



Enter & View Arran Manor Residential Care Home

55 Westmoreland Avenue
Hornchurch RM11 2EJ

27 September 2016

*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 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 (HH) 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.

The visit

The team was met by the Care Officer, who is a Dementia Champion and second-in-charge at the home and were then joined by one of the joint owners (who own another home in the borough) and the Manager. The

owners jointly own Arran Manor (since 2005) (and have also owned Ashlyn House since 2001).

The Manager joined the team a short while after their arrival. In the Manager's absence, the Care Officer or other designated staff take responsibility but the Manager was contactable by phone always. There was an initial discussion about the home in general before the team went around to make their observations.

The home

Arran Manor is a small home with 20 single rooms and 1 double - at the time of the visit, there was one single vacancy. All care and maintenance of the property and financial matters are dealt with in-house.

The home caters for elderly people, including those who have dementia (for which it is registered) or a sensory impairment. Only one resident at the time of the visit was publicly-funded. At the time of the visit, there were 11 residents subject to Deprivation of Liberty statements.

Staff and care

There is no registered nurse because Arran Manor is a Residential Care Home but some staff are NVQ-qualified up to level 5. Training is offered in-house. In an emergency, if a member of the management team is not available to do so, senior members of staff on duty decide whether to call 999 and notify management as soon as possible afterwards. The Manager explained that there had been a high level of 999 calls recently mainly because there was one resident with very specific medical needs who had repeatedly fallen over; the incidents of this were recorded on the internal

CCTV system. That problem had now been resolved and the number of 999 calls had fallen. Residents who needed turning (at the time of the visit, there was only one) were turned as necessary and that fact was duly recorded. Air mattresses were available for use and a Tissue Viability Nurse was available for consultation when needed.

A chiropodist comes every 6/8 weeks and there is access to opticians, physiotherapists, and a dentist. Blood tests are arranged through the home's designated GP.

At the time of the visit, five residents were on special diets and it was noted that sometimes residents would need puréed food or assistance to eat. Residents are weighed monthly but if the home has concerns regarding nutrition intake, this is recorded on daily nutrition charts and weekly weight records are documented. Staff had paid close attention to these residents during the recent spell of very hot weather. District Nurses monitor palliative care and have a body map for End of Life care. No resident had bed sores to deal with, nor was any on warfarin.

A local spiritual group, the New Generation Church, sometimes visited the home and one Asian resident was taken elsewhere for their spiritual needs.

The home has a daily structured but flexible activities programme, which is displayed on the residents' notice board for everyone to see. Staff are allocated time within their supported normal care duties to have time to interact with the residents they look after. There is also some social contact with schools nearby. Special anniversaries and occasions are celebrated.

Residents have baths or showers once or twice a week as necessary. Taps are thermostatically controlled.

Staff meetings are held monthly and the Manager has an open-door policy.

Initial care plans are drawn up on admission and reviewed 6-8 weeks after admission with the resident and family, when the full care plan will be agreed. Once set up, the full care plan will be reviewed monthly. Where possible. Risk assessments are reviewed annually and changed if circumstances so require.

A designated member of staff attends 6 days to deal with the laundry and a Domestic Cleaner comes in 5 days a week.

Shift patterns are 7.30am-2pm, 2pm-8.30pm with four staff on duty and 8pm-8am/9am, with three staff on duty. There is a handover time between shifts of 15 minutes, which is formally recorded. In all, there are 15 staff (some of whom are part-time) for 22 residents. Sickness absences are covered by regular agency staff.

Most training is done in house, and staff are paid to attend. Feed-back from any outside training is done in staff's own time prior to shift commencement. Training videos are used as part of their training programme, with exams at the end. Staff told the team that they felt well-supported in their personal development.

All staff are trained in the use of equipment on site and records are kept of all falls. CCTV is useful in house to identify strengths, weaknesses and good practice and, sometimes, in helping to evidence falls. Care charts are reviewed monthly unless there are significant changes, including MAR charts. Risk assessments are reviewed annually and a pharmacist is involved as necessary. The home has chosen not to participate in the Gold Standard Framework for End of Life Care.

Drugs are stored in a locked cupboard and are dealt with by dedicated staff. At the time of the visit, one resident was on a controlled drug, administered by trained staff, two were having drugs administered in a concealed way, and fluid charts were kept for two, checked every 2 hours. The GP is called as required.

The Manager will not accept any residents discharged from hospital after 8pm (following an occasion when one was returned to the home at 1am). Residents in hospital are always visited before discharge and the Manager insists on being given written instructions for their onward care.

One member of the team was shown a couple of bedrooms, variable in size and shape due to the original construction of the home. There is a nice, secure garden and a very pleasant large conservatory. All of the communal rooms are attractively decorated and clean. However, there were many doors, all painted white; it would be nice if these could at least be personalized to avoid the possibility of residents becoming confused. The bathrooms and toilets are modern, clean and with no unpleasant odours.

There were lots of notices around in the communal area and corridors. The TVs were not on during the visit.

The kitchen had a high standard of cleanliness, was well-maintained and had a plentiful supply of fresh produce and well-stocked larders. Residents could select individual choices from the daily menu, which was rotated on a four-weekly basis.

Views of staff and residents

At the time of the visit, two staff were very busy with preparations for lunch so they were not interviewed. Other staff were on duty but were not seen by the team. There was only one visitor present while the visit was underway: he seemed very content with his Mother's care.

Most residents were sitting quietly but some chatted to the team as they prepared to go for lunch. They all said that they were happy at the home.

RECOMMENDATION

It is generally accepted that contrasting colours in areas such as corridors are beneficial to elderly people, especially those who live with dementia. As doors are painted white, residents might find it helpful if they (or their families) could personalise their room doors by adding name plates or other items of personal identity, both to increase their sense of belonging and to aid identification when returning to their rooms.

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 27 September 2016 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@healthwatchhaverling.co.uk



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