

**Enter & View
Lilliputs
Residential Care Complex**

21 September 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 (HWH) 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 complex:

Lilliputs is a residential care complex, consisting of five “units”, each separately registered by the CQC (one of which is occupied by children and are therefore outside HWH’s remit), operated by the Care Management Group (CMG). The complex is located in a semi-rural area within the Ingrebourne Valley, between the built up areas of Hornchurch and Upminster, on former farmland. The five “units” are the Farmhouse, The Paddocks, Cherry Trees, a

Day Centre and a children's unit. The client group is mainly severely-disabled younger people, some children but others long-term residents who have grown to adulthood since taking up residence. The complex accommodates residents from a wide geographical area, across London and South East England.

Although each unit is registered separately, Healthwatch regards the complex as a single entity for the purposes of Enter and View visits.

HWH carried out an Enter & View visit to the complex in late 2014 but, as it was not possible at that time to undertake a full visit, no formal report of that visit has been published. References in this report to “the previous visit” are to that visit.

All staff are trained. The team was told that staff are expected to do all their training within three months of taking up employment. In addition, there is a bank of staff available, all of whom receive the same training. No agency staff are used.

The staff training programme is broken down into 15 parts and includes: professional practice in health and social care; principles for implementing duty of care; person centred support; how to communicate effectively; equality, diversity and inclusion; safeguarding in health and social care; health and safety in an adult social care setting; and personal development.

Training is also given in: infection control; introduction to learning disabilities; engagement and stimulation; whistleblowing; safeguarding; positive behaviour support (PBS); challenging behaviour support; and mental capacity and dementia.

Some training is e-learning, some is classroom-based and some is one to one. All staff have a six months' probation period. Staff recruitment is dealt with by CMG's HR department: the manager sorts through applicants' CVs, initially interviews candidates by telephone interview and then suitable applicants are seen for formal interview. All candidates are tested on literacy and numeracy skills.

Candidates are offered a post on condition of two references and a clean DBS check.

There are two domestic staff at the time of writing. There are no catering staff and service users are encouraged to help care staff prepare their meals.

There is one full time maintenance man, who is able to perform small tasks over the five properties.

Staff do not wear uniforms or badges, but all wear ID when accompanying residents outside the premises. All IDs have a photo of the member of staff and an emergency phone number.

There are monthly staff meetings, where staff are encouraged to contribute to the agenda, or to discuss issues as “Any Other Business”. The staff told the team that they feel this meeting is really important to discuss the residents and makes all staff aware of any issues.

The assistant manager told the team that they had taken a resident to Stubbers (a local outdoor adventure centre) the previous day where they had participated in sailing, archery and laser tagging which had required two carers to one service user.

A member of staff told representatives that things were much better at Lilliputs as managers only looked after two homes within the site and the management was more approachable

The team was told that, when one resident recently had to go to A&E by ambulance, the ambulance crew had phoned ahead and the hospital provided extra staff and a room to tend to the patient.

The visit

Healthwatch Havering (HWH) the team entered the Lilliputs care home at 10.30am and went to reception to sign in. The CGM Regional Manager was present, but the team was unable to meet him before beginning the visit. The team split into two groups of two, one visiting the Farmhouse and Cherry

Trees units and the other the Day Centre and The Paddocks units. The children's unit was not visited.

The Farmhouse

The Farmhouse has seven long-term residents. The unit manager, who had been in post since March 2015, showed the team in using the unit's biometric finger print entry system, which can only be used by staff. All residents are subject to Deprivation of Liberties statements (DoLs) because of the biometric system in use at the Farmhouse; this has been agreed with families and their GPs. The biometrically-controlled doors are connected to the fire alarm and if the alarm sounds the doors open automatically. There is an assembly point in the car park next to the Farmhouse.

On the day of the Enter and View visit there was great excitement in the Farmhouse because three of the residents were going on holiday to Center Parks and staff were packing and trying to get ready to leave.

Staffing levels at the Farmhouse are five during the morning, five in the afternoon and two at night. The manager said that all staff are fully qualified.

There are staff meetings once a month where all staff attend, an agenda is sent to all staff beforehand for comment or points may be brought up.

On entry, the team members were asked to sign in. There was a picture board of staff in the hall way.

The kitchen was clean bright and airy. There were activity planners for each of the residents, with a varied choice of daily activities. All residents have access to the day centre, depending what they have been allocated on their activity planners. Families all have copies of the activity planner for their relative, and tend to have involvement in the planner.

The daily meal planner was also observed, with pictures of food for the residents to choose from. This is done the day before using picture stickers. Each resident is assessed separately and their diet is adjusted individually. HWH representatives looked at the folder which had a varied choice of meals

available to residents. Staff monitor residents' fluid intakes by means of a fluid intake chart; it was noted that special arrangements were made for a particular resident in view of their specific medical needs.

The team walked through to the conservatory which led to the garden. There was a bike and swing, tables and chairs and it looked as though the garden was well used.

A member of staff, who had been at the Farmhouse since December 2014, said that they were very happy working there, enjoyed their work immensely and were looking forward to going on holiday with the residents. The member of staff had completed e-training and had received face to face training. They worked 37.5 hours a week and felt well supported by the management

The representatives looked at three residents' rooms, all of which were clean and tidy. None of the residents were on covert medication. Each room had a locked medical cabinet, and all residents are signed up for the consent to treatment and care charter. All rooms' windows opened a safe amount. All doors had fire guards on them; if the alarm sounds the guards would be released.

The laundry room was open and in use, all the cupboards containing chemicals were locked.

The care plans were kept secure in the manager's office and updated where necessary or at least every six months. Care plans were re-evaluated by parents, professionals, management, the staff at the Farmhouse and staff at the Day Centre. The residents were regularly seen by dentists, opticians and chiropodists.

All taps had been fitted by a specialist contractor, and the water provided through them was kept at a constant temperature of 45 degrees. Taps were flushed once a week by staff, and inspected annually by a contractor.

Cherry Trees

Cherry Trees has a biometric finger print entry system for staff only.

The facility has the capacity for five residents but there were only three at the time of the visit. All are long term residents and none is on covert medication.

The unit manager was not on duty, so the team spoke to the assistant unit manager.

There was a board on the entrance hall wall showing names and photographs of members of staff. There was also a menu planner with pictures of food for the day. Meals are planned a week ahead on a Monday so shopping can be ordered. Residents sit in the dining room and select their choice for the week. Residents often go shopping for small items of food.

Residents are encouraged to help prepare meals. In answer to a question, the team was told that lunch time was between 12.00 and 1.30pm, although there was no sign of any food preparation being in hand at the time of the visit. HWH representatives were told that residents tend to eat when they are hungry, depending on the time they had breakfast. The menu planner showed a varied choice of meals.

HWH representatives also observed that the garden had been tidied up considerably since the previous visit and the height of the fence around the garden had been raised.

HWH representatives observed three residents' rooms: two had blank activity planners, one of which had apparently not been completed since his arrival two years previously. Two bathrooms were also viewed: both were well equipped, clean and tidy.

In response to a question about activities, the team was told that:

- One resident regularly went to the gym and day centre. They also regularly went to the cinema and liked to go on fairground rides.

- One resident was very keen on washing cars, and the manager was in contact with a local bus company to try to get the resident some part-time work.
- One resident was unable to leave the complex much but did like to go out by car. Staff were planning a trip to Canvey Island and to a safari park. This resident would require to be escorted by two carers when going out.

If at all possible, one resident a day would go into the nearby town; the team observed a resident and member of staff leaving to get the resident's hair cut

Residents were asked where they would like to go on holiday and those able to said they wished to go to Butlins: two residents were going to Butlins during the second week October, two were going during the third week of October. They had been to Butlins before and particularly like the adapted bikes for four people and the evening entertainment; Butlins were aware of their special needs and were very accommodating. One resident was going to Butlins during the first week of November for day trips with parents and carers. Two residents had a work rota, one worked in the office cleaning and the other helped the maintenance man and collected litter.

In the lounge one of the two remaining residents was happily colouring with a carer and the other was walking around the room.

The laundry room was locked.

All residents were aware they are on medication and all but one were subject to DoLs.

The optician had visited the home just before the visit and the Dentist was due shortly. A GP would attend the home if necessary.

All residents have a hospital passport. Care plans are updated when needed, but at least every six months.

The Paddocks

The Paddocks is a self-contained unit provided residential care for 7 young adults (20 - 30 years). At present there are 6 men and 1 woman. The woman resident is accommodated separately as she exhibits severely challenging behaviour, requiring two to one care: it would have been inappropriate for the team to include her in the visit. Currently, all other residents have one to one care although this can be altered should a need to do so become apparent, their behaviour too can be challenging.

The unit is provided on one level and was observed to be clean, bright and tidy on the day of the visit. There were no unpleasant odours. There are gardens to the rear of the premises, where it was noted that the grass was overly long. The team advised that residents from other local homes provide a gardening service, under supervision. It was not clear that this had taken place recently.

At the time of the visit the maintenance assistant was decorating one of the rooms and the team were advised that colour schemes were being revised. Some of the parents are involved with this.

In response to questions, the team was advised that -

- Staff work a mixture of shifts (7.00am-2.30pm, 2.00pm-9.30pm, 9.15pm-7.15am) with 7 or more staff on day duty, subject to dependency and 3 staff are on duty at night. It was noted that one of these staff members were required to be available to other units within the complex should the need arise. As far as possible, cover for annual leave/sickness/vacancies is provided in house but one agency (Cardant) provides staff who are familiar with the unit when necessary.
- There were no residents on covert medication
- Controlled drugs are checked daily by staff and are kept in a locked container within the medication room which is also kept locked at all times. There is a protocol for PRN medication (e.g. paracetamol etc)
- Residents are weighed monthly and there is input from the company nutrition team when required.

- Residents do not have pets but one member of staff who stables her horse at the local riding school sometimes brings him (Henry) into the unit for the residents.
- There is one bath/shower room, which was going to have an upgrade, and 1 shower room for the six residents. There is also a bathroom in the self-contained flat but the water supply to it is disconnected at night
- There is professional input from a dentist, chiropodist, optician and a psychologist. Dr Patel is the allocated GP from Gooshays Health Centre, and he quickly responds to calls from the unit.
- Due to the nature of the client group and the fact they are placed in the units from areas outside Havering, meetings with families/ friends are difficult and tend to be on a one-to-one basis as and when required.
- Activities provided include games etc although attention spans are problematic. Residents are taken out into the community for shopping and to use the facilities in the Day Centre - always subject to mood. Three residents had recently been on holiday to Centre Parks.
- All members of staff are required to undertake all statutory training as well as additional units. This is provided by e-learning as well as face-to-face training. E-learning includes infection control, emergency fire evacuation, mental capacity, Deprivation of Liberty, Safeguarding, First Aid, Equality & Diversity, COSHH. Face-to-face training includes Challenging Behaviour, CPR, Moving & Handling. The Manager of Paddocks had an NVQ 3 and was currently studying for her NVQ Level 5.
- Staff meetings are held on a monthly basis.
- Snacks and drinks are offered on a regular basis.
- All doors are kept locked to ensure the safety of residents.
- All residents were appropriately dressed
- Staff members do not wear uniforms or have badges as these are deemed inappropriate to the service.
- Care plans are reviewed on a 6-monthly basis and are kept in a locked office, along with the medication.

The team shown around the centre and noted that residents were being cared for on a one-to-one basis with the exception of the female who was in her flat

under the care of two care staff - one being in the flat with her and a second member of staff observing from outside. The key to the COSHH cupboard, which is in the kitchen, was kept in a drawer in the kitchen; all store cupboards, laundry room etc. were kept locked when unattended.

Care staff purchase and cook meals within the unit and encourage residents to assist with food preparation.

The Day Centre

The day centre provides care to up to 16 non-residents, together with - by arrangement - some residents from the units within the complex. Many of the day clients come with their own care worker. The centre is open 8.00am-8.00pm, seven days a week, with staff working 12 hour shifts. There were seven staff on duty on the day of the visit.

The centre is contained within one building and provides comprehensive facilities to its client group, over 2 floors. It was recently closed for refurbishment and, during this “down” time, significant work was carried to contain the staircase. This has made it possible to provide extra space for relaxation.

Among the facilities provided are a swimming pool, large gym area with soft ball playpens, art room, activities room, computer room and a number of quiet areas where troubled/challenging behaviour can be resolved in comfortable, private rooms, and can be used as a chill out and quiet place. The large activities room was split into areas, table, television and musical areas, with lots of instruments and an organ. There is also a large garden to the rear but there did not appear to be any furniture in it apart from a trampoline without protective nets (which staff advised was due to the client who used it not wanting them). There was a relatively low-level chain link fencing which the team, initially, felt provided insufficient security for the client group; the team was told this was due to the view over the Ingrebourne Valley, so as not to make it too institutionalised, which the team accepted as a reasonable explanation.

Many of the questions posed during the visit to The Paddocks were inappropriate to the Day Centre as few of the residents required medication during their time in the centre, although it was noted that medication is kept available in case of necessity, in a locked, secure facility. All care plans were kept in a locked office.

Staff training follows the same regime as that of the staff in the residential units.

Cover for annual leave/sickness etc. is usually provided from existing staff.

Overall, the centre appeared to be clean and tidy, but there was a build-up of grime around the floor of the art room. The butler sink was typically dirty, as in most art rooms. There was also a washing machine in the art room. Clients were encouraged to assist with cleaning and staff cleaners only attended during the early morning on 4 days per week. The team felt that this was inadequate to ensure the cleanliness as the clients were not capable of performing specialist cleaning tasks needing machinery. Whilst the carpets generally were very clean, it was noted that the carpet in the large gym was damaged and badly stained in places.

In response to a question about facilities for dealing with incontinent clients, the team was advised that there was a changing room on the ground floor where there was a changing bed but no adequate washing facilities for this purpose. In addition, this room did not have any ventilation or extraction fans, which was less than ideal in terms of dealing with unpleasant smells and in control of infection, especially given the vulnerable nature of the clients. A shower room was needed here for this purpose.

Day clients who do not bring their own packed lunch are required to pay for meals and these monies are used to purchase food for lunch/snacks etc. Clients are encouraged to go to the supermarket with staff to purchase food and then to help prepare it.

In addition to the kitchen where residents usually eat their meals, there is a large dining area on the ground floor where social functions can be held. The

fridge and freezer were well stocked, although a larger appliance was possibly needed here.

There is a conference/education room on the first floor. The clients take part in the Asdam scheme and are encouraged to swim, cook and learn life skills. The team was disappointed not to see the clients involved with more challenging activities on the day of the visit, and felt the really good equipment the centre provided was not being used to its full potential.

The Access All company provides staff if needed, and staff from another home owned locally by CMG, called The Ridgeway, are sometimes used.

There are adequate changing facilities adjacent to the swimming pool although it was not in use during the visit. The floor tiles around the pool were stained and discoloured.

The gardens appeared rather unkempt and in need of mowing. Did the day clients ever go outside? The team was told that CMG were actively looking for a gardener at the moment, but the team suggested to the Manager that it might be worth exploring the possibility of getting the clients involved with growing their own vegetables etc. There was a chicken house across the lawn and the fencing opposite had been painted by the clients in bright colours.

After visiting these two units the team returned to the main office, where the manager was on the point of leaving and so was only able to have a brief chat about their findings with him. He commented that visits the week before by Havering Council staff and the CQC had found nothing wrong with the units.

Recommendations

The team had no recommendations to make as a result of this visit in respect of The Farmhouse or Cherry Trees.

In relation to The Paddocks and the Day Centre, the team has made the following recommendations.

The Paddocks - The team was pleasantly surprised at the improvements made to this unit since the previous visit. The only suggestion for improvement was that the key to the COSHH cupboard be kept with the keys to the unit to avoid untoward incidents. It was also felt that the six-monthly updating of care plans should be revised.

The Day Centre - The centre had not been visited previously. In general, it appeared to be a well-run unit that could be made better with a few, relatively minor, improvements:

- More secure fencing to the gardens and the installation of some furniture would enable clients to make use of this facility during more clement weather
- Regular cutting of grassed area - it is commendable that residents from other units are encouraged to carry out gardening duties but it was felt that the support of professional gardeners on a regular basis would ensure that lawns do not become too long and present trip hazards
- Heat extraction be provided to the ground floor changing room.
- Consideration be given to providing an assisted shower/wet room to ensure that incontinent clients are dealt with in a dignified manner
- The carpet to the large gym be replaced when funding permits
- Cleaners are provided on a seven-day basis to support residents' efforts and to carry out a regular program of cleaning areas, using scrubbing machines etc. particularly in the art room, but also in other areas.

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 21 September 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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