

**Enter & View
The Lodge
Residential Home**

1 December 2015



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. 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 are able to 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 a number of volunteers, both from professional health and social care backgrounds and 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 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 an 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.

Background and purpose of the visit:

Healthwatch Havering (HH) 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 safety of the resident is not compromised in any way.

About the home:

The Lodge is a residential care home for 92 people, most of whom suffer from some type of dementia. The home is registered for this purpose and care is provided over two floors, with the most advanced dementia residents being accommodated on the first floor. There is currently one vacant room but there are no vacancies, as a married couple share a room.

The manager has worked at the home for 11 years. She advised that she is the registered manager but has, over the last few years, spent considerable amounts of time at a sister home in Kent.

Staff

The care shifts run from 7.30am-2.00pm, 2.00pm-9.00pm and 9.00pm-7.30. During the day there are three care managers on duty with 14 care staff each morning and 13 care staff each afternoon. There are 10 care staff and 2 care managers on at nights.

As it was found that a key worker scheme did not suit the philosophy of the home, a Key Team approach has been adopted. Care managers are required to attend 15 minutes earlier than care staff before morning and night shifts so that a “walk around” handover can be carried. This ensures that all necessary information is passed on to the incoming shift. The ratio of staff to residents is based on dependency levels. The manager lives locally and makes a point of attending during the night and is available for emergencies etc.

In addition to care staff there is 1 cook and 3 kitchen assistants, 5/6 domestic assistants per shift and 1 laundress. Until recently, there was a full time maintenance assistant but these duties are currently being carried out by various means, pending the appointment of a new maintenance assistant. An external contractor carries out gardening duties. Maintenance of wheelchairs is carried out by the Care Shop in Romford. The manager did mention not having support now regarding falls management due to reduced funding.

Sickness/absence cover is largely provided by permanent staff although the home employs two permanent agency staff. At the time of the visit, there were 5 whole time equivalent vacancies for care staff. The manager advised that she would consider part time staff to achieve appropriate cover. From

the shifts worked, it would appear that most staff do not work full time hours and can, therefore, provide some flexibility.

Training

All new staff appointees are expected to hold NVQ2 as a minimum or are required to undertake this training. One senior care manager has undertaken Train the Trainer training for Moving and Handling, which she manages in the home. She is shortly to undertake similar training for 1st Aid. All senior care managers hold level 5 certificates and the manager is currently working towards level 7. There is an induction package for all new staff and all statutory training is carried out in house together with a number of additional courses. The home is signed up to St. Francis Gold Standard framework for end of life care and a number of staff are undertaking this at present. Staff have appraisal on an annual basis.

Care arrangements

There are no fixed visiting times but meal times in the dining rooms are protected with no visitors allowed. However, residents who take their meals in their rooms may have visitors during these times. The team were present during the lunch period and noted that all meals served looked appetising.

Potential new residents, prior to admission to the home, are invited to spend a day there, during which a full assessment is carried out to ensure that their needs can be met. Re-admissions from hospital are not normally assessed as the manager has found this to be less than practical as the hospitals usually require quick discharges due to the pressure on beds. All admissions/re-admissions are checked soon after arrival for any problems - e.g. pressure areas etc. The tissue viability nurse is available for advice and treatments if necessary.

MAR sheets are updated on a monthly basis or more frequently as appropriate. New care plans are currently being trialled under a programme (WHELD) which is being funded by private monies. A clinic is held every 6 weeks to review

these with a view to reducing the amount of anti-psychotic drugs being administered. The home is registered with the North Street medical practice and medication is reviewed by a multi-disciplinary team. There are 2 residents on covert medication for whom Deprivation of Liberty assessments (DoLs) are in place. The pharmacist checks residents on warfarin and makes necessary adjustments to medication.

There are a number of residents on controlled drugs. No residents are on injections. There is a dedicated cupboard for these drugs which are listed in a register and which are administered by a nominated senior care assistant. The care managers and the home manager carry out audits of these on a regular basis. It was not clear whether tablets are counted and checked between each shift hand-over.

There are currently 8 residents who are bedfast - only three of these are permanent. There are charts to record 2-hourly turning and residents who are subject to this are monitored by the District Nurse Team. And the Tissue Viability Nurse. The manager advised that, due to budget restraints, there is no longer support for falls management from the health service trust.

Physiotherapy is provided via referral by the GP who holds a clinic at the home on a weekly basis. A chiropodist attends on a six weekly basis. Concern was expressed at the difficulty in obtaining a free service for residents who are entitled to this - registered blind and diabetics. Intervals between treatments were often in excess of 6 months making it necessary for residents to pay for this service. Home Eye Care provide optical services and the local authority dentist visits the home. Most treatments require residents to attend the surgery. Additionally, a hairdresser attends on 3 days per week.

Most residents have showers/baths once or twice each week or more frequently if necessary but some refuse this facility - noted in care plans.

No residents have pets but the home has recently adopted a “stray” cat and it is hoped to adopt a suitable dog in the near future via a rescue centre. Families are encouraged to bring their pets in.

Residents are weighed monthly, or more frequently if there is any concern. Currently, 2 residents are on Thick and Easy and one resident has a pureed

diet. The kitchen has various moulds to try to make food look appetizing. Meat is purchased from a local butcher and greengrocery etc. is purchased from Covent Garden. All dry goods are purchased from Bookers. Deliveries are made 2/3 times each week. A new cook was appointed recently and she has assisted in the development of a 4-weekly menu.

There are 4 x part-time activity co-ordinators, totalling 70 hours per week. There is a time table but this is not always followed due to the nature of the client group. Activities undertaken include twice-weekly art and craft sessions, reminiscence, sensory sessions, films, quizzes etc. and occasional visits to the sister home in Herne Bay where there are similar facilities. Residents are encouraged to exercise in small ways and once a fortnight a specialist trainer attends.

Residents' relatives' meetings are held every 2 months and residents who are able meet on a monthly basis. The manager tries to ensure that a guest speaker attends relatives and friends' meetings and offers wine and snacks to make them social occasions. There is a comment box for anyone who wishes to use it. Additionally, there are QA questionnaires.

Accommodation

The entrance to the home is welcoming and there are a number of general information notices available. A Christmas tree had been placed there which made the place seem bright and cheerful. The team noted a rather stale smell initially but this appeared to have dissipated when they passed through this area later. Over all, the home was clean and tidy and there were no noticeable, major maintenance issues. The manager advised that a major refurbishment programme was planned for the New Year. All corridors were of similar colour and there was little contrast between doors and walls - contrary to what is now regarded as good practice and encouraged where residents suffer from dementia. Although the home is registered for residents who suffer from dementia we did not notice many pictorial notices, which are recommended for this client group.

All residents appeared clean and appropriately dressed and every rooms had call bells within easy reach of residents. Jugs of drinks were in all sitting rooms and, during the lunch period, all residents had glasses of fruit drinks or water. Residents who were spoken to were largely happy with the quality and quantity of food served to them. The lunches looked appetising, with rack of lamb, chicken thighs and whole chicken now being included on the menu.

All staff were wearing uniforms but a number did not have badges. No staff were wearing jewellery or nail varnish.

All bathrooms and toilet facilities inspected were clean and in good working order. There was no evidence of scale build up anywhere.

The laundry was well organized and the laundress seemed to be coping with the large amount of washing generated. It was noted that there was no separate clean/dirty access to the laundry and that the cat's bed was in this room, which did not seem to be the best place for the animal.

The kitchen seemed rather small for such a large establishment and, although it was clean and tidy, there did not appear to be large amounts of food in the fridge/freezer given the size of the home. The cook did not appear to understand the Environmental Health rating system although we learned that the kitchen had been rated at level 3 - adequate.

The gardens were well laid out and, given the time of year, were immaculate.

Staff spoken to were happy and felt valued. Most had worked at the home for a number of years. Likewise, residents said that the staff were courteous, caring and polite and helpful.

Residents we spoke to seemed happy at the home and with the standards of care provided although one resident said that she felt there were insufficient staff. One of the residents wanted to show us her room.

The rooms looked personal with residents' personal effects and soft furnishings

Family and friends spoken to were all happy with the care provided.

The only activity co-ordinator seen was preparing lights and ornaments for 1 of 9 trees, which were planned for the home. This was during the lunch period.

A previous CQC report identified a shortage of slide sheets; the Healthwatch team were assured by the manager that this had been rectified

Following the visit, the manager was thanked for her hospitality and given some feedback.

Recommendations

That

- When re-decorating, consideration is given to changing colour schemes, particularly in the corridors, ensuring there is good contrast between door frames and walls
- Staff are provided with magnetic badges which are oval in shape to ensure there is no risk to residents
- A maintenance assistant is appointed as a matter of urgency to ensure that the many checks required are carried out on a regular basis
- A more appropriate living space is found for the resident cat - the present bed, situated in the laundry, may present a control of infection risk
- Efforts be made to improve the EHO rating for the kitchen
- The provision of more pictorial signs to assist the orientation of residents

The team would like to thank all staff and patients who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 1 December 2015 and is representative only of those residents, carers and staff 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**; or email
enquiries@healthwatchhaverling.co.uk



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