

Enter & View

Langley House

2 Oak Road, Harold Wood

Romford, RM3 0PH

16 October 2018



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 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?

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, 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.

Key facts

The following table sets out some key facts about Langley House. It is derived from information given to the Healthwatch team during the visit, and reflects the position at the time of the visit:

Number of residents/patients that can be accommodated:	25
Current number accommodated:	23
Number of care staff employed:	20
Number of management staff employed:	1
Number of support/admin/maintenance/activities staff employed:	1
Number of visitors per week:	35
Number of care/nursing staff spoken to during the visit:	15
Number of management/admin/reception staff spoken to during the visit:	1
Number of residents spoken to during the visit:	6

The Premises

Langley House is 30 years old, with a 7-room extension having been completed recently. A total of 25 rooms was available.

The difference between the old and the new parts of the premises was clear. The older rooms had no en-suite facilities whilst the new ones were complete with showers and toilets. The difference in the fabric of the two parts of the premises was also obvious: the older section looked

in need of redecoration and general refurbishment although it was clean and tidy. There was a preponderance of magnolia-coloured walls, but door frames had been decorated in contrasting colours, which is best practice when caring for those with dementia. There was no evidence of limescale build-up anywhere.

There was a TV on in the small sitting room and only one resident appeared to be watching it. There was music in the large sitting/dining room.

The laundry contained two large washing machines and a dryer, and appeared somewhat cramped and, due to its layout, could not support a clean and dirty area policy. There was, however, no apparent backlog of washing waiting to be done or of clean clothes waiting to be distributed.

The kitchen had been awarded 5 stars on the “Scores on the Doors” by Environmental Health and was clean, tidy and well organised. The fridge and freezer were well organised and opened food was covered and dated.

The home had two lifts, which is commendable, but it was noted that there were rather steep stairs which had two turns and that these were not secure-door controlled. The team were assured that the door at the top of the stairs was closed at night.

There was a large patio area to the rear of the home with extensive ramps to allow wheelchair access. It was paved, with a few tables and chairs, plus a few pot plants. Close to the road exit there was a small area enclosed for the use of smokers.

The visit

The team were welcomed by a senior team leader and then introduced to the manager. The manager had been at the home for over 10 years; in his absence, a senior carer would cover for him with assistance from

the proprietors' head office, which was located nearby. The manager had a desk in the main lounge where he was easily reached by all residents. His rapport with the residents and staff was obvious and there was a very lively atmosphere.

Care for residents

The home is registered to provide care for elderly, frail people living with dementia, with a number of current residents receiving such care. There are 25 beds, of which 23 were occupied at the time of the visit, with the others due to be occupied within the next couple of weeks.

Care is offered on both a respite and permanent basis.

Seven current residents were subject to Deprivation of Liberties Safeguards (DoLS). The team noted a notice on the lounge wall giving advice on coping with communication difficulties.

The home adjoined a medical practice, from which a GP attended weekly, and carers were able to refer to the practice at other times when necessary.

Most residents took their meals in the dining/sitting room where tables were pushed to the side outside of meal times; a TV is also available in this room. While the team did not see a menu, the cook advised that she developed menus on a weekly basis, taking residents' wishes into account. During the morning, snacks such as crisps and biscuits were available, and cake was served in the afternoon. Drinks were offered on an hourly basis and residents were able to have drinks during the night when tea, coffee or milky drinks were available. Cold drinks appeared to be restricted to water. Staff would assist those residents who needed help with feeding.

The Senior Carer carried out the medication rounds, assisted by a colleague, and together they ensured that the residents took their medication. Residents were weighed monthly. At the time of the visit

there were two bedbound residents but all the others ate together; one resident had a pressure sore, which was healing and which was cared for by the district nurse, who also attended daily to administer insulin to another resident.

Care plans were reviewed every three months and re-assessed when necessary. Infection control was monitored 6-monthly. Falls were monitored in quarterly reports to the safeguarding team. All residents are registered with the local GP, whose surgery adjoins the home, but in emergencies a call is always put through to 999 or 111. Hospital discharge has never been a problem. Night time inspection is not required as there is 24-hour CCTV monitoring.

Residents were weighed monthly, or as necessary. The cook provided varied choices of menu.

Showers/baths were available when wanted. Carers would check the water temperature before use and the handyman checked the general temperature weekly.

Drugs were kept in a double-locked cabinet, or in a fridge which is locked. At the time of the visit, no patients were self-medicating. Patients requiring Warfarin checks were seen regularly by a local pharmacist. Patients also have regular appointments with local opticians/chiropracist etc. Risk assessments were reviewed every 28 days.

Facilities were in place for patients with communication difficulties. An Audiologist funded by the local authority was available where needed.

All residents were properly dressed and groomed and there was a very good atmosphere generally in the home.

A hairdresser visited regularly, and a chiropracist called every six weeks.

At the time of the visit, there were no residents with particular religious requirements but the team were told that visits from various

denominations were welcomed. The home was well supported by relatives and family visitors were present during the visit.

The atmosphere in the home was very friendly and homely. All residents appeared comfortable and relaxed. The manager has created a friendly ambience, and was regularly enquiring after the residents and staff

Staff

In addition to the care staff, there were a cleaner, a cook, and a handyman/maintenance operative. The staff work to a shift pattern of 7/8am-3pm, 3pm-10pm and 8pm-7am or 10pm-7am, all with a 15-minute handover period; the roster is arranged over a four-week period. Staff appeared happy and told the team that they worked well together. Agency staff were not used.

The team noted that staff were wearing uniforms but did not display badges, as they had formerly used pin-type badges which were being replaced by magnetic badges of which delivery was awaited. It was confirmed that staff were able come into work already in uniform.

There was no dedicated activities co-ordinator but all staff were expected to help residents with activities, including the cook. A couple of church groups came in monthly. Birthdays and other special occasions were always celebrated; the home had, over the weekend prior to the visit, celebrated its 30th anniversary.

Training was updated on a regular basis with most of it being carried out in-house or at the proprietors' Head Office in nearby Bryant Avenue. Most training was carried out during normal working time, but all staff were paid if training took place during their off duty periods. Hand over took place three times each day, with staff coming on duty 15 minutes before their scheduled times, for which they were paid. Medication rounds took between 45 minutes and an hour. There was one drugs trolley which was anchored to the wall by the drugs cupboard.

One member of staff was observed to be wearing nail varnish.

Staff views

The team spoke to a number of staff including team leaders. All of the staff who were spoken to confirmed that they felt supported in their duties and that they had all undertaken statutory training as well as training in dementia care, mental capacity, Deprivation of Liberty Safeguards (DoLS) and safeguarding. They had also received basic training in End of Life Care, and some staff had received more advanced training. The End of Life co-ordinator had been involved in this training. It appears that staff could work flexibly, with hours (within the overall framework) that suited their personal circumstances.

Views of residents

The residents to whom the team spoke all seemed to be happy and well cared for, although there were a few minor grumbles. Three relatives also spoken to were also happy with the care provided.

Some residents said that they preferred to sit in a small group separately, only meeting other residents for meals. One resident had been in the home for three years and liked it very much. Residents said that the food was good, with choice available.

Recommendations

Overall, the team felt that this was a good home. Some minor issues required consideration, as follows:

- That consideration be given to the provision of a wider range of cold drinks in the lounge, such as fruit juices or squashes, as well as water
- That, when redecorating, consideration be given to a more varied colour scheme

- That consideration be given to fitting a closed lock to the door at the top of the stairs
- That attempts be made to re-design the laundry to ensure that a dirty/clean pathway is provided.

Healthwatch Havering thanks all service users, staff and other contributors 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 October 2018 and is representative only of those service users, staff and other contributors 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**

email enquiries@healthwatchhavering.co.uk

Find us on Twitter at [@HWHavering](https://twitter.com/HWHavering)



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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*



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