



Enter and View Report

Abbey Care Complex
23- 29 Abbey Road,
Newbury Park, Ilford,
IG2 7NE

Thursday 22 March 2018



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Please contact us for more details.

020 8553 1236

www.healthwatchredbridge.co.uk

Service Provider	Abbey Care Complex 23-29 Abbey Road, Newbury Park, Ilford IG2 7NE
Contact Details	Valeria Miron- Manager
Date/time of visit	Thursday 22 March 2018, 4:00pm- 6:00pm
Type of visit	Unannounced visit
Authorised representatives undertaking the visits	Authorised Representative Team: Mike New- Lead Representative Anne Bertrand Athena Daniels Chandrakant Patel
Contact details	Healthwatch Redbridge 1st Floor, 103 Cranbrook Road, Ilford, IG1 4PU 020 8553 1236

Acknowledgements

Healthwatch Redbridge (HWR) would like to thank the staff and residents at Abbey Care Complex for their time.

Disclaimer

Please note that this report relates to findings observed during our visit made on **Thursday 22 March 2018**.

Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time of the visits.

What is Enter & View?

Part of the local Healthwatch programme¹ is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers/staff, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises.

Enter & View is the opportunity for Healthwatch Redbridge to:

Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.

- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (residents and patients) at the point of service delivery.
- Collect the views of carers and relatives through evidence based feedback by observing the nature and quality of services.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made with the service provider, or, if certain circumstances dictate, as 'unannounced' visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what a service does well.

Section 221(2) of The Local Government and Public Involvement in Health Act 2007:
<http://www.legislation.gov.uk/ukpga/2007/28/section/221>

Purpose of the visit

An unannounced visit to Abbey Care Complex was conducted to gather the experiences of residents who use the home.

Through our visits, we hoped to:

- Observe and gather resident's experiences of the care home
- Ascertain whether the home is meeting their care needs
- Find out whether the facilities and resources support residents needs

We were also interested to understand if any current residents had recently relocated from Meadow Court Nursing Home in Goodmayes. Meadow Court Nursing Home was located approximately one mile from Abbey Care Complex and was closed in February 2018.

As Abbey Court Care Complex was the nearest Nursing home to Meadow Court. We had previously raised our concerns about the impact on a move for a person with dementia.

This visit provided an opportunity for Healthwatch Redbridge (HWR) representatives to engage with a number of residents, relatives and staff to ascertain whether the care home meets the needs of local people who have dementia.

Strategic Drivers

- Healthwatch Redbridge Work Plan² - priority 1: Ensuring people have access to the right health and care services they need to stay well
- Healthwatch Redbridge raised concerns regarding the proposed closure of Meadow Court³ and the initial equality impact assessment⁴ carried out by Redbridge CCG
- One Place East consultation response: Proposed Changes to Meadow Court⁵

² <http://healthwatchredbridge.co.uk/healthwatch-redbridge-work-plan>

³ <http://www.healthwatchredbridge.co.uk/news/healthwatch-redbridge-raises-concerns-decision-withdraw-funding-ccg-funded-patients-meadow>

⁴ Initial equality impact assessment <http://www.redbridgeccg.nhs.uk/Downloads/Get-involved/Consultations/Meadow%20Court/Initial-EIA.pdf>

⁵ Consultation response to the proposed changes to Meadow Court http://healthwatchredbridge.co.uk/sites/default/files/proposed_changes_to_meadow_courtconsultation_response.pdf

Methodology

This was an unannounced visit; the service providers were not informed that the visit would be taking place.

The visit was conducted to observe a number of areas of care provision:

- Facilities and resources at the home (staffing, reception and communal areas, kitchen and laundry facilities, lifts, passageways, communal bathroom facilities etc)
- Mealtimes (choice of menu, staff interaction with residents, food quality etc)
- Activities and interests
- Supporting the privacy, dignity and independence of residents

We were also interested to hear from any resident or relatives if they had recently relocated from Meadow Court Nursing home.

In preparation for the visit, a staff member worked with Authorised Representatives (ARs) to review the recent CQC report published in October 2017. This allowed HWR to identify any gaps in the service and areas that required additional attention. Using this information from the CQC report and questions from previous visits to care homes, HWR created a questionnaire to observe and gather information about the residents' experiences.

Upon arrival on the day of the visit, the lead representative showed the manager a letter providing information about the visit. This letter informed the manager about the reason for the visit, the duration of the visit, the structure of the visit, the observations that would be taking place and the names of the Authorised Representatives conducting the visit.

During the visit, the lead representative and one other representative spoke to the manager and two staff members whilst the other two representatives spoke to relatives and residents. All representatives completed individual observation sheets of the environment in the home.

Following the visit, a staff member from HWR revisited the home to clarify information and review additional evidence.

Results of the visit

Observations

- The entire home was well presented in terms of cleanliness, tidiness, décor and furnishings. Pictures of staff members were available on the wall in the foyer. Different areas had different colours making it easy for the ARs to know where they were.
- No health and safety issues were identified during the visit.
- Communal toilets were clean and all facilities including taps were working.
- A sign in the foyer encouraged visitors and residents to use the hand gel provided. Hand sanitizers were readily available throughout the home.
- The living areas were bright and stimulating and the ARs said that there were no unpleasant odours.
- Three communal areas are available in the care home. A vast majority of residents sitting in the communal areas were dressed in their day clothes and were well groomed.
- ARs observed staff members treating residents with dignity and respect. In one situation, one of the residents was upset and staff took their time to ensure that he was supported.
- During the visit, residents were talking to each other but were not taking part in any activities. This could be due to staff members preparing for the evening meal.
- An activities board was available on the 2nd floor. ARs also noted a poster informing residents about a St Patrick's Day event.
- Regarding the environment being dementia friendly, the furniture was available in contrasting colours, the handrails were also different colours. There was a generous amount of natural light within the home and warm tones on the wall. There were no large prints on the wall and noise levels were generally low.
- On the wall beside resident's rooms was a photograph of themselves and their names printed clearly. Information was also displayed to show the resident's preferred name and details of their care worker and named nurse.
- A designated quiet area is not available but each resident has an en-suite room which they can use whenever they want.
- Staff members wore a uniform and had name badges. ARs observed a staff member completing a medication round wearing a red bib informing people not to disturb her.

- The visit took place during the evening meal time and representatives observed that the food was well presented.
- The garden was not in use due to the weather. It was noted that two of the spaces (summer house and games room) were being used for storage. During a follow-up visit, HWR staff asked the manager about whether these outside rooms were used by residents during summer. She said none of the current residents are interested in the garden they are free to use it and to grow plants if they wished.
- The kitchen, which is located in the basement, was clean and well presented. A representative observed staff members preparing meals and noted that they were appropriately dressed. The lady was wearing an apron and her hair was covered.
- The laundry room was clean and tidy. The clothes were neatly folded and organised.
- A representative observed that the care home had an outdated CQC report in the foyer. The displayed report was from 2015 but the most recent report was completed in September 2017. This issue was mentioned to staff at the visit. During the follow up visit it was observed that the noticeboard now contained the updated CQC inspection report.
- A representative was unable to use the lift independently as it required a key code which was known to staff. One representative had difficulty finding the stairway and had to ask for directions.
- During the follow up visit, HWR staff asked the manager whether residents were able to independently use the lift and she responded that most residents do not have the capacity to use the lift without support from staff or relatives.

Speaking to the manager

Two ARs spoke with the manager who has been working in the home. She told them she had worked at the home for five years in total and had been the Manager for the last two years.

- When asked who was in charge when the manager leaves for the day, she said that there was no nominated person but there are nurses and other staff members available. She stated she was usually on call and when she goes on holiday, the area manager is in charge.
- On the day of the visit, there were 10 Health Care Assistants (HCAs) and 3 nurses for the day shift and 5 HCAs and 1 nurse for the night shift. This

is the normal staffing level but usually there is an additional HCA working.

- The manager said that staffing levels are adequate to support the needs of the residents. The 2nd floor is more demanding and if necessary, an additional staff member is added to support residents.
- In the case of a staff member calling in sick, the manager uses their own bank staff.
- There are currently 47 residents in the home; three passed away recently. About 97% of the patients have dementia mixed with other conditions.
- Each resident has an individual care plan but ARs were not shown this due to confidentiality reasons.
- The care plans/ MAR charts (medicine admin) are reviewed on a monthly basis but it can be reviewed sooner depending on personal circumstances. Both residents and relatives are involved in developing the care plan and have to sign it to show this.
- Quality issues are monitored when necessary.
- The manager said that all staff members have been provided with training in different areas including Safeguarding, Duty of Care, Dementia and Deprivation of Liberty.
- ARs were shown a list of training provided to staff members. In addition to the training mentioned above, staff have been trained in Infection Control, Health and Safety, Manual Handling, Fire Safety Awareness, Food Safety, COSHH Risk assessment, Drug Safety & Administration, Equality & Diversity/ Dignity in Care, Mental Health Problems in the Elderly, Basic First Aid, End of Life Care, Slips, Trips & Falls.
- In-house training is provided bi-monthly and if staff miss out, they can attend the session in another care home within the group. The manager showed ARs the training record for all staff members.
- When asked about the frequency of showers/baths, the manager said that the schedule is decided in collaboration with the relative.
- Regarding the laundry service, a laundry room is in the basement where residents' clothes are washed. The manager mentioned that the machine broke down in December but it has now been repaired. It was out of service for about 6 weeks because they ordered a part which took a while to be delivered. One issue with this service is that residents' clothes can get mixed up so they are encouraged to put name tags on the clothes. If residents do not have a relative who can do this for them then staff members put their names on their clothes.

- There is an activity coordinator who is available from 8:30am - 5pm on Wednesdays, Thursdays and Fridays. In addition to this, there are two staff members that plan activities on other days when the coordinator is not working.
- There is a complaints procedure available however the representatives were not shown this. During the follow up visit, the manager showed the HWR staff the whistle blowing policy and the complaints log.
- A handover takes place between shifts and this usually lasts for about 20-30 minutes.
- Regarding the menu, the manager said that residents are shown pictures of the foods in the morning. This is particularly useful for patients with dementia.
- The manager mentioned an issue around continence pads. She said that social services provide pads in the wrong size and there is often a shortage of pads. She has informed them about this issue via e-mail however they have not acknowledged the email. She has to purchase the continence pads about three months in advance and has had to borrow pads from other homes. In some situations, she has had to use stock from other resident's pads.

Speaking to other staff

ARs spoke with two staff members during the visit.

- When asked about whether staffing levels is sufficient to deal with the demand, both staff members said that it was.
- They have been provided with training on Safeguarding, Duty of Care, Dementia, Deprivation of Liberty and several other areas. This training is updated every 3/6 months or when required.
- Residents are encouraged to use the communal areas. If unable to do so, they can take part in one to one activities in their room.
- Residents are not able to go outside alone. They must be accompanied by a staff member or relative.
- About 50% of residents need feeding or pureed food and staff help residents who require assistance.
- Drinks and snacks are available outside meal times.
- Regarding the frequency of showers or baths, staff members work from schedules. Staff can also provide a bed bath as well.

- The daily routine is flexible depending on the individual's needs and staff members consider the person's body language whether they want to take part in a certain activity.
- Different activities are available for residents to take part in. There is an activity coordinator and staff bring in external people to conduct activities such as singing.
- The activity coordinator also comes with her husband who has a dog and residents interact with the dog.
- Residents with dementia are supported to recognise their room by using colour coding, pictures, names and photos in front of their door.
- A designated quiet area is not available but residents can go into their room if required. In the summer, they can also use the garden.
- A handover period happens between shifts.

Speaking to residents

ARs spoke with two residents during the visit.

- One resident has been in the home for over a year while the other resident moved into the care home before Christmas.
- Both residents said that they like it in this care home and do not have any concerns. One resident said that she feels safe and the other resident said staff members are very caring.
- One respondent mentioned that she is not given a menu but asked verbally what she wants. She said that the food is very good and always arrives hot.
- One resident mentioned that she eats her meals in the dining room but the other lady has her meals in her room because she is in bed.
- Both residents said that they are given help to eat their meals if needed.
- The mobile resident said that she is encouraged to use the communal areas and enjoys the company. She also mentioned that her bathroom is 'spotless'.
- She has taken part in several activities including chair bound exercise, art work and sing songs. In the summer, she used the garden and a garden party took place.
- Both residents said that staff members are very nice and they have no complaints. One lady said that they respond in a timely manner when

she presses the bell but the other lady said that she does not use the bell often however when she calls out they respond.

- When asked whether staff willingly take them to the toilet, one resident mentioned that she wears continent pads and she is changed often whilst the other resident said that they take her if they are free.
- One lady said that staff inform her before discussing things with her family members whilst the other lady said that she is unsure.
- Both residents said that staff do their laundry on a daily basis and they can choose the clothes they want to wear.
- If they need to talk to visitors discreetly, they can do this in their bedrooms.
- Both residents did not highlight any issues with the care home.

Speaking to relatives/ friends

ARs spoke with three relatives during the visit.

- When asked whether their relative/friend liked the care home, they all said that the person using the care home liked it there.
- Two relatives mentioned that they have not had any issues since their relative/friend moved into the home.
- One mentioned that there were some issues initially however this has been rectified.
- One person mentioned that there had initially been a problem with the laundry service as the machines had broken down.
- One relative had been concerned that their relative was going to bed too soon after their meal and this caused them to regurgitate their meal. This issue had now been rectified by the manager.
- Two of the residents are given pureed food and their relatives did not comment on availability of a variety of meals. Another mentioned that their relative is not given a wide range of choices but staff are able to provide alternative food if they are not satisfied.
- The food arrives hot and all the respondents said that their relative ate their meals in the dining area unless they were unwell.
- Staff help residents to cut up their food and assist with eating if necessary.
- The relatives said that staff members encourage residents to use the communal areas and help them when needed.

- The bathroom facilities are clean and staff help the residents with getting dressed.
- Regarding encouragement to take part in activities, staff members inform them about the activities but one person mentioned that it is not feasible due to the resident's condition.
- Two respondents said that their relatives have used the garden. One person mentioned that this was during the summer and the other person said that his relative was able to go there with his wife.
- The general consensus from the three respondents was that staff members are helpful and treat their relatives as individuals.
- One person said that staff do not always respond in a timely manner when their relative presses the bell but they regularly come in to check on the resident. A representative observed a resident request to be taken to the toilet and staff responded to his needs promptly.
- The three respondents confirmed that there is no designated quiet area.
- None of the respondents highlighted any issues and one person mentioned that "she is very pleased about the home and cannot find fault". They allowed her to bring personal furniture and music and also redecorated the room for her relative.
- Another person mentioned that it was better than Meadow Court in some ways, especially the food.

Recommendations

1. HWR suggests the home review its Deprivation of Liberty Safeguards⁶ policy. We felt that residents, where they had capacity, should be able to use the lifts independently. A ‘blanket ban’ should not be in place.

Service Provider Response:

The “blanket ban” is on the lift as we have underground offices, kitchen and laundry and staff room, and this memo is especially for visitors and relatives to avoid going in the basement.

2. The complaints procedure should be provided on the noticeboard so that residents and their relatives are aware of the process for reporting a complaint. If possible, this procedure should be available in an easy to read, simplified format.

Service Provider Response:

The complaints procedures it was in place at the visit time in reception for relatives, visitors, in rooms for residents and in staff room for staff.

3. We are pleased that all staff members have a uniform and name badge but it would be good practice for the name badge to be printed in a larger font size making it easier for residents to read them.

Service Provider Response:

Thank you for recommendation we are going to take into consideration your advice.

4. Although it was good practice for the staff member to wear a bib informing visitors and residents that were not to be disturbed; to reduce risks of a possible medication error occurring, the medication round should involve two staff members.

Service Provider Response:

Under company policy the RGN administer the medication, a second member of staff is only required for specific residents.

⁶ Deprivation of Liberty Safeguards: <https://www.scie.org.uk/mca/dols/at-a-glance>

Service Provider Responses

We would like to thank Abbey Care Complex for the responses made and Healthwatch Redbridge has incorporated them within this report.

Distribution

- Abbey Care Complex
- Care Quality Commission
- Redbridge Clinical Commissioning Group (CCG)
- Redbridge Health Scrutiny Committee
- Redbridge Quality Surveillance Group
- Healthwatch England

Appendix 1- Observation Checklist

Are the living areas bright and stimulating?	Yes Comment:	No
Is the home free from unpleasant odours?	Yes Comment:	No
Are the residents properly dressed and well groomed? Is their clothing clean?	Yes Comment:	No
Are residents being treated with dignity and respect? (Are staff interacting with them in a warm and friendly manner?)	Yes Comment:	No
Are there residents in the communal lounge?	Yes Comment:	No
Are the residents involved in activities or talking to each other?	Yes Comment:	No

Observation checklist
 Authorised Representative name.....

Is the home well presented in terms of cleanliness, tidiness, décor and furnishings?	Yes Comment:	No
Are there any health and safety issues (e.g. trips, hazards, sharp objects, corner tables)	Yes Comment:	No
Are the communal toilets clean? Are the taps (and other facilities) working?	Yes Comment:	No
Is there a sign for hand washing?	Yes Comment:	No
Is hand sanitiser readily available? Where is it located?	Yes Comment:	No

Are there any posters about social events taking place?	Yes Comment:	No
Is the environment dementia friendly? Please tick if available: <ul style="list-style-type: none"> Furniture in a contrasting colour Warm tones on the wall Natural light No large prints on the wall Clear signs using pictures and words Low noise levels 	Yes Comment:	No
Is there something on the door for residents to identify their room?	Yes Comment:	No
Is there a quiet area for dementia patients?	Yes Comment:	No
Do staff have a uniform, name badges? Is there a uniform policy?	Yes Comment:	No

if any food is being served, is it well presented and are any menus available?	Yes Comment:	No
Is the garden area user friendly, safe and accessible?	Yes Comment:	No
PLEASE ASK BEFORE VIEWING THESE AREAS		
Comments from visiting the kitchen area		
Comments from visiting the laundry room		
Any additional comments		

Appendix 2- Questions for the manager

How many residents do you have in total?	
How many patients with dementia are in this care home?	
Does each resident have a care plan?	
How often are care plans/MAR charts (Medicine Admin) and risk assessments reviewed?	
How do you monitor quality issues, do you involve relatives and patients?	
What is the frequency of showers or baths is there a choice?	
How does your laundry service work?	
Do you have an activity coordinator? What hours do they work?	
Do you have a complaints procedure?	
How are residents and their relatives informed about this?	
Is there a handover period between shifts?	
How long is this?	
Who is involved?	
Do you have any concerns that you would like to share with us?	

Questions for the manager	Responses
Name of registered manager	
How long have you been here for?	
Who is in charge when the manager leaves for the day?	
How many staff members are working today?	AM- PM- NIGHT-
Do you feel that the staffing levels are sufficient to deal with adequately supporting patients?	
What are the normal staffing levels:	Day- Night- Weekend-
What is the procedure if a staff member calls in sick or is on holiday?	
Do you use agency staff?	
Have all staff members received training regarding: <ul style="list-style-type: none"> Safeguarding <input type="checkbox"/> Duty of care <input type="checkbox"/> Dementia <input type="checkbox"/> Deprivation of Liberty <input type="checkbox"/> 	
How often is this training updated?	
What other training is provided for staff members?	

Appendix 3- Questions for residents

Questions for residents	
Authorised Representative name.....	Responses
Resident name (if offered).....	
Questions	
How long have you been in this care home for?	
Is this your first care home?	
If this isn't the resident's first home, ask why they moved here (if they are willing to share this information)	
Do you like it here? [PROMPT FOR MORE INFORMATION]	
Have you had any concerns in this care home?	
Food:	
Are you given a wide variety of foods to choose from? [PROMPT- Are you given a menu]	
Does the food arrive hot or cold?	
Where do you eat your meals? At your bedside or in the dining room?	

Are you offered the choice to eat in the dining room and is this where you want to eat your meals?	
Are you given any necessary help to eat your meal i.e. help to be comfortably seated, food cut up if needed and help to eat if needed?	
Facilities:	
Do you use the communal areas? (If no, ask the resident why this is)	
Do staff members encourage you to use the communal areas?	
Are the bathroom facilities clean?	
Are you encouraged to take part in any activities?	
Are you given a choice about how you spend your day?	
Have you used the garden?	

<p>Staff What do you think of the staff here?</p> <p>Do staff respond in a timely manner when you press the bell?</p> <p>How is the interaction with staff members? [PROMPT- Are they warm and friendly?]</p> <p>Do staff treat you like an individual? I.e. do they know about your likes and dislikes?</p> <p>Do staff willingly take you to the toilet when you need to or are you kept waiting for a long time?</p> <p>Do staff check with you before discussing things about you with your family members?</p>	
<p>Clothing and laundry: Do staff do your laundry regularly? How often is this?</p> <p>Are you given a choice about what clothes you wear daily or are clothes chosen for you?</p> <p>Are there any further observations (regarding laundry) you would like to comment on?</p>	

<p>Other: Do you have a quiet or private area where you can talk to visitors?</p> <p>Do you have any concerns that you would like to share with us?</p>	
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Appendix 4- Questions for relatives

Questions for relatives/ friend

Authorised Representative name.....

Name (if offered).....

Questions	Responses
How are you related to the person currently using the home?	
Does your relative (husband/wife/aunt/uncle)/ friend like it here?	
Have any concerns been identified since your relative/ friend moved in here?	
Food: Is your relative/ friend given a wide variety of foods to choose from?	
Does the food arrive hot or cold?	
Where does your relative/ friend eat his/her meals? At the <u>beside</u> or in the dining room?	
Is your relative/ friend offered the choice to eat in the dining room and is this where he/she wants to eat their meals?	
Is your relative/ friend given any necessary help to eat their meal i.e. help to be comfortably seated, food cut up if needed and help to eat if needed?	

Facilities: Does your relative/ friend use the communal areas? (If no, ask why this is)	
Do staff members encourage your relative/ friend to use the communal areas?	
Are the bathroom facilities clean?	
Is your relative/ friend encouraged to take part in any activities?	
Is your relative/ friend given a choice about how he/she spends their day?	
Has your relative/ friend used the garden?	
Staff: Do staff respond in a timely manner when your relative/ friend presses the bell?	
Do staff interact with your relative/ friend in a friendly and warm manner?	

<p>Do staff treat your relative/ friend like an individual? I.e. do they know about your likes and dislikes?</p>	
<p>Do staff willingly take your relative/ friend to the toilet when he/she needs to or are they kept waiting for a long time?</p>	
<p>Do staff check with your relative/ friend before discussing things about them with you?</p>	
<p>Clothing:</p>	
<p>Has your relative/ friend used the laundry service here?</p>	
<p>Is your relative/ friend given a choice about what clothes he/she wears daily or are clothes chosen for him/her?</p>	
<p>Other:</p>	
<p>Is there a quiet or private area where you can talk to your relative/ friend?</p>	
<p>Do you have any concerns that you would like to share with us?</p>	

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