

## Enter & View

# Meadowbanks Care Home

Hall Lane, Upminster, RM14 1TT

# 14 December 2017



## 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.

## The Premises

Externally the home presents as well organised. Accommodation is provided on two floors. There was adequate parking - essential because the home is situated on a busy road with minimal pavement and, therefore, no good off-site parking. The home sits in extensive grounds, which are all very neat and tidy, with good evidence of being well-cared for and maintained to a high standard. There are paved areas with benches and tables close to all exits to the gardens. There was no evidence of litter, etc.

Internally the home is very well decorated. Just off the entrance hall there is a board with pictures of all members of staff. All areas are carpeted, giving an overall cosy atmosphere. There are numerous pictures on all walls, together with noticeboards detailing functions and activities. At the time of the visit, each lounge/dining room that the team visited had well-decorated Christmas trees, and menus were displayed. All bedrooms have ensuite facilities, including showers. There are also bathrooms for those residents who prefer to bathe rather than shower. The team were unable to look in store cupboard/the clinical rooms, etc to view the storage of medication, etc. However, there was no evidence of care plans and other private documentation lying around unattended.

The team were met by the Manager and her Deputy upon arrival; the team were impressed by the obvious rapport between them. The manager has been at the home now for four years and her deputy since the home opened in 2012.

This is a residential home for people over 65 who are living with dementia or are physically frail. Every resident is assessed as to their suitability for their care prior to admission, including those admitted for respite. At the time of the visit, there were 38 residents with another 2 due for admission, when the home would then be full. Several residents were over the age of 100.

The home is owned by the same proprietor as Farringdon Lodge in Harold Hill.

The laundry was unoccupied during the visit but was clean and tidy. There were two large washing machines with automatic detergent feeds; two large dryers; and appropriate ironing facilities. There was proper separation of clean and dirty areas with 'in' and 'out' doors. Distribution of clothing was via a basket system - baskets were numbered according to residents' bedrooms. There was no outstanding dirty laundry and only a small residue of items in baskets for distribution.

The main kitchen was on the first floor adjacent to the laundry, with a staff room nearby. The chef was in the kitchen having just made a batch of rolls for the evening meal - that evening, the menu consisted of home-made vegetable soup with home-made bread rolls, macaroni cheese, sandwiches and cake. The chef advised that he and his sister provided the catering service carrying out all preparation of meals from scratch as far as possible. They did not have the services of kitchen assistants. The kitchen was clean and tidy and the store cupboards were well organised, with good evidence soft stock rotation. The fridges/freezers were well organised with evidence of opening dates on all items. The kitchens are deep cleaned on a regular basis and this was evident from the state of cleanliness.

## Staff

As this home offers only residential care, a registered nurse is not employed but a District Nurse visits when needed.

Shift times are 7.30am-2pm, 2pm-8.30pm and 8.30pm-7.30am, with a 30min handover period between shifts.

Weekends are covered by senior carers, with both the Manager and her Deputy on call 24/7 throughout the week. Sickness/holidays are all covered by the staff working at the home.

There is a full-time activity co-ordinator, employed for 40 hours a week, whose activity programme is full, with numerous events (including contributions by a choir, local scouts, church, W.I. and Campion School), day trips and special occasions fully celebrated.

A housekeeper is employed for laundry, with bank cover for her when needed. There are 4 cleaners, 1 handyman and 2 cooks. All training is completed yearly from May to July, monitored by the management; if staff choose to come in on their day off for training they are not paid, otherwise it is all on paid employment.

Staff meetings are held monthly.

Whistleblowing is dealt with as it happens, in accordance with a procedure set out in the staff handbook, by the owner and home management.

## Care

Staff are fully trained in palliative care, which is tailored to each resident's needs, and in resuscitation, although there is no defibrillator on site.

At the time of the visit, one resident was subject to a Deprivation of Liberty Safeguard application, which was with the local authority for approval. The team were shown evidence of care plans, which were continually updated: Care plans - monthly, MAR charts - daily, Risk assessments - weekly. Meetings with families of residents are held quarterly, at different times during the day in the hope it will

encourage families to come to them. Quality controls are in place, which the owner monitors every two months.

Infection control is dealt with by protective clothing and appropriate procedures, with all uniforms washed by staff at home. Falls management is risk-assessed; as many residents are frail elderly, a number of falls occur, on average 7 per week. The criteria for calling 999 or 111 is pain, lack of movement, or head injury. The District Nurse may be called out during the night to administer a sedative if someone is very restless.

Drugs are stored in a locked room on each of the two floors, in a locked trolley, with controlled drugs in a separate locked cupboard.

At the time of the visit, no covert medications were being given and there was no self-medication. Some residents are on warfarin, supervised by Boots Chemists in Romford. The home's assigned GP is nearby in Ingrebourne Gardens, Upminster. Home visits are arranged for eye care, dentist, and physiotherapy when required. The chiropodist attends every six weeks. A hairdresser attended weekly and that there was a dedicated salon for this purpose.

Residents are weighed weekly and assessed by the GP, and food and fluid charts are kept, with a dietician available if needed. All residents feed themselves. Charts are maintained.

Showers and baths are available upon request, regularly or if needed, and depending on the frailty of the resident. Taps are adjusted to the required temperature. and checked weekly. There are no residents that need turning. A repositioning chart is available if needed here.

Queen's Hospital's Joint Assessment and Discharge team arrange discharges. Although generally the latest acceptable time for a discharged resident to return home is 6pm, there was concern that one had recently arrived at 3am, which was not good for either the resident or the home. There was also concern about a particular

patient, whose discharge experience has been taken up by Healthwatch with Queen's Hospital.

### Residents' views

During the visit, members of the team spoke at some length to a number of residents, including two sisters who were occupying inter-connected rooms. Both sisters had nothing but praise for the home and its staff, saying that they were fussy eaters but the staff were always willing to find something that was acceptable to them; they said that nothing was too much trouble for the staff and that, whilst they were in their rooms at the time of the visit, there were always activities going on that they could join in if they wished to do so - this was echoed by several of other residents with whom the team spoke. Most residents had personalised their rooms with pictures, photographs etc, and some had brought personal items of furniture into the home with them. Residents were asked how often they were offered assistance in bathing/showering and advised that this was available whenever it was wanted - every day if they wished.

In one dining room, residents and members of staff were engaged in a game of Scrabble. Each dining room had a full built-in kitchen where residents can cook if they are able to and where cake-making can be completed in their presence. There was a fully-iced birthday cake in one dining room complete with the resident's name. There were tea/coffee making facilities in each dining room, and a fridge with various soft drinks available whenever required.

Staff were undertaking activities with residents and one visiting relative told the team that "there was so much going on that their relative had returned to her room to have a rest!".

It is obvious from the conversations during this visit that the home is well-run, with residents' communications and religious needs being

met. There are about 20 visitors a day, along with regular visits by three PAT dogs, Marmaduke, George and Daisy.

### Staff views

Those members of staff to whom the team spoke all agreed that they had access to full training, that they were all very happy in the home and felt supported. One person did say she did not expect to stay for long but this was due to difficulties in getting to work rather than the work itself. No members of staff were wearing inappropriate jewellery or nail varnish.

### Conclusions

The team felt that this visit had been an extremely positive experience, although there was a little concern that more might be needed to be done to prevent falls; it was accepted that many of them might occur during the night because of the type of resident the home accommodates.

Other than that, the team noticed that there were areas along the corridors where cracks and damage to the plastered surfaces were visible. They were advised that these were part of the settling process in a new building (the home was purpose-built three years ago) and that arrangements had finally been made for remedial work to be carried out shortly after Christmas.

### Recommendation

That consideration be given as to whether better arrangements for falls management are needed.

**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 14 December 2017 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](mailto:enquiries@healthwatchhavering.co.uk)**



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