Enter & View

Sarnett House Residential Care Home

Repton Drive, Romford, RM2 5LP

21 March 2017

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
No. 08416383

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 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 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, patient or other service-user is not compromised in any way.

The Premises

On arrival, the team were met by the Manager, who advised that she had been in post for some 12 years. She also advised that she had

returned to work from long-term sickness only shortly before the recent CQC inspection. She confirmed that she had CQC registration. During her absence, the Deputy Manager, would provide senior support to the staff.

Sarnett House is a small residential care home for people who have learning and physical disabilities accommodating six residents, the most recent of whom was admitted more than 3 years ago. The age range currently was 30 to 60 years. Only one resident was able to communicate orally but non-verbal communication between staff and residents appeared to be very successful. There was an Asian resident who also had a visual impairment.

Staff work a 39-hour week and the shifts are 7am-3pm, 1.30pm-9.30pm and 10pm-6pm. Only 1 waking member of staff is on duty at night but this is supplemented by a sleep-in carer who is on the premises from 9.15pm-7.15am. There is clearly adequate overlap to ensure appropriate handovers. There are 11 members of staff plus the manager and her deputy. There are no other staff as staff carry out all duties, involving residents when appropriate. Maintenance is carried out under contract and water temperatures are checked on a daily basis. Deep cleans are carried out by contractors on a 3-monthly basis.

Sickness and annual leave is covered as far as possible within the staff team but where this is not possible shifts are passed to the Head Office resourcing team to cover from the area bank. If there are still problems, agency staff are used but this is very rare. With the exception of the Manager and her deputy, all staff live locally.

Members of staff undertake all mandatory training in addition to elements that are appropriate to the needs of the client group (the manager described residents as people needing support). The elements include Basic Life support, Safeguarding, Medication, Safeguarding and challenging behaviour. Much of the training is via e-learning but the

manager carries out classroom assessments to ensure that staff fully understand the courses. Training may take place in the home or via a module at home address but the manager can monitor time taken to carry out training remotely. Staff are paid for training undertaken, wherever this takes place.

In response to a question about emergency equipment, the manager confirmed that only fire extinguishers are on the premises and all staff have undertaken training in their use.

All residents in the home are subject to Deprivation of Liberties statements, all of which have been confirmed by the local authority. In view of a comment in the CQC report regarding apparent lack of knowledge about the Mental Capacity Act, the manager confirmed that training had since taken place on assessments with particular emphasis on the best interests of residents. Additionally, considerable work had been carried out on support plans which were now separated into three sections. These were reviewed on a regular basis.

In this home, support plans were the equivalent of care plans and these, MAR sheets and risk assessments would be reviewed regularly. All residents had undergone annual health checks and were registered with the Western Road GP practice. Medication was reviewed on 3/6 monthly basis and all residents had had flu injections. All drugs were kept in a locked cupboard in the Manager's office; no resident was subject to controlled drug medication. The team noted that all medication was dated appropriately. No residents had concealed or crushed medication but if that became necessary, the GP would be fully involved. None of the present residents were susceptible to pressure sores. In general, falls were not a problem due to the nature of the client group. All residents had hospital passports.

There were no problems in obtaining access to opticians (Specsavers), or dentists (South Hornchurch H.C.). A chiropodist visited every three

months. Any issues with health would be recognised by staff observation due to the lack of verbal communication although it was noted that residents would be able to indicate that they were in pain. Residents were encouraged to take gentle exercise and were taken out shopping, to the local park, to the bank, and so forth as often as possible.

There was a 4-weekly pictorial menu and every effort was made to ensure that residents had a varied, healthy diet. Food was cooked on the premises by the staff from ingredients purchased at local stores. There were no special dietary needs for the Asian resident as her family were happy for her to eat whatever food she wanted. Residents were weighed monthly to ensure that they were taking in sufficient calories.

Some residents needed encouragement to eat and finger foods were provided for those whose attention span created difficulties in partaking of a plated meal. One resident required textured food.

All residents were showered on a daily basis.

Staff meetings took place on a monthly basis, as did residents' meetings although these were for giving information to residents.

There was a whistle-blowing policy and a pictorial chart was available providing information about how to access it.

Quality monitoring took place through questionnaires to families, and professionals who visited were encouraged to make comments. A compliments/complaints book was available in the lobby.

Activities were, in general, not regimented due to the nature of the residents, but there were activities charts in all bedrooms. All residents had wish lists and it was planned to convert the conservatory into a sensory room.

Residents were taken on holiday - usually to holiday camps. Special occasions were celebrated with parties, to which families are invited. Some residents were taken to the local theatre and a specialist Arts and Crafts advisor would be attending in the next few weeks to help make bonnets etc for Easter. One resident attended the local Catholic Church on a Tuesday - apparently this would be a quiet service.

The team were shown around the home and noted that all rooms had en-suite toilets and showers. Additionally, there was a bathroom for those who preferred to bathe. Rooms appeared to be furnished according to residents' wishes and had a number of personal items - pictures, toys etc. At the time of the visit one resident had been taken out in a wheelchair, accompanied by 2 members of staff. Other residents were in the kitchen/dining room and were enjoying a number of table-top activities. All appeared to be happy and were dressed appropriately. One resident was happy to show the team his room.

Due to the nature of the residents it was not possible to discuss aspects of care with individuals and there were no visitors. The team was told that there were few visitors to the home. Although some parents visited regularly, most were elderly or infirm and lived too far away to do so.

The staff all appeared to enjoy their work and confirmed that they had had sufficient training to carry out their duties and that there were enough staff. They also confirmed that they were paid for their training and that this was updated on a regular basis. Staff confirmed that there was a 20-minute handover between shifts.

It was confirmed that medication was fully supervised and that most residents were able to self-feed, although some required finger foods. Drinks were available at all times and some residents were able to assist in preparing drinks and food.

It was noted that some of the cupboards in the kitchen required repair

and the team were advised that the landlords would be re-fitting the kitchen in the next few weeks. All white goods were in good condition and the team were impressed to learn that each resident had their own Washing Day to ensure there was no mix-up with clothing etc. The laundry was well- equipped with a self-dosing system. Towels and bedlinen were washed at high temperatures.

It was noted that there was no sign for the manager's office, which contained a bed for the sleep-in staff. All notices were easy-read. The home appeared to be clean and tidy and the team were advised that it is deep-cleaned by contractors every three months.

There were no unpleasant odours and all rooms were clean and bright with various colour schemes, although some areas needed re-decoration. The garden area was clean and tidy and designed with the residents in mind.
The chair and desk in the manager's office required some attention.

Recommendations

That:

1 The manager's office be signposted

2 The manager's chair be repaired or replaced as it appears presently to offer a fire hazard

3 The manager's desk be repaired or replaced

4 The bed in the manager's office be replaced by a sofa-bed, which would be more appropriate in the circumstances of the dual use of the room as an office and a sleep-in facility.

Subsequently to the preparation of this report, the manager has informed Healthwatch that all of those recommendations have been actioned: the office has been signposted, a new chair and desk have been provided and she is in discussion with management about the need for a sofa bed.

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 March 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.

Sarnett House
Residential Care Home

healthwatch Havering

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

healthwatch Havering

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