

Enter and View – Visit Report

Name of Establishment	Mornington Hall 76 Whitta Rd (run by HC-One Care Home)
Staff Met During Visit	Anthony Carlin - Interim Home Manger Shaikh Hassan- Deputy Home Manager Khalida - Night Manager Patricia Williams -
Date of Visit	Monday 9 September 2019
Healthwatch Authorised Representatives	Becky Ohiozeua Clair Tholsten-woll Kiara Assraff Leonardo Greco Sarifa Patel

Introduction and Methodology	<p>This was an announced Enter and View (E&V) visit, part of a planned strategy to assess the quality of supported living homes in the London Borough of Newham. The aim is to consider how services may be improved and how good practice can be disseminated.</p> <p>Healthwatch Newham’s E&V representatives, have a statutory power to enter health and social care premises, announced or unannounced, to assess the nature and quality of a service being provided. They do this by asking for the views of the people using the service and by making their own observations. Relatives, carers and staff are also asked for feedback.</p> <p>A report on our findings is prepared which may include recommendations, if appropriate. This report is sent to interested parties such as the Care Quality Commission, Newham Council and a summary the full report or a summary will be made public on our website: www.healthwatchnewham.co.uk</p> <p>DISCLAIMER: <i>This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.</i></p>
General Information	<ul style="list-style-type: none"> • The home had 99 residents at the time of the visit with a capacity of 120 residents. • The home has four unites, two nursing and two residential, each with a maximum of 30 residents. • On the day of the visit there were: 30 resident residents in Hamfrith Unit, 22 in Cornwall, 24 Haywood and 23 in Roding. • The home was recently reviewed by the CQC and rated inadequate • On the day of the visit we spoke with 4 members of the management team, 7 staff, 12 residents and 1 relative.
Care Planning	<p><u>Manager’s comments</u></p> <ul style="list-style-type: none"> • All residents have a care plan, which are reviewed monthly or as needed and after each hospital admissions. Reviews are then cascaded down to staff. • Each resident also has a key worker within the home. • Residents with capacity will lead on the development of their care plan. • A new system has been introduced by new management to ensure relatives are

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	<p>involved in the care plans.</p> <ul style="list-style-type: none"> • For residents that do not have relatives, the council worker will be brought in. • All residents always need to be supported and accompanied, if they wish to attend activities outside the home. The home focuses on enabling residents to be active while ensuring staffing requirements at the home are met. <p><u>Support Worker’s comments</u></p> <ul style="list-style-type: none"> • All 7 Staff members agreed that all residents have a care plan. • 5 out of 7 staff mentioned using residents’ care plan, and only 1 staff said they do not really use care plans only handover notes. • 1 staff said care plans are not updated regularly. • 1 staff said that on their return from annual leave no changes in residents plan were highlighted to them. <p><u>Residents’/Relative comments</u></p> <ul style="list-style-type: none"> • 6 out of 12 residents said they have a care plan, whole 4 said they did not. 2 were not sure or could not remember. • 5 out of 12 residents also confirmed they have a copy of their care plan and only 4 told us they did not have a copy, while the others did not comment on having a copy. • 3 out of 12 residents agreed that staffs do follow their care plan and only 1 resident said they were not sure. The remaining 7 residents did not comments on this. • 3 out 12 residents also said they were asked about what they wanted in their care plan and only 1 relative agreed that the care plan had been reviewed. • 4 out of 12 residents agreed that they felt involved in planning their care, while 6 out of 12 residents did not comment on this and the other 2 residents wasn’t sure.
Safeguarding	<p><u>Manager’s comments</u></p> <ul style="list-style-type: none"> • Safeguarding concerns are recorded on an internal database and raised for internal discussion and investigation and are then raised with the Safeguarding team. • Relative are also kept up to date with developments where there is a safeguarding concern relating to their relatives. • Residents are kept aware of safeguarding on a regular basis. <p><u>Support Worker’s comments</u></p> <ul style="list-style-type: none"> • Only 1 out of 7 staff appeared to understand what safeguarding means, while the other 6 staff member gave general and vague responses as to what they understood by safeguarding. • 6 out of 7 staff knew the appropriate measure or procedure to follow to support residents who are being mistreated and only 1 staff member appears not to be very clear on what to do. • 3 out of 7 staff also said they did not feel they needed any training on safeguarding and 1 staff felt it would be beneficial to take a refresher course. • During an interview with staff, one of our team was told by a member of staff that they felt they cannot report safeguarding as they felt scared of repercussions from other staff and because they did not want to be seen as a whistle-blower (it’s worth noting

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	<p>that staff seemed to use the term whistle-blowing with negative connotation). The member of staff did not want to disclose who they were but told us that they thought staff were mistreating and bullying residents in rooms 4 and 15 which is upstairs in the Roding Nursing Unit.</p> <p><u>Residents’/Relatives comments</u></p> <ul style="list-style-type: none"> 10 out of 12 residents provided some responses on what they would do if they felt they were being mistreated or what happened when someone mistreated them; <ul style="list-style-type: none"> “I would report them”. “Someone was horrible to me and they removed her”. <p><u>Observations</u></p> <ul style="list-style-type: none"> A resident was observed with a scratch on their arms, when asked what happened a member of staff responded on their behalf saying that they have long nails. The same resident also had a scar on their leg. When asked about it, staff responded that they were carrying a hot cup of tea and spilt some on themselves as they are not very steady on their feet. The staff room in the office building displays information on how to raise a safeguarding concern and how to contact the safeguarding team.
<p>Management of Residents’ Health and Wellbeing</p>	<p><u>Residents’ comments</u></p> <ul style="list-style-type: none"> 5 out of 12 residents agreed that staff did respond appropriately when unwell. The other residents did not comment to this point. 8 out of 12 residents admitted to having a GP, and only 2 replied No to having one and the other 2 either did not respond, or provide any comment or responded appropriately. 8 out of 12 residents also agreed they have either been to a dentist, an optician or a chiropodist, and the other 4 did not require any treatments from these primary care settings. <p><u>Observations</u></p> <ul style="list-style-type: none"> Management confirmed that the home has a very good bell call response rate. We observed this and it was confirmed by residents. However, this seems to be the case when residents are in their beds with easy access to the call bell. For residents in other parts of the home, such as the living room, calling a member of staff can be difficult. One resident in the living room needed to use the toilet and was trying to get the attention of staff to help them. However, from the living room they did not seem to have any means of calling staff for help. They said to us that they normally wait until someone shows up. HWN representatives did observe across different units within the care home some residents being administered medication as a means to support them in managing their health conditions.
<p>Meals</p>	<p><u>Manager’s comments</u></p> <ul style="list-style-type: none"> Food menus are created centrally but have been adapted to meet local cultural needs.

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	<ul style="list-style-type: none"> • Residents are given choices for their meals and have access to the menu in the communal areas. • If residents are unhappy with food choices, the home will easily provide them something different of their choice, for example an omelette. • Residents are also provided with texture modified foods, gluten free and other diets as needed. <p><u>Support Worker’s comments</u></p> <ul style="list-style-type: none"> • All 7 staff members we spoke to on the visit agreed that they played a role during mealtimes, assisting with feeding and giving medication. • 6 out of 7 staff members agreed also that there are sufficient staff available to assist residents during mealtimes and only 1 staff member said they needed extra support during breakfast and lunchtime. • All 7 members of staff we spoke to agreed residents are offered options and alternatives if a resident is not eating. • 6 out of 7 staff reported that residents are offered drinks all through the day and at night. <p><u>Residents’ comments</u></p> <ul style="list-style-type: none"> • 9 out of 12 residents reported that the meals were served hot during mealtimes and the other 3 did not provide any feedback on this. • 9 out of 12 residents also agreed that choices are made available during mealtimes and the other 3 did not provide any response to this. “I get to Choose what I want”. • 4 out of 12 residents did agree that staff do assist them with eating when needed, and only 1 disagreed. The other 7 residents either admitted to not requiring any assistance with eating or did not respond. • 11 out of 12 residents agreed also that they can have a hot and cold drinks at any time, and only one disagreed, because they had to wait for a staff member to be available before they can have a drink. <p><u>Observations</u></p> <ul style="list-style-type: none"> • We observed that there is only one in the dining room which is kept in a booklet which we felt was not easily accessible to residents. • During lunch time in one of the nursing unit we observed only two care staff present and attending to approximately 17 residents in the dining/lounge area. Insufficient time was available to feed residents who needed support with eating and drinking. Staffs are expected to serve and feed residents at the same time. Residents were also not asked if the portion of food served was adequate or if they needed any more food during lunchtime. • On the day of our visit we observed that residents were not being given choice of food at mealtime. In one case however the resident was given two choices.
Premises	<p><u>Residents’ comments</u></p> <ul style="list-style-type: none"> • 8 out of 12 residents agreed that cleanliness of the home was very good, whilst the other 4 did not provide any other feedback.

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	<p><u>Observations</u></p> <ul style="list-style-type: none"> • HWN representatives mainly carried out observation in the communal area of the home which looks clean, tidy and spacious enough for residents to be able to move around, this accessibility for those in wheelchairs and other mobility aids.
Activities	<p><u>Manager’s comments</u></p> <ul style="list-style-type: none"> • The home organises a number of activities for residents which are led by the Health and well-being Officer. These include animal therapy, a daily all staff and residents’ activity at 3pm. Also, one to one therapy for those that are unable or unwilling to join group activities. • Where possible staff are also available to support residents on activities taking place outside the home, such as attending football matches or taking a walk to the high street. • The team observes that staff do take the time to speak to residents as they provide their care. <p><u>Support Worker’s comments</u></p> <ul style="list-style-type: none"> • 5 out of 7 care staffs said they did not have sufficient amount of time during the day to sit and speak with residents, and only 2 staff including an activity co-ordinator agreed they had sufficient time to sit and speak with residents. <p><u>Residents’ comments</u></p> <ul style="list-style-type: none"> • 11 residents including relatives agreed that there are activities available for residents, and only 1 resident suggested they did not think the home had the time for that. <p><u>Observations</u></p> <ul style="list-style-type: none"> • We observed that some residents were left to sleep on their chair. There were activities going on in the unit but not all residents were involved. Residents need to be engaged more during activities. • Although we observed that new activities starting in September were promoted on a board, few activities were taking place, due to what seemed to us a lack of staffing. One of the activities we observed did not flow well. • 8 out of 12 residents were either unsure if there were regular residents / relatives meeting, while the other 4 responded as though they were aware of meetings being held within the care home with their relatives. • We observed a lack of newspaper or magazine on display for residents • We also observed a lack of cultural aspect or input for residents from different background.
Staffing	<p><u>Manager’s comments</u></p> <ul style="list-style-type: none"> • The home has 145 staff (including bank staff) • On the day of the visit there were 55 staff on duty. Of these 43 were on the day shift and 12 for the night shift. On a typical day there are 41 staff for day and 12 staff for night time.

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	<ul style="list-style-type: none"> • This gives an average of 2 to 3 residents per staff during the day and 8 residents per staff at night. • The turnover rate of care staff is very low despite there being frictions with the council’s review team whom staff find intimidating and confrontational. • The turnover of management staff is however high due to the perceived conflict with the LBN review team. <p><u>Support Worker’s comments</u></p> <ul style="list-style-type: none"> • 3 out of 7 staff members agreed they received adequate support to do their job, while 2 said they did not receive enough support and felt they needed emotional support and more staff on duty. 1 staff did not respond. • 4 out of 7 staff agreed there was a turnover over of staff within the organisation. • 2 out of 7 staffs agreed the home had enough staff on shift, while 4 disagreed saying there could be more. • 1 member of staff mentioned that there is only one hoist in their unit and there are not enough staff available when a resident needs to use the hoist for example for personal care. <p><u>Residents’/Relative comments</u></p> <ul style="list-style-type: none"> • 8 out of 12 residents agreed staffs had the right skills for the job, while 1 disagreed. The other 3 residents provided mixed responses, for example, “not all of them but some are out of this world”. • 6 out of 12 residents also agreed the care home staff provided them with the appropriate support, while the other 6 residents’ did not comment on this. • 7 out of 12 residents said staffs are kind and respectful to them, while 2 residents felt some staffs were not respectful and the other 3 did not provide any comment on this. • 5 out of 12 residents said the home had enough staff, while 4 out of 12 residents’ including a relative felt the home did not have enough staff. <p><u>Observations</u></p> <ul style="list-style-type: none"> • During observation, a HW representative on one of the residential units within the Care Home observed only 1 member of staff was present in the communal area with approximately 12 residents in duration of 3 hours spent in the unit.
Staff Training	<p><u>Manager’s comments</u></p> <ul style="list-style-type: none"> • All staff attend 45 different mandatory training session when they first join the home. These include Infection Control, Health and Safety, Nutrition and are completed online over a period of 12 weeks. • Trainings are refreshed yearly or every three years. • Staff are aware of safeguarding and receive an annual online training. However, management is looking at developing a classroom-based training to improve staff competency, by the end of October 2019. • A quality of service training is already being delivered in a classroom setting. • The home also has a whistleblowing policy, and this is covered during induction. • All staff receive supervision every two months where their training and development

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	<p>needs are discussed.</p> <p><u>Support Worker’s comments</u></p> <ul style="list-style-type: none"> • All 7 staff members agreed they have had adequate training to support them in their various job roles. This includes; Manual Handling, Infection Control, Food and Hygiene, Fire Safety, End of Life and all other mandatory training. • Staff had to be prompted by E&V representatives, before they mentioned safeguarding as a training. • All 7 staff members also agreed that all training they had received was relevant and useful in performing their various roles within the organisation.
<p>Compliments/ Complaints/ Incidents</p>	<p><u>Manager’s comments</u></p> <ul style="list-style-type: none"> • Residents are made aware of the complaint procedure however for residents with additional needs such as those with dementia, alternatives are in place to ensure their views and concerns are considered. These include staff observation of any changes in behaviour which may indicate discontent. Such instances are then addressed with residents to find out what is concerning them. • Residents also have a review with their families or social worker in a more formal process. • Resident surveys are also conducted to assess satisfaction with the home. <p><u>Support Worker’s comments</u></p> <ul style="list-style-type: none"> • All seven staff members said they would report a complaint to either a senior member of staff or management. • 4 out of 7 staffs admitted that most residents who had mental capacity would know how to make a complaint, while 3 said residents would not know how to. <p><u>Residents’ comments</u></p> <ul style="list-style-type: none"> • 4 out of 12 residents agreed they would report it if they had a complaint, and only 2 said they have never had to make a complaint, whilst the other 6 residents seemed uncertain about what to do if they had a complaint.
<p>Conclusions</p>	<p>We noted the following positive points about the home:</p> <ul style="list-style-type: none"> • There are good positive relationships between staff and residents. • Residents told us they feel happy living in the care home. • There are lots of training opportunities available to staff to support their learning and development within their role. • Residents told us they are happy with the food and drinks provided by the home throughout the day.
<p>Recommendations</p>	<p>Based on our visit we recommend the following:</p> <ol style="list-style-type: none"> 1. Provide more regular and in-depth safeguarding training to all staff so ensure a clear understanding of the subject, are aware of its importance and enable staff to respond appropriately to any concerns raised.

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	<ol style="list-style-type: none"> 2. The home must foster an open, collaborative and safe culture where staff feel able to report their concerns without fear of repercussions from other staff or the management. This should be closely linked to the review of the home’s approach to safeguarding training and support. 3. Ensure more attention is paid to residents sitting in the communal areas. This could be achieved by ensuring a member of staff available at all times or by providing call bells. 4. Following the incident observed of the resident displaying scratches and burn signs, care plans and reviews should include further detail on residents’ wellbeing and what staff need to do to ensure their safety. Such as regular manicure and other grooming to avoid risk of unintentional self-harming and ensuring resident files include other risks residents face due to their personal circumstances. All relevant staff should be made fully aware such notes which should be checked and updated regularly. 5. Ensure enough staff are always available in all units to provide support during mealtimes and provide other support such the use of hoists. 6. Involve residents more, where possible, in the daily activities to ensure they are kept active and engaged, paying particular attention to residents who have the tendency to refuse to join group or one-to-one activities. 7. Ensure residents are regularly reminded of how they can raise their concerns or make a complaint. This should be done regularly to ensure residents with additional needs are always aware of the options. 8. Provide more activities within the home to keep residents engaged throughout the day. While the Health and wellbeing officer leads on activities, healthcare assistants and other staff should also be involved and trained to provide activities for residents during other parts of the day. 9. Provide regular staff supervisions and reviews as an opportunity to discuss additional training and support needs and foster an environment where staff feel confident to raise their concerns and feel listened to.
Provider Response	No response or feedback on the report was provided by the home.

Signed by Healthwatch	<i>Leonardo Greco</i> Healthwatch Newham Manager
Dated	9/10/19