

Enter & View

Ashling House

119 Elmhurst Drive, Hornchurch RM11 1NZ

21 June 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 safety of the resident, patient or other service-user is not compromised in any way.

The Premises

Beverley has been the owner and manager for Ashling House since 2001. She has also owned and managed Arran Manor since 2005.

The team were met by the owner/manager, who has been at the home since 2001 (and has also been owner/manager of Arran Manor¹ home since 2005), and the home's Care Officer. Both are on call 24/7.

Ashling House is a small home set in a quiet residential area of Hornchurch, about half a mile from shops and public transport links to the town centre. The home has 14 residents, 9 of whom are living with dementia. There are 12 single rooms and 1 shared room, with four of the rooms having *en suite* facilities. The home was very well presented, and was very homely with numerous personal touches. Most of the walls were wallpapered and nearly all had pictures on display. To the rear of the premises there was a lovely sun room with air-conditioning, fans and large wooden-slatted blinds. A few of the residents were sitting in this very appealing room at the time of the visit: one resident was reading, some were chatting and others were listening to music on an *Amazon Alexa* system, which the team were delighted to see them using with great confidence.

The team visited the dining room, which was bright and cheerful with ceiling fans. Even though it was extremely hot outside, the home was pleasantly cool. The kitchen which was very clean. Menus were on display, changing every four weeks. Special dietary requirements were

¹ [Click here to read report of Healthwatch visit, 27 September 2016](#)

listed on the wall for individual residents. The home has protected meal times, both lunch and dinner.

The home has a beautifully manicured garden with plenty of seating areas and a lovely water fountain in the shape of a small elephant. There is a lift. Residents are encouraged to keep personal effects in their own rooms. All maintenance of the property is dealt with in-house.

The home offers planned respite care, but will not take emergency respite care as the manager prefers to have as much information about a resident as possible before admission. The manager has a detailed care plan about each resident's needs, likes and dislikes as well as all their medical records, aiming to make the resident's placement as comfortable as possible and to provide for individual needs. The home is also happy to take clients who attend daily, with perhaps a view to residing in the future. At the time of the visit only one resident in the home was publicly funded.

The team were told that every resident had visitors at least twice a week. The home has a resident dog and cat, which give great joy and comfort to the residents, especially those receiving palliative care.

The home uses picture boards, etch-a-sketch, sign language and picture boards for anyone with communication problems.

Rooms had sensor mats which could be monitored from a ground floor screen. CCTV was used in the home for falls monitoring and the general safety of staff and residents

Medication and care services

The home has protected medication rounds and the staff members wear a "do not disturb" tabard.

Drugs are stored in locked trollies and controlled drugs are stored in a locked safe. Trained staff distribute medication and both the Manager and Deputy Manager monitor and audit this.

The home's allocated GP attends every week. The CCG attend the home once a year to review medication. At the time of the visit, there several residents were subject to concealed medication orders but it had not proved necessary to invoke their use. None of the residents were self-medicating. The rooms each had a safe for storage of inhalers etc.

Access was available for residents to physiotherapists, chiropodists and an optician, who called twice a year; access was also available to a community dentist (but was proving difficult at present). Residents had regular hearing checks.

Residents had access to a hairdresser every fortnight. The home had decided not to employ an activity co-ordinator, as staff set aside time for residents to do something that they enjoyed doing. Residents sometimes visited Arran Manor for special events and residents of other homes were regularly invited to socialise at the home. Special anniversaries and occasions were celebrated; at the time of visit, it was a resident's birthday and there were bunting and cards in the sun room.

Staff

There was a total of 15 staff at the home. Staff covered for absence and sickness in an emergency, but regular agency staff would be used if there was not enough cover, which provided continuity and familiarity for residents. Shift patterns were 8am-2pm, 2pm-8pm and a night shift of 8pm-8am. There were always two staff on duty. Handover was both oral and in writing.

The staff and management had group supervision meetings, covering changes in care and policy.

There were two cooks, based here and at Arran Manor, who met to discuss food and safety procedures. Menus changed monthly.

The cleaner came once a day

All staff were trained to level 2, with most training done in-house and staff being able to use the home's facilities to train prior to their shift starting. Training included Safeguarding, Manual Handling, Adult Abuse, Health and Safety. A health and safety officer marked the papers. Four staff were trained to provide palliative care and to supervise staff. A CCG-funded Palliative Nurse attended the home with a view to training staff in palliative care and future planning for residents. All staff were trained in the use of equipment on site. Staff were very aware of the procedure of calling 999.

All staff were trained in falls management. All falls were recorded and a reason sought to identify the cause, such as blood pressure problems. This was where the CCTV came in useful, as all communal areas were monitored. This way further falls could be avoided.

All staff were also trained in infection control policies and procedures; at any sign of an outbreak, isolation would be brought into practice.

All staff have had fire safety training and the fire drill had been assessed this year, and staff were aware of a safe room in case of an emergency.

Whistle blowing - the home used the Havering Adult Safeguarding policy.

Four residents were subject to Deprivation of Liberty Safeguarding statements (DoLs). The team were told that the home was renewing DoLs for residents who had not received their first one yet.

MAR charts and care plans were assessed monthly unless there were significant changes.

There were no relatives' meetings -this had once been trialled and nobody had attended. The manager had an open-door policy and relatives/carers were encouraged to discuss issues as and when they arose. There was a yearly review in place. Quality assurance was offered to families yearly and the home welcomed any suggestions that might be put forward as a result.

Regular night time spot checks were carried out by the Manager and Deputy Manager, including record sheet and monitoring chart inspections and documentation checks to assure that they had been completed correctly.

Nutrition, body mapping and tissue viability.

Residents were weighed on admission and thereafter monthly. If they had a poor appetite, they would be monitored by means of a weekly nutrition and weight chart. If this situation persisted for more than four weeks, the GP would be informed. SALT assess residents. Some residents had thickeners added to food to slow down digestion.

Residents showered or bathed once or twice a week. All taps were adjusted to limit the temperature of the water for bathing and showering.

Pressure charts were used for residents who need turning. Skin tissues concerns are discussed with the district nurse.

Discharge from hospital

Experiences varied. Weekend discharges were poor. Medication was not always sent back with the residents and they were often not correctly dressed. The information sent with the resident was frequently missing and a Consultant would have to call the home for information about the resident.

Residents

The team spoke to one resident who told them how much she loved being there - she told the team that it was a wonderful, happy place and she had a happy life there. Residents looked healthy, well-dressed and were

chatty: one asked the team to sing for her. The residents seemed very comfortable and had a good interaction with the staff.

At the time of visit, there were two staff looking after the 14 residents and the team did not seek to distract them by engaging them in conversation.

Recommendations

The team thought this to be a well presented comfortable home. No issues were noted that required recommendations.

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 21 June 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@healthwatchhaverling.co.uk**



Find us on Twitter at **@HWHavering**



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