, split into 1 x two-person unit and 1 x three-person unit. A recent application to the Care Quality Commission (CQC) for increasing number of residents accommodated to 7 had been refused.

The staffing ratios in this unit were largely the same as those in The Paddocks. Some residents displayed challenging behaviours and required 2-to-1 care at the time of the visit. There were currently two staff vacancies, one of which was due to be filled shortly. The team were advised that was intended to use a body camera to monitor interaction with residents during the new staff member's induction and that residents would be involved in the recruitment process. The other vacancy was being covered wherever possible in-house, but the unit could call on agency staff who were familiar with the unit and its residents and could cover sickness/absence when required.

The two residents received regular visits from family members and went out when practicable.

The three residents in the annex side of the unit were high need and required a more structured regime; but, the team were told, all were showing improved behaviour. They all attended the day centre and could use its facilities during quiet periods

when the day clients were not present. The kitchen and laundry were kept locked when not in use.

Medication was kept in individual, locked facilities and was reviewed on a regular basis. Annual health and dental checks were carried out.

The unit, overall, was clean and tidy. There were a number of pictures on corridor walls. The gardens were secure and there were a swing and trampoline for the residents' use. The gardens were laid to lawn. Additionally, in the courtyard/patio, which led off the dining room/lounge area, there was a very nice animal mural.

Staff training was along the same lines as those in The Paddocks and the manager also advised that she was hoping to develop a risk-taking policy with appropriate procedures for its management.

Recommendations

That consideration be given to encouraging those residents who are physically able to do so, to take more interest in the gardens and to help maintain/develop flower beds

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 30 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@healthwatchhavering.co.uk

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



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