

## Enter & View

# Ravenscourt Nursing Home

11-113 Station Lane, Hornchurch, RM12 6HT  
(Third visit)

22 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 Ravenscourt Nursing Home. It is derived from information given to the Healthwatch team during the visit, and reflects the position at the time of the visit:

<b>Number of residents/patients that can be accommodated:</b>	70
<b>Current number accommodated:</b>	65
<b>Number of care staff employed:</b>	84
<b>Number of management staff employed:</b>	3
<b>Number of support/admin/maintenance/activities staff employed:</b>	14
<b>Number of visitors per week:</b>	336
<b>Number of care/nursing staff spoken to during the visit:</b>	6
<b>Number of management/admin/reception staff spoken to during the visit:</b>	4
<b>Number of residents spoken to during the visit:</b>	4

## The Premises

The Manager of the home welcomed the team. She had worked there as a nurse, then Clinical Head/Deputy Manager and was now Manager. Her Deputy is head of clinical care and both were always on call.

At the time of the visit, there were 65 residents but three more were about to be admitted. The home had 70 beds and 42 of the residents at the time were living with some form of dementia. The team's first impressions on entering the home was that it had a homely atmosphere, despite being very busy with preparations for the coming Christmas season.

Work to provide an extension was due to begin in the new year to widen the front lounge and to add a conservatory, which will make much-needed additional space available. Ravenscourt is one of four homes run by the owners. This was the third Healthwatch visit to the home.

## Care

The home uses a program called Significant 7, in conjunction with Havering Council, to assess and maintain care plans, with an 80% success rate, for which they had been awarded a gold star. Deprivation of Liberty Safeguards (DoLS) statements are ongoing and the care plans/MAR charts are all updated monthly, unless circumstances change and then plans are adjusted. The Gold Standard framework for End of Life Care has been discontinued due to the cost of administering it.

Numerous pathways were used for continuing care of the residents, with religious needs taken care of and birthdays always celebrated. There were many visitors to the home every week and the home included them in its activities wherever possible. Residents were taken out regularly to garden centres and other places, with families also involved.

Medicines were stored in the appropriate manner, with controlled drugs in a separate, locked cabinet, all checked daily. The home does not have a defibrillator. A GP from Maylands Surgery attends weekly and a local pharmacy provides medication and assists with all things medical on behalf of the home. Medication is administered by the nursing staff as required, with a trolley on each floor. At the time of the visit, there were three residents on Warfarin, with another ten residents on concealed drugs, all sanctioned by the GP.

Quality issues were dealt with monthly, with food and fluid charts being used if necessary, and residents being weighed monthly. No problems reported with the supply of incontinence pads.

Chiropodists visited weekly, and dental care was arranged through the Community Outreach Dental Team. A hair dressing salon was available within the ground floor areas. There was CCTV in the lobby area, and pressure mats were used in bedrooms. Each bedroom had a decorated front door to personalise it for the resident. Baths and showers were carried out as and when residents wanted, with a wet room provided on the ground floor. Water temperatures were checked monthly. At the time of the visit there were two residents that need turning regularly.

The home has a good relationship with the DoLS team and the Joint Assessment for Discharge Team at Queen's but issues remained with the discharging of patients; they refuse to take anyone back without medication and the hospital have been made aware of the home's preferred times for discharge.

## Staff

Staff work from 8am-8pm during the day, with some shifts from 8am-2pm and 2pm-8pm. There are two registered nurses on each floor during the day and one each at night. Handovers take place; a spot check on night staff had been carried out during the week before the visit. Many of the staff had worked at the home for some years; gaps were filled by students who were employed as Health Care Assistants and bank staff known to the home. Agency staff were not used.

Other staff employed comprised two in the laundry working a seven-hour shift, one domestic on each floor along with a "floater", whose hours were 8am-4pm or 9am-5pm. Two maintenance staff worked, one from 6am-3pm for three days a week and one 9am-5pm for three days a week. The catering staff had all completed various training schedules and the team noted a level 4 hygiene rating for the kitchen. Menus followed a four-weekly rota, with about 10% of residents requiring puréed food. There were two activity co-ordinators, one on each floor; at the time of the visit a karaoke event was going on upstairs. A plan

on the notice board listed all the activities that took place within the home.

Staff training was completed yearly and was ongoing, much of it in-house, covering all the necessary fields required to enable them to remain up to date.

Staff told the team that they worked together as a team, covering for each other when sick, and that they were happy with their working conditions.

### Conclusion

The team felt that the home was very motivated and caring, with a relaxed and homely atmosphere, and did not consider it necessary to make any recommendations for improvement.

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 22 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](mailto:enquiries@healthwatchhavering.co.uk)

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



*Healthwatch Havering is the operating name of  
Havering Healthwatch Limited  
A company limited by guarantee  
Registered in England and Wales  
No. 08416383*

*Registered Office:  
Queen's Court, 9-17 Eastern Road, Romford RM1 3NH  
Telephone: 01708 303300*



Call us on **01708 303 300**



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



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