

**Enter & View**

**The Willows  
Nursing Home**

**17 March 2016**



## 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.

On arrival, the team was welcomed by the Manager and offered refreshments which were available to visitors and residents in a small alcove in the main reception area.

The Manager had been appointed in September 2015 shortly after the home's management had been taken over (from Churchgate) by Camford. Camford is a small organisation, which now has 10 residential homes in South East England, the nearest local one being in Chingford.

## The home

The home was opened in 2014 and is built on 4 floors. It is intended for 72 residents, some of whom would require nursing care and also some who have varying levels of dementia (currently about one-third). At the time of the visit, there were only 30 residents, all of whom were housed on the ground and first floors. The second floor remains empty whilst utility services are accommodated on the third floor.

The low rate of occupancy appears to stem from significant difficulties experienced during the home's first year and efforts are currently being made to increase the occupancy levels. There are some residents on Continuing Care who have been discharged from Queens Hospital.

In response to a question about how the home is managed in the absence of the Manager, the team were advised that there is always a senior person on duty, including substantial periods on Saturdays, Sundays and Bank Holidays. The designated person also carries an on call phone to ensure that he/she can be contacted when not on site.

The home is managed on 12-hours shifts, all staff having two ¼ hour breaks and one ½ hour break. Staffing levels are in accordance with dependency levels and are generally 1 nurse and 6 members of care staff on duty during the day, with fewer on at night. Additionally, there is a team of housekeepers, catering staff (there is currently an advert out for a second chef), maintenance assistant, laundress, HR advisor and an administrator. There are two part-time receptionists who also provide cover at weekends. The need for agency staff to cover vacancies and sickness was ended in December 2015, with all current cover needs provided in house.

Handover between shifts is arranged by staff "walking the floor" and discussing each resident. Communication is via daily diaries and there are 10-minute meetings between senior staff and carers to ensure all relevant information is cascaded down.

There are no set visiting times, although mealtimes are protected wherever possible unless family/friends wish to eat with the resident

they are visiting. Entrance to the home is by electronic fob and this facility is extended to families to reduce the need for staff to oversee the doors.

The entrance to the home was spotlessly clean and tea/coffee-making facilities were available for all. The signage appeared to be minimal here but signage around the home was adequate, although there was limited signage suitable for residents with dementia. There were noticeboards with pictures of staff. The home was odour-free.

### Caring for the residents

Care plans/MAR charts are currently reviewed using a “Resident of the Day” scheme. Given the present level of occupancy, this means that they are reviewed on a monthly basis. Any increase in occupancy may require this to be changed.

Medication charts are audited three times weekly and the home’s pharmacist (from Total Meds) reviews medication on a monthly basis. The GP holds a weekly surgery and is also involved in reviewing medication.

There are several residents on warfarin and these attend Queens hospital for INR tests. At the time of the visit, there were no residents on covert medicine but it was confirmed that there is a policy to cover this should the question arise. There is one resident who self-medicates and it was confirmed that this resident has the mental capacity to do so. There are 8 residents who are subject to Deprivation of Liberty Statements.

Two residents are on controlled drugs. Administration is witnessed and all drugs are counted and witnessed following each drug round. Drugs are kept in a dedicated, locked facility.

Currently there are two bed ridden residents who require regular turning and there are charts where these actions are recorded.

Clients requiring the care of the Tissue Viability nurse are referred via the single point of access and it was confirmed that the home has bariatric equipment.

The incidence of falls in the home is low and incidents are recorded in a diary. Each resident undergoes a Moving & Handling assessment.

Access to Physiotherapists and Occupational Therapists is arranged through the GP. A chiropodist visits on a 6-weekly basis and an optometrist and dentist also visit on a regular basis. A hairdresser attends weekly and has the use of a dedicated salon which is well equipped and very inviting. Residents are weighed on a monthly basis, or more frequently if there are any concerns about undue weight loss.

Residents are able to shower as and when they wish as all rooms have en-suite toilet and shower facilities. Any resident wishing to have a bath is able to do so as fully assisted bathrooms are also available.

No current residents have pets but one member of staff brings in her dog and the family of one resident brings in a pet cat. Both animals are appreciated by the residents.

## Staff

There is one full time activity co-ordinator with two part-time assistants. The use of a minibus is shared with the sister home in Chingford. The team were able to observe these employees enjoying a sing and dance along with a numbers of residents, who all appeared to be enjoying themselves.

Staff meetings are held on a monthly basis. Meetings for residents are held four times per year, as are meetings for families and friends. Quality surveys are carried out on an annual basis, with feedback sought from staff as well as families and friends. The Local Authority also carries out quality surveys.

The home has a whistle-blowing policy whereby concerns are dealt with as locally as possible but any problems that cannot be dealt with locally

can be cascaded up the chain to head office if necessary. There is a stress Line facility where staff can obtain confidential advice and/or counselling.

All members of staff were wearing uniforms and had badges. No staff were seen wearing nail varnish or inappropriate jewellery.

It was confirmed that all staff undertaken all the statutory training as well as training in dementia, First Aid, mental capacity, COSHH, prevention of pressure sores and End of Life Care. There is a Quality and Training Co-ordinator who undertakes most of the training with the assistance of a nurse assessor. One member of staff is undertaking the Train the Trainer programme and it is hoped to be able to develop this further. The Home intends to work with St Francis Hospice to gain Gold Standard Framework in End of Life Care.

The staff who were spoken to all appeared to be happy in their work and confirmed that training is carried out whilst they are on duty or that they are paid to attend training sessions. It was confirmed that staff were happier since the changeover of management.

### **The residents and their facilities**

All residents were appropriately dressed in clean clothes.

Call bells were available in all areas as well as all bedrooms and these are checked on a regular basis by the maintenance assistant.

All store rooms had key pad access.

All toilets/bathrooms were clean and tidy and there was no evidence of scale build up anywhere. All areas visited were clean and tidy. The dining rooms were exceptionally pleasant, with views onto the gardens and with plenty of space to accommodate all residents who wished to use them.

The gardens were well tended with artificial turf and some seating areas. The team was told that there is a contractor who maintains the gardens. There was a very high wall between the garden and the school next door,

which was painted in a single colour, and appeared somewhat overbearing. The home has commented that residents are growing/training runner beans to cover this area.

The laundry was designed to meet all requirements and was more than adequate for the number of residents. The kitchen was clean and well stocked. All opened foods were covered and labelled. There was a 5-star EHO rating.

Overall, the décor and carpets/flooring were in excellent condition, although some areas were rather bland.

A few relatives were spoken to, all of whom appeared to be satisfied with the care given to their family members.

After the visit, the team met the Manager, thanked her for her hospitality and advised that the home appeared to be well managed and that no major problems had been identified.

### Recommendations

That

- Consideration be given to re-designing the foyer as it is currently very large and uninviting - perhaps by installing glass doors between the reception and the small sitting area.
- Consideration be given to re-designing colour schemes in those areas where it is currently very bland to ensure that there is good contrast between doors and walls - recommended for areas where there are residents with dementia
- Consideration be given as to whether anything can be done, in addition to the planned planting, to improve the appearance of this wall

- More seating areas in the garden.

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 17 March 2016 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](mailto:enquiries@healthwatchhaverling.co.uk)**



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