



Enter & View Derham House

10 November 2015

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



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.

The visit

The team was met by the receptionist, who made them welcome and informed them that the Manager was just finishing a meeting.

When the Manager arrived he explained that there had been a minor outbreak of diarrhoea and vomiting (D&V) in the home. He had contacted the HH office and been advised that the visit could continue if he was satisfied that to do

so would not compromise the health of any resident. He explained that the layout of the home enabled him to confine those residents with the infection within one of the two units and it was therefore decided that the visit should continue, with the exception of the affected dementia unit.

The home is registered for 64 residents who may need nursing care and is also registered for dementia care. There are two units, each of 32 rooms and all are on one floor. One unit is designated for dementia care. There is currently one vacancy.

The Manager explained that, although he had only recently been appointed to that post, he had worked at the home for 6 years in the capacity of Deputy Manager. He is in the process of CQC registration. Edwin introduced us to the newly appointed Deputy, who had only been in post for a few weeks.

The team were told that nursing and care staff work 12 hour shifts. There are 2 nurses and 7 carers during the day on the dementia unit and 2 nurses and 6 carers on the frail elderly unit. At night 2 nurses and 5 carers provide cover between both units.

In addition to the nursing and care staff, there is a full complement of cleaning, laundry and kitchen staff as well as a maintenance assistant. There is also a receptionist and an administrator.

Absence/sickness cover is covered by the home's bank staff wherever possible but it is occasionally necessary to employ agency staff, provided by Care plus: every effort is made to ensure that only staff who are familiar with the home and its residents are used.

Care plans are reviewed on a monthly basis but may be amended as and when necessary. Residents referred from hospital are always visited prior to admission/re-admission.

When asked about bedfast residents who require turning, the Manager confirmed that there was a protocol in place for 2 to 4 hourly turns. He also confirmed that all residents are checked and body-mapped on admission, with photographs being taken if this is required.

Because this is primarily a nursing home, District Nurses do not attend but the Tissue Viability Nurse attends whenever necessary.

The organization has a “Footsteps” training program for dealing with residents who are prone to falls and the Manager advised that there would be a training day the week after the visit.

The team were shown the training matrix which lists all members of staff, covering all training provided and indicating where/when staff have undergone training. The team was particularly pleased to note that the home is signed up to Gold Standard Framework for the care of residents in their last days, in association with St Francis Hospice. Most training is conducted on a face-to-face basis, but there is a facility for some e-learning, with a room being specifically set up for this purpose.

The home is registered with the Cranham surgery and the GP visits on Tuesdays and Fridays. Medication is provided in blister packs by Crescent Pharmacy. Medication is reviewed regularly by the GP and the Pharmacist. Residents who are on warfarin therapy have their bloods checked by the Pharmacist as and when necessary.

In addition to this, there is access to chiropody twice monthly and there is also regular access to dentistry, physiotherapy and optical services. Residents are usually weighed monthly but this may be carried out on a weekly basis, where there is concern and the services of the NHS dietician is sought whenever necessary. A Hairdresser visits each Friday.

There are bathroom and wet-room-type showers available for residents, who may choose to have showers/baths on a daily basis if they wish. All are encouraged to shower/bath at least once a week. Bathing is documented in care plans and water temperature charts in the bathrooms were noted.

Residents may have pets to visit, but there were none resident at the time of the visit. However, the Manager confirmed that there had recently been a dog show in the home's extensive grounds.

The home has its own minibus and this is used regularly by the Activity Co-ordinators to take residents out - e.g. to Southend, Clacton, pub lunches etc. Currently there is one permanent Co-ordinator and two bank staff but the home is recruiting another permanent member of staff.

The manager confirmed that the home has a whistle-blowing policy and that issues would normally be managed by line-managers but anything more serious would be referred to head office.

Around the Home

The team toured the home, accompanied by the Manager and his Deputy.

The entrance was welcoming with easy chairs and coffee and biscuits available for visitors. There was a receptionist on duty.

The home was spotlessly clean and there were no unpleasant smells in the unit that was visited. Staff were interacting with the residents and even the administrator was encouraging residents in a sing-a-long. Members of the team spoke to several residents, members of staff and some visitors. They were assured by all who were spoken to that residents were well cared for and each resident spoken to said that the food was very good and that there was a choice at each meal. All residents were dressed appropriately. There was evidence of the availability of drinks/ snacks available in the day room which was adjacent to the dining room.

The cook confirmed that residents were offered a choice at each meal time and that wine was offered with meals on a daily basis. It was noted that the kitchen had been awarded a level 4 Food Hygiene assessment by the Council's Environmental Health Office and the cook advised that she was aiming to improve this to a level 5.

All store cupboards were locked. The laundry, which is staffed on a 7-day basis, was locked and there was good division between clean and dirty areas.

The home has extensive grounds in addition to a secure garden provided in the courtyard. The areas laid to lawn were well cared for and had been recently mown.

A number of residents remained in their rooms and it was noted that call bells were available to summon assistance.

The bathrooms visited were clean and all taps were clean, with no evidence of scaling. There were water temperature charts on the walls.

The team was told by the manager that plans were in hand to refurbish the corridors; they suggested that consideration be given to a more imaginative colour scheme that differentiated door frames from the main wall colour (which was currently the same in all areas).

Members of staff wear uniforms and all staff who have contact with residents have magnetic name badges. Other members of staff have traditional pin badges. No members of staff were seen to be wearing jewellery, nail varnish etc.

At the end of the visit, the team concluded that this was a well-managed, well-run home and that there was little that could be recommended to improve it apart from the colour schemes on the corridors.

We thanked the manager and his deputy for their hospitality and ended the visit at 12noon.

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 [date] 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



*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*

Email: enquiries@healthwatchhavering.co.uk

Website: www.healthwatchhavering.co.uk

