

**Enter & View
Lilliputs
Residential Care Complex
(Second visit)**

Wingletye Lane, Hornchurch RM11 3BL

20 February 2017



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 Lilliputs 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 is 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, the Day Centre and the 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 has visited the complex on several previous occasions, both formally and informally. This visit was, in part, to follow up the last formal visit in September 2015.

There is a Gardner/Maintenance Man on site for all of the Units.

Although there is no Activities Coordinator, charts are in place for all Units depicting daily activities should residents choose to engage, including supported walks and outings. Access is available to the Community Day Centre and Positive Behaviour Support is available. In addition, there are puzzles and games available.

The visit

The team was met by staff in the reception area, which is bright, spacious and welcoming. The team was told that CMG's Regional Manager attends the Complex three times a week and, although not on site the day of the visit, is based at Lilliputs, with overall management responsibility for the managers of the individual registered Units.

The team split into two - one group speaking to the Manager of, and visiting, The Farmhouse and the Day Care Centre, the other group speaking to the separate managers of, and visiting, Cherry Trees and The Paddocks.

The Farmhouse

The Manager of The Farmhouse and The Care Centre had been at Lilliputs since March 2015; although he works 40 hours a week, he is on call 24/7. There is a Deputy Manager for when he is not on site for The Farmhouse and two Lead Staff for when he is not at the Day Care Centre.

There are seven long term residents at The Farmhouse ranging from 18 to 38 years old. All residents are registered for a Deprivation of Liberty statement, all of which had been approved by the relevant local authority, apart from the applications for residents of Havering. The Farmhouse has five regular staff on early shift, five staff on late shift and three on the night shift. There is a handover period of between half an hour and forty minutes between shifts. Bank staff and overtime are used for staff cover in cases absence/sickness; agency staff are not used.

Staff are all fully trained and supervised and have appraisals after training and at regular intervals. Training is either one to one or e-learning. Training includes DoLs, mental capacity, infection control, Moving and Handling, First Aid and Challenging behaviour. Staff are paid if they must complete training in their own time.

Care Plans are reviewed at least every six months, by parents, professionals and management; MAR charts are reviewed every month and updated daily. Risk assessments are reviewed when necessary. Controlled drugs are under two locks and audited daily when administered. Relative and Carer meetings are held monthly. Staff meetings are held monthly and meetings with service users are held weekly.

There are three regular GP's for the Complex. All residents have had their Annual Health Check and have access to regular Opticians, dentists and chiropodists.

Entry to the Farmhouse is by biometric finger print system for staff only. In the entrance hall was a large frame with pictures and names of staff.

All residents have an activity chart that also records their likes and dislikes. All residents were appropriately dressed and clearly had a good relationship with their carers. All residents have access to the day centre.

There are regular outings including pantomimes, banger racing, train trips, cinema trips, shopping, S Club trips, eating out and many more. Holidays include Butlins, Centre Parks and Disneyland, Florida. At the time of the visit, one resident was on holiday in France. The complex has use of two mini buses.

The Farmhouse has visitors daily.

Staff do not wear uniforms or badges.

During the visit, the team spoke to staff, who said they were happy with all their training. Training is updated every two years. E-training is automatically flagged when due. Every Unit has a Health and Safety Champion. Every day a Fire Marshall and First aider are selected (not the same person).

Lilliputs use an external agency for whistle blowing.

The CMG head office quality assurance manager regularly carries out spot checks.

All rooms in The Farmhouse have been adapted to suit each individual resident. Residents are encouraged to have personal pictures in their own rooms.

The kitchen and fridges were spotless, food in the fridge was labelled with dates.

The Farmhouse has a healthy eating policy, with all residents receiving supported feeding. Residents pick one main meal a week (which is done a week in advance). A large selection of picture menus and a meal planner were available to select from. If a resident does not like what has been selected, they may choose another option. Each resident is assessed separately and their diet adjusted accordingly, including taking account of religious needs. Residents are encouraged to help prepare food and learn general life skills.

Residents are encouraged to eat meals in the dining room, but this is not insisted on as some prefer to eat in private. Where necessary resident's fluids intakes are measured by means of a fluid chart. Snacks, soft drinks tea and coffee are available all day. Afternoon tea consists of drinks and either homemade cake, biscuits, yogurts or fruit.

Residents are regularly weighed. Most residents have two baths or showers a day. Taps have been adjusted to limit the temperatures of the water to a safe level

The team observed a number of notice boards, including a picture board for all staff, a sign language board and a picture board with lots of pictures of residents and staff on outings.

The Farmhouse was bright and airy with a large conservatory, which was very warm. This led out to a very large garden. The garden was neat and tidy and staff told us they were awaiting new garden chairs and a trampoline with security netting surrounding it. The lounge was clean and functional, although appearing somewhat dull. The laundry room was in use and all cupboards with chemicals inside were locked.

Auxiliary staff include gardeners and cleaners. There is deep cleaning once a week or more frequently if needed.

The Day Care Centre

The Centre is in one large building on two floors with a lift and stair access to the second floor. Since our last visit the flooring has been replaced in the main areas of the facility. The gym had various equipment in and a large bouncy castle. There is a large indoor heated swimming pool. There were three sensory rooms, a light and a dark room and a lilac chill room. A Large multi-sensory soft play/activity area. A large activity room with foosball and games plenty of room for activities, a drum kit and other musical instruments. There is a quiet story area, with the facility to weigh service users in their wheelchairs. There were two service users enjoying the art room. There is a large dining room, each service user has their own table mat with personal requirements on the back (including likes/dislikes and allergies). Service users are required to bring their own lunch to the Centre. There is a large conference/training room on the second floor. The garden was neat and tidy. Opposite the entrance to the Centre the Service users had painted the fence a variety of bright colours which looked lovely. The Manager told us she was very happy there, she is expecting a new kitchen soon. The Centre tried to 'recycled' suitable refuse but the team was told that the Council had refused to collect their seven bags of recycling a week.

The Day Care Centre had 9 service users in attendance on the day of visit. All the clients come with their own care worker. At the time of visit, six of the clients had one to one care and three had two to one. The Centre is open six days a week from 8.00am to 7.00pm.

Staff meetings are held monthly usually in collaboration with The Farmhouse.

Service users who attend the Day Centre will undergo a comprehensive assessment, two assessments are in place now. The Day Centre offers facilities to users who are sponsored by the CCG who attend with their own carers.

There is a varied selection of exciting play and learning areas for adults and children with multiple learning disabilities. Each service user is accommodated to the own individual preferences and the day is structured around this. All service users at the time of the visit were involved in some sort of activity. They all seemed happy and to have a good relationship with their carers.

The Paddocks

The Manager of this Unit had been working in it for approximately 20 months. There is a Deputy Manager who covers in the Manager's absence.

There are 7 residents in this Unit (6 males and 1 female) of various ages with conditions including Learning Disability, Autistic Spectrum and Epilepsy. The Manager advised that six residents were currently on DoLs.

There are regular visits from a doctor from a nearby practice. In the day shift, 8/9 staff are employed and 3 at night. The ratio of staff to residents is 1-1 and, when necessary, 2 staff-1. Staff shift patterns are 7.00am-2.30pm, 2.00pm-9.30pm and 9.00pm-7.00am; there is a handover period of 30 mins at the end of each shift. Agency staff cover for absences or sickness if regular staff are unable to cover by overtime.

Staff training is covered by e-learning, face to face, in-house or in their

own time for which staff are paid. Strict training audits are maintained with regard to training. First Aid and CPR training is carried out at regular intervals.

Care Plans are updated together with MAR Charts every six months or more frequently if need be. Support Plans are also in place.

It was noted that the COSHH cupboard was securely locked.

Each Resident has his/her own named cupboard in the drugs room with controlled drugs being separately but appropriately stored.

At the time of the visit, no residents were on covert medication or warfarin. Medications are reviewed as and when required.

It is rare for physiotherapy to be needed but this would be done by referral. Optical checks are carried out every 2 years, dental checks every six months and a chiropodist visits on a 6-weekly basis.

The team was advised that nutrition is monitored. No residents are on puréed food. Weighing of residents take place monthly.

Showers/baths are taken once a day; however, some residents like to bathe or shower morning and evening.

The water temperature of showers and baths are regulated and checked daily.

Staff meetings are held monthly.

The team was advised that residents in this Unit rarely had visitors so reviews, Care Plan Audits and Catch Ups would often be done over the telephone.

A whistle blowing policy is in place and quality issues are monitored by weekly/monthly audits, in which Havering Social Services are also involved.

Staff in this Unit carry out cleaning and cooking duties, with the help of residents when appropriate (to encourage them and give them a sense of purpose) but large cleaning jobs such as carpet cleaning etc are carried out by contractors.

Activity structure plans are in place and residents may choose what they like to do, including going for community walks, swimming arts and crafts.

The team was unable to view meals or snacks being prepared but was advised that menus are prepared each week. Each resident chooses meals for one day a week, and residents were encouraged to help prepare food. Shopping is done by staff. Drinks were available at any time.

Special Occasions are celebrated.

Religious needs could be catered for although this was not required at the time of the visit.

The Lead Staff Member, who had worked at the Unit for 1½ years, confirmed that support training, shift patterns, fire safety and challenging behaviour training were carried out as advised by the Manager, who was very supportive and training implemented was more than sufficient to fulfil his role. He also advised appraisals were carried out every 6/8 weeks. He had no concerns to share with the team.

Administration of medication takes an hour in the morning and evening and half an hour at lunchtime, although only two residents were medicated at the time of the visit. Two staff members administer the medication and stay with residents while they take them. Only trained staff are involved in administering medication.

Checks are made on Residents during the night every 2 hours as more frequent checks tend to disturb them.

In addition to the Manager for this Unit, at the time of the visit there was a temporary, “Floating Manager (Trouble Shooter)” in place for Cherry Tree and its annexe, who carried out audits in all areas regularly, some of which were shown to the team. This manager would be leaving once a permanent manager had been recruited.

The kitchen was clean and tidy residents had own cupboards for food with their own picture to depict which was theirs.

White goods were all in working order as was the Laundry, which had individual baskets appropriately named for each resident with clean and dirty laundry in separate areas. Laundry was washed at correct temperatures; however, the machines did not appear to be disinfected at all (this is recommended for infection control).

The team felt that the décor of the Unit was dull and uninspiring, and certainly not stimulating. Residents' rooms were clean and personalised.

The toilets and shower/bathrooms were clean, with no lime scale, and notices showing hand washing were in place.

No unpleasant odours were encountered.

The team was able to speak to one resident, who was appropriately dressed and groomed; the other residents had been taken for a walk. This resident seemed happy, and interacted with the Lead Staff Member extremely well (the Staff Member seemed very caring towards the resident and treated him with respect).

The resident could not be left alone in the lounge, and was invited to accompany the team on their tour of the Unit, which he did.

A T.V was on in the lounge but no one was watching it.

There is a small sensory room in this Unit which is well equipped for one person at a time.

Outside areas were clean and tidy, however it was felt that the fences could be heightened. The garden area was user friendly and easily accessible.

Cherry Trees and Annex

In this Unit, the Floating Manager was covering the position of Manager until a New Manager and Deputy Manager could be engaged. The Floating Manager has 9 years' experience in Assisted Living and Support Care. The team was told that he is also the "Trouble Shooter" for CMG

as a whole. Once the Manager and Deputy have been appointed, he will mentor them for as long as necessary to ensure that the new appointees are comfortable with the structure and procedures, to ensure continuity for residents and to enable standards to be improved and maintained.

There are seven residents aged between 21 and 54, all of whom are male, with conditions such as Downs Syndrome, Learning Disabilities, Autistic Spectrum and Challenging Behaviours.

No unpleasant odours were detected.

The décor in this Unit was more stimulating but could be improved. Residents' rooms again were personalised and looked comfortable.

Staff Shift patterns were similar to those for Paddocks reported earlier, as were Staff Training and appraisals. All Residents are the subject of Deprivation of Liberty statements and receive annual health checks.

Medication are stored and administered, again similarly to The Paddocks. No medications are administered covertly.

A healthy living policy is implemented and residents are encouraged to participate in preparing and choosing meals.

Residents' food and fluid intake is monitored and they are weighed monthly.

The bath and shower rooms were generally satisfactory, although one shower/wet room had rust stains on floor which require attention. Residents bathe and/or shower weekly or more frequently if they so wish.

In one lounge the sofas were in need of urgent replacement as they were damaged and could be an infection hazard.

The kitchen and laundry were also in a generally satisfactory condition, save that in the kitchen, the oven door was missing.

In this Unit, there are regular visitors, so meetings and audits can take place regularly between service users, their key workers and relatives and the manager. Quality issues and concerns are quickly dealt with.

A whistle blowing policy is in place for staff.

Recommendations

As a result of the visit, the team recommends as follows for each Unit:

The Farmhouse

- The Lounge and kitchen area should be decorated in a more cheerful, sensory style
- The lounge should contain more sensory features (such as sensory sofas, cushions and pictures)
- The garden should have sensory equipment and perhaps a climbing frame
- The conservatory should have a heater/air conditioning unit installed, so that it can be used all year round.

The Day Care Centre

- One of the downstairs bathrooms should be converted to a wet room to ensure incontinent clients can be dealt with in a dignified manner
- The changing room should have an extractor fan installed, to prevent unpleasant smells and to control infection
- The carpet in the gym should be repaired, as it may currently be a trip hazard
- The entrance to the upstairs staircase should be level as it could currently be a trip hazard
- The poolside area requires to be steam cleaned
- Webpage updated.

The Paddocks

- Fences need to be raised in height

- The washing machines should be disinfected at least monthly for infection control purposes
- The décor needs to offer residents more stimulation

Cherry Trees and Annex

- Sofas require urgent replacement
- The rust stain on the Wet Room floor require attention
- The décor needs to offer more stimulation.
- The oven door needs to be replaced.

Subsequently to the visit, Healthwatch has been advised by the home's regional manager that:

- Both Paddocks and Cherry Tree are undergoing a redecorating programme to make the services more homely and stimulating
- The shower room at Cherry Tree now has a daily cleaning schedule on the wall and there are currently no issues with staining to the floor. We will be installing a better extractor fan in the next couple of months
- The Farmhouse now has a summer house in the garden which we are in the process of insulating and will be used as a sensory area. We are doing this in conjunction with the families of the people who live in The Farmhouse
- The day centre is having an extractor fan fitted in the changing room in the next couple of months
- The oven in Cherry Tree annex is being replaced

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 20 February 2017 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@healthwatchhavering.co.uk



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