Enter & View

Glebe House Residential Care Home

1 December 2023

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
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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 Community Interest 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?

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 voice, 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.

Visiting after the Covid pandemic

During the period of the Covid pandemic, the Enter & View programme was inevitably suspended. Now that the pandemic is largely over, we have been able to resume the programme but with safeguards to ensure the safety of the users and staff of the facilities we visit and of our members who are conducting the visit.

For that reason, visits will generally be carried out by a small team, who will wear personal protective equipment (PPE) appropriate to the facility they are visiting and take sensible precautions such as the use of hand sanitiser.

We have also changed our approach to conversations with the management, staff and users of the facility. Previously, this would have been done face-to-face on the day of the visit but, after Covid, that is no longer practicable. So we will hold such conversations, where possible in advance of the visit, using an online video meeting.

The visit that is the subject of this report was carried out in accordance with this new approach.

Note: there may be some repetition of information between the sections of the report relating to the interview with the manager and the report of the actual visit, reflecting discussion as it took place and the observations made during the visit.

Pre-Visit interview with Olawumi ("Ola") Adesakin – Manager

Ola had worked at the home since 2021, firstly as assistant service manager and then, since June 2022., as the registered manager. The deputy manager was new to the post.

Glebe house is a Nursing Home for people with mental health issues.

The home had originally been set up for patients from the Warley Care home when it closed. Several current residents at the home had originally been rehoused from Warley.

The premises

The Home could accommodate 12 residents; at the time of the interview, there were 11 residents with one person due to move in shortly. Residents were in the age range 58 to 74. The home's central administration was managed by the provider company's head office.

All but one of the rooms had en-suite facilities, comprising a shower and a toilet; the exception was a single room that had a toilet but not a shower, with access to a bath in the bathroom next door. Each floor had two shower rooms and a disabled toilet, and the home had separate facilities for staff, male and female, on each floor.

The home had two massive washing machines in the laundry and a large garden.

There had been some publicity following a recent inspection by the London Fire Brigade (LFB) of escape routes, which reported that fire compartmentation was required and that some of the fire doors were not as safe as they should be. These shortcomings were already being addressed and doors will close along the hallways now if a fire alarm were to be set off.

Care services

Medications were obtained (in blister packs) from a local pharmacy, which was reliable and met the home's needs. Medication was kept in residents' rooms, in locked cabinets. PRN injections and controlled drugs were kept in the clinical room; currently only one resident was on controlled drugs. There was a weekly audit on the medication in the rooms., with managers checking monthly, and the pharmacy carrying out an annual audit.

No current resident had special dietary requirements but the cook was able to adjust menus if the need arose. There was a weekly menu plan, which was discussed weekly on a Thursday evening with the residents choosing a meal each with staff, for which food was then bought. All residents has a balanced diet with plenty of carbohydrates, meat, and vegetables. There was no need for dieticians' support.

Residents were weighed monthly; one resident needed their fluid intake monitored. Residents were free to make tea coffee or soft drinks all day in the dining room.

No residents were deaf or had a hearing impairment; when residents were checked for their sight annually, they also had an audio test.

The home did not need to use the Incontinence Service – not used. Residents were able to see a chiropodist every 6 weeks, for which they paid, and all were able to be seen by a local dentist. No current resident was wheelchair-bound, but one resident needed to use a wheelchair when going out and about.

The allocated GP was also local and met the home's needs. The GP called regularly, generally weekly, if he was unable to attend in person, he would make a phone call. In urgent cases, the GP would respond quickly to emailed requests for assistance.

Opticians call at the home annually.

The Mental Health team support the home.

The home has its own transport for Hospital appointments.

Two residents had received support from the Falls Team following falls due to a health sensory problem.

The home had not experienced any problems accessing any of these services.

As the home operated on a 24-hour basis there were always staff on hand to deal with residents returning from hospital at

any time, although experience was that, when residents had been to the hospital, they were back by 6pm.

The home did not provide day care or respite care.

When residents became more physically dependent, they would not be moved to a different provision, although some moves within the home might be necessary. End-of-life care would be provided if needed.

Care plans were regularly reviewed, revised or adapted as required, in conjunction with residents themselves, family, psychiatrists, and Adult Social Care care co-ordinators.

An open-door policy was in place, allowing relatives to visit and key workers see the others monthly.

Residents were independent and able to go out as they wished, including organised visits to various attractions. Some had access to mobile phones.

The residents all had their own spending money. Some were subject to legal Deputyship, or Court of Protection supervision. When they need money, they request it. They keep about £300 in their account. Some have individual amounts of money each day about 15 pounds to spend in the community. They can spend how they want. Money is locked in the safe all documented. All staff are able to manage the resident's money.

All residents were funded through NHS North East London.

Complaints and safeguarding policies were in place, and the manager was available to residents (and staff) at any time.

Staffing

Of the staff team of 19 in total including the Manager, 7 were full time and the rest were part time. The team included a cook; two post were currently vacant - a cleaner and a support worker.

The home had a good retention rate for staff, but there was a banking system (for staff absences) used when needed. The home used agencies for nurse cover. They had two bank nurses who only worked at the weekend.

The morning shift comprised five staff on duty 7am – 2.30pm; four staff between 2.00pm and 9.30pm; and two staff overnight, 9.15 pm to 7.15 am. In addition, for a temporary period to deal with challenging behaviour, a further member of staff would be on duty during the day.

Formal staff meetings were held monthly, and they met informally every day by video or in person.

The manager told the team that she felt supported in her role, with an area manager she could contact at any time. The owning group had six different homes in Havering and the managers all support each other, although Glebe House was the only home offering support for residents who had mental health issues.

Staff training

The home had in house training; with mandatory training for all new staff. They used Care Skills, an online portal for training, which advised staff when their training was running out, when it was due and recorded the outcome.

The training schedule was extensive. There was a training matrix and staff used mobile phones to log in and check when their training was due. If required, they would go to the provider's head office in Sidcup for training, perhaps once a year.

The manager advised the team that she regularly observed the staff personally and would arrange additional training for those she considered required it - not just an annually, but as the need arose. Training could be done during the day or at other times – staff were paid for all training.

The owning organisation had a Quality Assurance system in place.

The visit

On arrival, the team found that the home was kept secure by gates controlled from within the main building. The team were admitted into the grounds where there was adequate parking for any visitors. The grounds appeared to be well cared for and

the team were advised that there is a contract gardener. The team noted outside drying for laundry and there were fruit trees which the team were told provided fruit for the residents. There was also some outside seating for residents.

On entering the building, the team were impressed with the standard of cleanliness in all areas despite there being contractors in the building in connection with the remedial work recommended by the LFB to provide fire compartmentation in the corridors, at that time nearing completion. There had been some delay in carrying out this work as the building was leased from the Guinness Trust which had needed to find the funding to carry it out. It was noted that the compartmentation doors were equipped with coded locks and electronic controls to provide automatic closure in the event of fire. The team were impressed to be told that, in the interests of infection control, one toilet on each floor had been allocated for the contractors' use for the duration of the work.

All but one of the rooms was noted to have en-suite toilets and showers; the other room had a bathroom. All of the rooms were well-decorated, and furniture was largely suited to the occupants, with beds to suit individual needs and preferences. Only one resident had a hospital bed.

The team asked about the status of the residents and were advised that only one resident was compulsorily detained and was being accommodated on a respite basis with a possible

view to permanency. One resident was cared for on a one-to-one basis. Although the present age range of residents was between 60 and late 70s, younger people could be accommodated. It was noted that residents had some degree of brain injury and that they may consequently exhibit challenging behaviour at times.

The team asked about the registration status of the home, as there appeared to be some confusion as to whether it was regarded as a nursing home or a residential care home. They were advised that it was regarded as a nursing home and, as such, there was a nurse on duty daily between 7am and 5pm. All staff had undertaken training in medicine administration but, if a nurse was not on duty, the manager ensured that a shift manager was on duty who could deal with controlled drugs. Medication is currently provided by a local pharmacy in blister packs, which were kept in each resident's room in a dedicated locked box together with the appropriate MAR sheet. Controlled drugs were kept in the clinical room and dispensed by the nurse.

The team were told that the possibility was under discussion of changing the registration to residential but difficulties in doing that centered on the administration of controlled drugs. Clearly this would have substantial effect on the cost of the service.

A dedicated external smoking area was available to the very few residents who were smokers.

There was a communal room on each floor where residents could watch TV and there were various games etc in these rooms for group participation. The manager advised that group activities were organised in accordance with residents' wishes. Trips out were arranged on a regular basis and residents were due to visit the local theatre shortly to see the pantomime. Residents were permitted to go out locally unaccompanied, but a member of staff would usually be available to accompany anyone who needed that.

When asking about catering provision, the team were advised that each week the residents made their own decisions as a group on the menus for the following week. There was always a roast dinner on Sundays and Friday was usually a takeaway day. This was often fish and chips but other options were available. One member of staff used the home's own transport to fetch this from the local shopping centre. One resident had a preference for fish dishes and this was cooked daily for him.

Residents' personal monies are kept under lock and key in the manager's office. Cash may be obtained via the local authority or from residents' relatives according to individual arrangements and residents were permitted a daily maximum which they signed for in individual cash books.

The team observed that the dining room was well-furnished and large enough to accommodate all residents. The kitchen was clean and tidy, with fridges and pantry well stocked.

Conclusions and recommendations

At the end of the visit, the team thanked the manager and staff for their hospitality. They had been impressed by what they had seen, and the team had no recommendations to make.

When the team asked the manager about the adverse CQC report she explained that the home had been the subject of an unannounced visit on the same day that the auditor pharmacist attended. On that day, the nurse on duty had not followed protocol by signing MAR sheets immediately medication was dispensed but had completed this at the end of the drug round as the MAR sheets were kept in the clinical room at that time. This had now been remedied by placing MAR records in each resident's room.

Acknowledgments

We would like to thank everyone at Glebe House for their support and assistance during the visit.

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.

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.

Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there is no ongoing commitment.

To find out more, visit our website at https://www.healthwatchhavering.co.uk/advice-and-information/2022-06-06/our-friends-network-archive

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