

**Enter & View
Hornchurch Nursing
Centre**

16 November 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 team arrived at the home at 10.30am and were welcome by the Deputy Manager (currently Acting Manager). The foyer was welcoming and the Healthwatch poster advising of the visit was displayed on the wall. The team were advised that there is currently no home Manager but that an appointment had been made and the new Manager was due to start at the

beginning of December, at which time the current Acting Manager will be leaving to take up another post.

The home is built over four floors with the “basement” floor (the home is built on a slope) containing the administration office, the kitchen, laundry and staff room. Floors 1 and 2 - named respectively Grosvenor and Dorchester - accommodate nursing on the ground floor and a mixture of nursing and residential on the first floor. The second floor - Regency - accommodates residents with dementia. There are 55 beds in the home and at the time of the visit there was only one vacancy.

Staff

Staffing levels on each floor are:

mornings 1 nurse, 4 carers

afternoons 1 nurse, 3 carers

nights 1 nurse, 1 carer

Sickness/absence cover is provided from an extensive staff bank. Agency staff are not used. The home is currently fully staffed.

Most care staff work 12 hour shifts but the morning shifts include part time staff.

In addition to the nursing\care staff, there is a domestic assistant on each floor, a chef and three part-time catering assistants who help serve meals. Evening snacks/drinks are served by members of care staff. There is also a full-time maintenance assistant, a receptionist and an administrator.

Care arrangements

Handovers between shift members are undertaken by nursing staff who are paid for additional time as appropriate. In addition to these handovers, there

are 10 minute handovers between all members of staff during each shift. There is also a communication book in the form of a diary on each of the units.

Care plans, MAR charts and risk assessments are reviewed on a monthly basis or more frequently if necessary. Prospective residents are assessed prior to admission and are body-mapped at this time. This procedure also applies to re-admissions from hospital unless a resident has been admitted for less than 48 hours, when reassessment is not considered necessary.

There are currently 3 residents on warfarin therapy and these checks are undertaken by Boots pharmacists. There are 2 residents on regular controlled drugs and one resident on PRN injections. Controlled drugs are checked at each handover and audited by the Manager on a weekly basis. Only 1 resident is on covert medication and a Deprivation of Liberty (DoLs) assessment has been completed in respect of this resident.

There are positioning charts for monitoring the turning of immobile residents, although there are currently no residents requiring 2-hourly turning. All residents who require turning are placed on air mattresses. There are no residents at present requiring the attention of the Tissue Viability Nurse but she will attend whenever necessary.

In response to a question about procedures for falls management, the team were advised that the falls policy requires all residents at risk to be placed on low beds to prevent serious injury as this has been found to be more beneficial than the use of bed rails. Accident/incident forms are completed and are analysed as part of the risk assessment policy. In the event of a head injury being sustained, the senior nurse on duty completes a neurological assessment to identify whether there is a need to send a resident to hospital.

All staff are trained in the statutory requirements and training in DoLs, dementia and prevention of pressure sores is given to appropriate staff. New nursing staff undergo a 5-day induction course and care staff undertake a 4-day induction course. This is followed by a week's "shadowing" and can be further extended if necessary. The home trains staff to become dementia champions, its training course being named "Person first, Dementia Second".

Training is home based and some is provided by staff from Havering Adult Services.

The home is signed up to St Francis Gold Standard framework. Training is currently confined to nursing staff but it is intended to extend this to care staff in the near future.

There is one GP dedicated to the home although some residents choose to retain their own GPs. The GP attends twice weekly. Medication is provided by Lloyds Pharmacy with audits being carried out by Boots. Medication is reviewed on a 6-monthly basis by the GP. The team noted that controlled drugs are kept in an appropriate manner and that two members of staff (usually 2 nurses) are present when these drugs are administered. However, there is apparently no official handover of these drugs between outgoing and incoming shifts. The policy provided to us made no mention of this recommended practice.

When residents require physiotherapy, referrals are made by nursing staff. Others professional visits include dentistry, opticians, chiropody. There is also a hairdresser who attends weekly. The team were pleased to discover that the charges had been reviewed and reduced following the previous visit when it had been felt that the charges were too high.

In response to a question about visiting times, the team were advised that friends and relatives are welcome at any time.

There is one bathroom and one shower room on each floor and residents have a choice of which to have and how frequently. Care plans are noted where residents refuse to have baths/showers.

Residents are weighed monthly unless there are concerns about unexplained weight loss. The services of the community dietician are available when necessary and a recent innovation has been the introduction of milk shakes in preference to Complan supplements.

Activities for residents

No residents currently have pets and, although a bird or fish would be welcome, the difficulties of dealing with cats or dogs are recognised. Friends and families are welcome to bring well-behaved dogs into the home.

The home has an Activity Co-ordinator who works 43 hours per week. She has a number of volunteers, one of whom was in attendance at the time of the visit. There was a Reminiscence leader (external) at the home with a group of residents, playing a recording of the residents singing. Tea and biscuits were being served.

The Activity Co-ordinator encourages the residents in armchair exercises - "Move and Groove" sessions - 2 or 3 times each week. In the summer, residents are encouraged to go out into the well-tended gardens. Activities undertaken include musical bingo, going out to the pub, shopping and, following a sausage tasting week, a cheese and wine tasting - at the residents' request. A proposal has been put forward that a mini-bus be purchased which could be shared between a number of BUPA homes. The Acting Manager showed us a number of activities specific boards, which will detail weekly/monthly activities that are to taken place. It is intended to site these in the foyer so that visitors can see them.

Communication

Staff meetings are managed via the Take 10 Minutes policy on each shift with the manager walking around the units on a daily basis to speak to staff. There is a weekly clinical meeting.

There is a residents' committee that meets monthly and the chair of this committee reports to the manager. Meetings with families/friends are arranged on a quarterly basis.

The home has a whistle-blowing policy and staff may approach the manager or BUPA head office. The Acting Manager carries out night checks to ensure night staff are kept up to date and that they have an opportunity to discuss any concerns they may have.

Around the home

The team then carried out a tour of the home.

The entrance signposting was good; there were a number of notices and information leaflets placed strategically. All staff/visitors are required to sign in and out.

With the exception of the sitting room on the second floor (due probably to a soiled carpet, requiring attention), there were no unpleasant smells. All areas were clean and tidy. Toilets and sinks were checked. A number of taps showed signs of scaling, a problem that was noted during the previous visit. Temperature charts were available in all shower/bath rooms.

The non-slip flooring in a number of bath/shower rooms showed signs of wear and the carpet to the rear of the foyer was badly stained and required replacing. The team were advised that this was due to waste oil being spilled there.

All residents appeared to be appropriately dressed and those to whom the team spoke seemed to be happy with the care and the facilities of the home. This satisfaction was also expressed by the visitors who were spoken to. Those residents who were confined to bed all had call bells within easy reach and said that staff responded to them as soon as they were able. Jugs of various drinks were readily available and residents at the reminiscence session were being served tea and biscuits. Menus were displayed outside each of the dining rooms.

DoLs are completed whenever bed rails are used.

Most store rooms were locked and those that were open did not contain any items likely to present risks to residents. The three bathrooms that were out of use at the time of the last visit were now being dismantled in order to provide 2 activities rooms and 1 sensory room. However, two of these were unlocked, which was drawn to the manager's attention at the end of the visit as these rooms were clearly unsafe and were being used to store hoists etc.

All staff were wearing uniforms and had name badges. One member of staff was wearing a ring with a stone that might cause skin damage. No staff were wearing nail varnish or watches.

The gardens were not visited but, viewed from the windows, they seemed to be neat and well-tended, safe and accessible.

Many doors and rails were badly chipped, requiring attention but some redecorating was under way.

The kitchens were clean and tidy, with fridges and freezers also neat with all items stored being wrapped and labelled appropriately. It was pleasing to learn that the Environmental Health Officer had awarded the home a level 5 food hygiene assessment.

The laundry was well run with all equipment in working order. Following the last visit, an extra fan had been provided and there was a division between the clean and dirty areas.

At the end of their visit, the team met the Acting Manager to provide feedback and to thank her for her hospitality. At this time, she was asked how a recent complaint had been resolved; the team were advised that disciplinary action had been taken over the failure to follow through when a nurse had not attended when requested. A full review had been undertaken to ensure that such situations were avoided in the future.

Recommendations

That:

- The impressive decorative scheme in the dementia unit be extended to the other floors in the home, as varying colours and providing murals etc. would improve the ambience of all units. The move away from single-coloured walls in corridors is to be commended as this provides additional contrast to doorframes.
- All taps be descaled on a regular basis as this home is situated in a hard water area.

- Carpets to the rear of the foyer and in the dementia unit day room be replaced.
- Flooring in some bathrooms be inspected and replaced if necessary.
- All wooden areas that are currently chipped and scratched be rubbed down and repainted.
- That there is an official handover of controlled drugs at each shift change. This is best practice.

The Acting Manager advised the team that company policy is for homes to be re-furnished/re-decorated on a 6-yearly cycle. This seems to be less frequent than is required to provide a well-cared-for environment and staff are to be commended for carrying out decorations in their own time.

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 16 November 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
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