



**Enter and View at
Barleycroft Care Home**

Spring Gardens

Romford

RM7 9LD

Monday 17th February 2014

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Havering Healthwatch Limited
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What is Healthwatch Havering?

Healthwatch Havering in your new consumer local 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. There is also a full-time Manager, who co-ordinates all Healthwatch Havering activity.

Why is this important to you and your family and friends?

Following the public enquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforces the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national 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 will be 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 citizen's 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 the Local Government and Public Involvement in Health Act 2007, Section 221 (2), 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 dentists, to observe how a service is being run and make any necessary recommendations for improvements.

These visits are often prompted if Healthwatch Havering is informed of any issues about the service or after investigation, is of the opinion that such a visit is warranted. Healthwatch Havering offers advice and guidance to the service provider and will often visit those services which are reputed to carry out good practice in order to share the good news.

Background and purpose of the visit:

The Enter and View visit was carried out as a follow up to the Care Quality Commission (CQC) report published in January 2014 where enforcement action had been taken against Barleycroft Care Home against the following categories:

- Caring Care and welfare of people who use these services
- Management of medicines
- Assessing and monitoring the quality of service provision.

Healthwatch Havering felt it necessary on behalf of the local community, to observe the home, speak to staff, residents and relatives in order to gain a wider understanding of the problems and to see if improvements had been put in place.

About the home:

Barleycroft Care Home is owned by Abbey Healthcare Group and Barleycroft provides accommodation, nursing care and support with personal care for up to eighty older people. The type of service offered is a care home service with or without nursing and accommodates 80 people. There are three floors:

Top Floor - Bonsai - Nursing

Middle Floor - Birch - Nursing dementia

Ground Floor - Beech - Dementia residential

The Healthwatch Havering authorised Enter and View representatives were:

- Christine Ebanks
- Jenny Gregory
- Joan Smith, note taker

All the representatives have undergone the following training:

- Enter and View
- Safeguarding Adults
- Mental Capacity Act
- Deprivation of Liberties Training

They have all undergone Disclosure Barring System checks.

Preparation and carrying out the visit:

Prior to the visit, the team had read and understood the recent CQC report on the home, and had spoken to the Inspection Manager at the CQC beforehand. They were also aware of the adverse media reports about Barleycroft.

The team met and spoke about the aims of the visit and before arriving at the home wrote to the Manager informing them of a given time span of the proposed visit and enclosed a copy of the Healthwatch Havering Enter and View Governance.

The visit:

The Healthwatch Havering representatives arrived at 10.10am on Monday, 17th February 2014. They met with the Manager, Barrie Taylor and explained to him the activities and development and role of Healthwatch Havering.

The reception area was clean and the odour pleasant. The only way of entrance is via a buzzer system and the signing in book showed evidence of visitors signing in and out.

Mr Taylor welcomed the representatives and was warm and friendly to them on their arrival. He explained that the home is under enforcement from the CQC and he was working hard to rectify matters. He has been in post since October 2013 and he said that things had improved since his arrival.

There is capacity at the home for 80 units but currently have 60, as the enforcement does not allow new admissions.

He gave an example of how things were starting to improve he said that the accident notifications since October 13 were as follows:

- October 2013 - 29
- November 2013 - 20
- December 2013 - 12
- January 2014 - 17 (7) of which were related to 2 clients.

The manager said that there had been a reduction in pressure sores reported and that the reason these had been an issue in the past was they were not being appropriately monitored.

The home has one GP practice assigned to them, they visit every Monday and the home has a good relationship with them. The GP actively monitors the residents, he did say that it was difficult to arrange an appointment with the community physiotherapist and this was an issue. Also it was sometimes difficult to obtain a visit from the “out of hours” GP.

Mr Taylor said that recently the home has seen appalling discharges of residents from Queen’s Hospital. For example one resident had returned to the home from Queen’s Hospital with a 22% weight loss (they have since gained weight). Another had high blood-glucose levels (29%), this resident also had mental health issues and was returned back to the home with no insulin regime and had not been assessed by the hospital psychiatrist. There had been no discharge letter with the resident from the hospital.

Another resident had a naso-gastric tube and was admitted to Queen’s on a Friday and returned home that evening. This resident had to be sent back to Queen’s

Hospital the next day and was diagnosed with pneumonia, they had not been properly assessed at Queen's Hospital. All these incidents had been reported by the manager as safeguarding incidents.

Staffing Levels:

Day -

- Top Floor - Bonsai - 1 nurse and 4 carers
- Middle Floor - Birch - 2 nurses and 5 carers
- Ground Floor - 5 carers, one of which is the senior lead.

Night -

- Top Floor - Bonsai - 1 nurse and 2 carers
- Middle Floor - Birch - 1 nurse and 2 carers
- Ground Floor - Beech - 1 senior carer and 2 carers

This would appear to be an increase in staff since the last CQC visit, but Healthwatch Havering did not have sight of the staffing rotas.

There is a bank of staff in case of emergencies and all new relevant staff involved in medical administration go through a course of medication training. The representatives were informed that all nurses wear uniforms.

Training of all staff is mandatory and on the day of the visit there was training on manual handling.

The home has a scheme of "The resident of the day" this allows the resident to have their room deep cleaned and the chef caters especially for them. They are made to feel important. This is recorded in their care plan and the activities co-ordinator supports the resident by doing manicures (which was witnessed later in the visit by the representatives). There is one "Resident of the day" per floor per day. The

“Resident of the day” then has their care notes and MAR (drug charts) audited then which enables a regular audit of each resident in turn.

The activities co-ordinator, organised at Christmas a pantomime and a new home magazine has been launched with the help of a relative and is issued bi-monthly. It is called The Barleycroft Gazette. There are plans to put more activities in place, the home currently shares a mini-bus with another home in East London but there are plans to fund regular taxi runs which will be able to take those residents who are able to go out to attend coffee mornings and similar events. There are other plans to engage the residents and the activities are listed in the home magazine.

A hairdresser visits regularly as well as a chiropodist, these are paid for by the residents. If a person wishes to bring a pet then the pet has to be risk assessed, as per CQC criteria.

Mr Taylor added that new beds had been purchased along with sensor alarms mats for chairs and beds. Bed rails are used if necessary (this was witnessed) and are assessed.

Top Floor - Bonsai - Nursing

Teas were evidently just about to be served as an assistant was walking along the corridor with the tea trolley. The dining room was cleared of breakfast debris and crockery. There were 16 residents on the floor and most appeared to be bedridden.

The odour was not offensive and all appeared to be clean and fresh.

Middle Floor - Birch - Nursing Dementia

There were 21 residents, 5 of which were bedridden.

There were no unpleasant odours in the hallways, we noticed that people were being assisted with food and there were plentiful drinks evident in easy reach. In the dining room the floor was dirty and one resident was asleep in the chair in their nightgown. The menus are changed every day and the tablecloths were clean and fresh looking. The menus had pictures of the food on the menus to aid choice.

The halls were decorated well and there was a memory tree on one wall inviting people to put memories on.

On visiting the lounge it was noticed that drinks were beside people which they had easy access to. All the residents present appeared to be well nourished and in day wear.

There had been an attempt to clear up a vomit stain but was still visible and omitting an unpleasant odour.

Ground Floor - Beech - Dementia Residential

The representatives visited the lounge and saw the activities co-ordinator manicuring the “resident of the day” nails, there were plentiful drinks available. There were a mixture of residents sitting in the lounge, some with dementia and some without. When questioning the staff the representatives were informed that those with dementia were in the early stages. They all appeared to be well nourished and in day wear. One carer was on duty in the lounge.

There was one resident who came into the lounge - he appeared unkempt and in a bad state of dress. He did not appear to be distressed.

In both the lounges on this floor, one being the quiet room, the carpets needed hoovering and some of the floors in the rooms were in need of a clean. The chairs in the quiet room were of different height and the room appeared to be tranquil.

Speaking to the residents and their relatives:

All the residents we spoke to seemed happy with the home and looked well nourished.

One resident and with their relative present said that since Mr Taylor had taken over “things were improving and he got things done”. The resident said that they felt at home there. The room is cleaned daily with linen changed regularly. The carers “were good and not grumpy”. The resident is helped with feeding by their relative but they have observed other residents who need help with feeding being assisted by staff. The resident spoken to said that they were offered baths but preferred to take a shower.

They informed the representatives that the activities co-ordinator was not very popular as they did not appear to do a lot, in their opinion. The activities were very few and far between, it would appear that the residents who do get involved “were handpicked” by the co-ordinator and these were people who were “malleable”.

The resident said that they had been in the home for 4 years and all that time the activities were lacking, they compared it to another home they had lived in which organised events - some as simple as balloon playing - and this had stimulated people.

They both added that they thought the recent media publicity was “unfair to the home”.

Another resident who had dementia and had their relative present, the relative said that they were happy with the home. They said that there had been 3 managers in the last 4 years but things had changed, and were improving. Before the residents were put in smaller groups together where fights would develop, this had now been stopped.

Talking to the Staff:

The representatives spoke to senior staff, one was introduced as the senior nurse on the floor and it transpired that they were agency staff but had been at the home some time. They informed the representatives that the residents were turned every 2 hours and that the level of staffing was good. The representatives saw a chart that appeared to be updated which showed fluid intake, output and food intake. Residents are weighed regularly and those bedridden are weighed by hoist. Baths are taken regularly. Healthwatch Havering spoke to the Clinical Lead who was not wearing a uniform as well as those staff questioned who said that they were carers.

Staff, when questioned said that they record the PH level of aspirate prior to feeding residents with naso gastric tubes.

The administration of Warfarin had been changed and staff are now recording dosage and not the colour of the tablet.

There has been a nurse appointed to take blood tests which saves the trip to Queen’s Hospital for such tests. Other staff later spoken to confirmed this. An escort always travels with a resident when going on hospital visits.

When asked if a patient refused medication, the home would examine the mental capacity of that resident and if concerned they would complete a Mental Capacity Act form, the staff informed the representatives that there was not a Deprivation of Liberties in place for covert medication at this time.

One member of staff said that training was mandatory and it is on-line training, there is no question of staff avoiding such training.

The staff advised that all residents are given the choice of when they wish to get up in the morning and sometimes are offered breakfast in bed.

One senior member of staff said that it is hoped that the voluntary sector be involved by offering a befriending service.

Conversation with the Manager at the end of the visit:

The representatives gave an update to Barrie Taylor and raised the following concerns:

- Some floors including the dining room and lounge needed hoovering, the vomit stain was spoken of - Mr Taylor replied by saying that the training had taken a lot of the cleaning staff away, there is usually a 10am walk around every day where the Head Housekeeper points out to cleaning staff the areas needing addressing and any other issues
- Lack of activities - Mr Taylor said that this was in process of being updated, he showed us a plan where the activities will be improved such as going out to coffee mornings. Mr Taylor informed Healthwatch Havering that there were regular relative meetings.

Our observations:

The residents appeared to be happy and well-nourished and the home was clean, tidy and the odour was pleasant. Speaking to staff, residents and relatives it would appear that since the new manager has been in place things have improved, such as the

grouping of residents in smaller groups to avoid any fighting, mandatory training and the employment of more staff.

The representatives had been informed that all nurses were in uniform but on speaking to some people in “plain clothes” some identified themselves as carers. There would appear to be some disparity and the staffing rota was not viewed by the Healthwatch representatives.

On speaking to the manager it would appear that he is passionate about the care and welfare of the people in his charge as well as the staff. All the staff witnessed were welcoming and pleasant and kind to the residents.

All fire doors were shut and instructions for evacuation were evident.

Our recommendations:

- More activities are put in place immediately as this would appear to be necessary in order to stimulate the residents. All the lounges that Healthwatch Havering visited had the television on with residents sitting either watching or sleeping.
- There should be more inter-action for residents with the staff as on observation it would appear that this is lacking, with only one carer evident in each lounge.
- Healthwatch Havering was concerned about the lack of cleaning in some areas, the explanation that training was taking place did not allay any concerns. And if training is going to prohibit cleaning then alternative staff should be used.
- The lack of physiotherapy is of concern, residents would appear not to have any exercise and there should be easier access for the home to have the services of a physiotherapist.
- The concerns of the manager of the condition of some patients when being discharged from Queen’s Hospital is alarming - there should be more streamlining between the hospital and the home when discharging a resident back to their home.

- On the ground floor - Beech - the mixture of those residents with dementia and those without would appear to inhibit people and perhaps there should be some way that this could be overcome.

We would like to thank the manager, Barrie Taylor and the staff for their co-operation and hospitality during our visit.

Disclaimer

This report relates to the visit on Monday 17th February 2014 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.

Enter & View Barleycroft Care Home

