

Hanbury Court Care Home

Enter and View Report



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1. Introduction

1.1 Details of visit

Details of visit:	
Service address	Dagmar Road, Dagenham, Essex, RM10 8XP
Service provider	MNS Care Plc
Service area	The home provides accommodation and nursing care includes end-of-life care.
Date and time	Monday 5 th June 2023
Authorised Representatives	Ruby Oi Wun Yip (Lead Authorised Representative) Agne Pilkauskiene (Authorised Representative) Val Shaw (Authorised Representative) Nusrah Prosper (Authorised Representative)
Announced/Unannounced	Unannounced
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1.2 About the care home

Hanbury Court Care Home is situated in Dagenham and provides nursing and end-of-life care for its residents. It has two floors with 36 rooms. Most of the rooms are single-bed, but they also offer double-bed rooms. Some of their rooms have en-suite toilets.

The home currently has 35 residents on site.

1.3 Acknowledgements

Healthwatch Barking and Dagenham would like to thank the service provider, service users, visitors, and staff for their contribution during the visit.

1.4 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time of the visit. Two residents gave their feedback in the presence of staff, and therefore feedback may have been influenced by their presence.

2. What is Enter and View?

- The Health and Social Care Act 2012 allows local Healthwatch to carry out Enter and View visits.
- Authorised representatives are recruited and trained to carry out visits to observe specific settings and give feedback.
- During a visit information is gathered through the experiences of service users, their relatives, friends, and staff to collect evidence of the quality and standard of the services being provided.
- Enter and 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.
- The visits enable us to share examples of best practice and make recommendations where improvements are needed from the perspective of people who experience the service first-hand.
- An opportunity to give authoritative, evidenced-based feedback to organizations responsible for delivering and commissioning services.
- The visits assist local Healthwatch to alert Healthwatch England or the Care Quality Commission to concerns about specific service providers of health and social care.
- If you are interested in finding out more about Enter and View visits or Healthwatch Barking and Dagenham, then please visit:
www.healthwatchbarkinganddagenham.co.uk

2.1 Purpose of Visit

Our purpose was to observe, gather the views and experiences of residents as well as their relatives or representatives. Healthwatch focused on the following aspects during the visit:

- How residents are cared for
- Nutrition and personal hygiene of the residents
- Security and safety of the care home
- Health and medical needs for the residents
- Social activities, and how personal finances are dealt within the care home

2.2 Strategic drivers

Hanbury Court Care Home was chosen randomly to collect evidence of what works well and what could be improved from the resident perspective in care homes. This was also part of Healthwatch wider workplan to engage more residents within the social care remit.

2.3 Methodology

Before the visit:

- The lead representative distributed the planning sheet and questionnaire to authorised representatives. The date and time were also set for the visit.
- This was an unannounced visit. Authorised representatives were asked to observe the care and services in the care home. The lead representative also informed representatives that this care home provides end-of-life care.
- We will use the feedback gained from the visit to inform service providers and commissioners.

Day of the visit:

- The Healthwatch team arrived at the care home at 9:00 a.m. The lead representative used a buzzer to gain entry. The head nurse named Vicky, opened the door for us. She informed our team that the manager was on annual leave, and she asked the purpose of the visit. We explained what an enter and view was and who we represent.
- The home was welcoming, and the head nurse said the team were welcome to speak to residents as they wished. She also mentioned that carers were busy attending to residents and therefore would not be able to accompany the Healthwatch team.
- Authorised Representatives suggested that it would be a good idea if somebody could introduce the team to residents. Therefore, the head nurse asked the Healthwatch team to wait in the lounge, and the activity coordinator would be able to make a friendly introduction.
- Representatives introduced themselves and the purpose of this visit to the activity coordinator. Representatives also disclosed to the staff that a report would be produced based on the visit and shared with the care home for a response.

- The activity coordinator explained her role within the care home and then guided a representative into the residents' room to have a chat with them.

3. Summary of findings

- The nursing home is a comfortable environment for the residents. It is a clean and hygienic care home.
- Residents can decide when to do things, such as when to wake up and go to bed.
- Residents can make their own choices about food. Residents' dietary needs and preferences were met. In between meals, they can have snacks and tea as well.
- Residents reported that staff are responsive, as most of the time they can come in within 5–10 minutes.
- Residents feel that they are treated with dignity and respect by staff.
- The arrangement of finances varied among residents. Residents who have capacity will manage it themselves. Some residents have a lasting power of attorney in place. Some of them are managed by family members.
- Feedback highlights that care is impacted when the care home is short staff, leaving residents to wait for a long period of time in some situations.
- The care home is safe and secure. They need a passcode to open the main door. All residents' bedroom doors are fire doors. They kept residents' personalised care plans in the nurse's office for confidential reasons. Each resident's room has a medication cabinet, and there is a medication room on the second floor. It is locked, and only the nurses have the key.

4. Service Provision

4.1 Building and surrounding area

The home has 36 rooms in total. There are two floors and a small lift for people to access. The staff informed representatives that there are three bathrooms downstairs and two bathrooms upstairs. It also has one cleaning cupboard and one storeroom, which are locked. Only certain rooms have an en-suite toilet.

The home also has two lounges, two dining areas, a conservatory, and a garden. The garden has seating areas and flower beds, which allow residents to continue their gardening hobby. There are some house pets in the care home. This includes two ducks, a cat, and a bird in a cage upstairs.

Representatives observed all areas, and they appeared clean and spacious. They have used patterned wallpaper to decorate the corridors. The second floor had a garden theme and was decorated with grass and plants.



4.2 Staff

The following details were provided by staff to authorised representatives:

- There are 14 staff members on site. For the day shift, there are two carers on the ground floor and five carers on the first floor. For the night shift, there will be two staff members on each floor. There are at least two nurses on site. Currently no one requires one-on-one support.
- Carers work a 12-hour shift, which is 8 a.m. to 8 p.m. They also run half shifts, which are 8 a.m. to 2 p.m. (early shift) and 2 p.m. to 8 p.m. (late shift). The shift for nurses is from 7:30 a.m. to 8 p.m.
- They don't have senior carers but have coordinators for care who can help with nurses, deal with medications, organise meetings, and edit the staff rota.
- New staff are required to complete three full days of inductions. All current staff undertake online safeguarding training. Staff are also required to complete manual handling training and first-aid training, which are face to face. All staff are required to refresh their training once a year.

5. Findings

5.1 Care

Most of the residents we spoke to generally found that they are well looked after in the care home. One resident reflected that it was difficult at times when the home was short staffed. There was a time he needed to go to the toilet, but there was not enough staff to attend, and he needed to wait for a long time.

Residents mentioned that the staff is good. For example, most of the staff know their preferences. One resident expressed that she has diabetes, and they know her care plan as well as her dietary preferences. Additionally, residents reflected that staff are friendly. For example, one resident said whenever they put her in the lounge, the staff would chat and talk to her. Another resident reflected that whenever they passed by, they popped in and checked if she was okay. One resident commented that it depends on the time and the schedule they are running on.

All the residents we have visited said they feel they are treated with respect, privacy, and dignity. For example, carers close the curtains or doors when they asked.

Here are some comments from residents and their relatives:

“Wonderful. They did their work as expected. They have been trained properly “

“It’s daily they looked after me well.”

“I like my tea with no sugar, and they all know this.”

5.1.1 Personal Hygiene

Representatives observed that residents were clean and well-dressed. According to the residents, they will get assistance if they request it. For instance, staff assists them when they need to use the toilet or need help getting dressed.

Staff informed the representative that they are building a nail and hair salon. One of the staff members is a qualified hairdresser, and most Fridays she will offer the hairdressing service. Another staff member will offer nail and face beauty services for the residents.

5.1.2 Health and medical needs

The staff has shared with the representatives that the GP phones or visits every Thursday, and this is aligned with residents' feedback. Residents knew that if they wanted to see a GP, the staff could arrange for them. Regarding the dentist service, it is less structured than the GP service. A resident said she had never seen a dentist in the care home. After the visit, the manager clarified that although the dentist did not visit the home on a regular basis, all residents who were bed bound were referred to the dentist at Five Elms for a domiciliary visit when the residents required it or when the care home had a concern that the residents needed to visit a dentist. Any residents that were able to access the community were referred to the local dentist when they required this.

Representatives observed a locked medication cabinet in every resident's room. Only nurses' have access to the key and can administer medication. Residents' personalised care plans are kept in the nurse's office for confidentiality.

Here are some selected comments from residents and their relatives:

"The GP comes to the home and nurses arrange the appointments. GP comes or phones every Thursday to see if any problems."

"The nurse gives me my medication and it is locked in the cupboard in the room."

5.1.3 Responsiveness

Staff informed Authorised Representatives that call bells are used by residents and if residents go into the garden, they have pendants with them should they require support whilst outdoors.

Residents told us that they found that staff responded quickly when they were called. Three residents said the staff normally attended to them within 5–10 minutes. The rest of the resident's response times varied, for example at times when staff are busy, they may take longer, however this is communicated to the resident, and they are told someone will be with them soon. Another resident also mentioned that if the care home is short-staffed, at times residents need to wait a little longer, and therefore one particularly resident won't call in unless there is an emergency. One resident mentioned that sometimes she couldn't find or reach the buzzer, she would then call out to staff. She also mentioned that there was a time she could not get anyone, and the staff who did medicine was

quick to attend, but not everyone was that good. Besides, one resident has been here for a long time and had an issue with her bed, which took a while to be changed.

The majority of the residents leave their room door open so the staff can check on them. For example, one resident said, *“someone is always walking around to check on her”*.

Comments from residents include the following:

“They come to me quite quickly. If they are busy, they will let me know and will be with me very soon.”

“Depends on the day, today wasn’t too bad, but sometimes I have to call out.”

5.1.4 End-of-life care services

Care home staff explained some aspects of the end-of-life care services that are provided including:

- A colour-coded system in which different coloured dots indicate the need for palliative care, and the nurse will be informed.
- All staff receive basic end-of-life training as part of being qualified as carers. The general nurse, mental health nurse, and clinical nurse help with the residents that need this service. Two people have used this service in these 2 years.

5.2 Choices

5.2.1 Nutrition

Representatives had a chance to meet with the head chef. The head chef wore PPE when she meets us. She explained that every time a resident came from the hospital or other places, they would speak with the chefs about their dietary requirements and preferences. They also coordinate with the dietitian, who is also an onsite staff member. The head chef showed us the form they used every day to record the food choices of the residents, marked with red for their special dietary requirements.

Staff explained that residents who need assistance will have an earlier lunch, which is usually half an hour early. This includes residents who need feeding or have liquified food. Most of the residents that the representatives have spoken with can eat and drink by themselves. Residents will ask for help if they need it, and the carers are willing to help.

Residents are quite satisfied with the choices. They can choose their own food and drink. The kitchen staff considered and met their dietary preferences and requirements. For example, some of the residents have Type 2 diabetes, and the staff remembers their dietary requirements. A resident also mentioned that she could consult with the chef to see what she could have. Residents reflected that the kitchen will also offer snacks such as fruit, crackers, and biscuits for them in between meals. However, one resident expressed that it would be great if the kitchen could offer Chinese food. Representatives also observed that the supper was mainly sandwiches and a light snack.

Residents told Authorised Representatives that family members can bring food for them when they visit. Residents were asked if they can order take away food, which they replied that they can but none of them have tried. Authorised Representatives observed that the choices for supper are mainly sandwiches and light snack.

	BREAKFAST	LUNCH	SUPPER
M O N	ASSORTED CEREALS PORRIDGE FRUIT JUICE	STUFFED CHICKEN CUP VEGETABLE CURRY JACKET POTATO MASH, RICE MONEY WOOT FARMS	ASSORTED SANDWICHES PANGHETTI ON TOAST FARMY CAKES
T W E	COOKED BREAKFAST ASSORTED CEREALS PORRIDGE FRUIT JUICE	APPLE CUMBULE+CURTARD MINCE BEEF HOT POT OR VEGETABLE BUNDO BROCCOLI,CARROTS,MASH	ASSORTED SANDWICHES POM CAKE+CHIPS FRUIT CAKE
W E D	ASSORTED CEREALS PORRIDGE FRUIT JUICE	BRASING PORK OR VEGETABLE BROSOTTO JACKET POTATO SPICED DICK+CURTARD	ASSORTED SANDWICHES SANDWICH ON TOAST LEMON DRIZZLE CAKE
T H U	COOKED BREAKFAST ASSORTED CEREAL PORRIDGE FRUIT JUICE	SAUSAGE AND MASH OR CHEESE/TOMATO QUICHE JACKET POTATO PEAS	ASSORTED SANDWICHES MINT POTATO WITH CHEESE OR TUNA CHOCOLATE CAKE
F R I	ASSORTED CEREAL PORRIDGE FRUIT JUICE	RICE PUDDING FISH OR CHICKEN MASH, MUSHY PEAS OR BAKED BEANS	ASSORTED SANDWICHES SCRAMBLED EGG ON TOAST ARTIC ROLL
S A T	COOKED BREAKFAST ASSORTED CEREAL PORRIDGE FRUIT JUICE	CHICKEN CASSEROLE OR TUNA PILAFAFET POTATO MASH,BRUSSELS	ASSORTED SANDWICHES WASHED+BEAN BEANS CAKE
S U N	ASSORTED CEREAL PORRIDGE FRUIT JUICE	MINOULA TOAST CAKE OR VEG PASTY/JACKET POTATO MASH POTATO,WEDGE, CARROTS,PANANISH TERRINE	ASSORTED SANDWICHES SHRIMP BEANS CAKE

Comments from residents include the following:

“We get a choice, and, in the morning, it comes with the menu. They ask what we want. I need a lot of stuff between meals and night staff bring me snacks.”

“Always something on there I enjoy. Family can bring in food if they ask.”

5.2.1 Deciding when and what to do things

Residents said they knew there was a schedule for doing things, but it was flexible. For example, a resident said if she wakes up early, she will wait to get Hanbury Court Care Home – Enter and View Visit

changed, or the carers will come back later if she asks. A resident mentioned she can decide when to do things, but she has a fixed schedule according to her medication, but she can choose what she wants to wear.

Comments from residents include the following:

“I choose my own clothes and dress myself.”

5.2.2 Social activities

The activity coordinator introduced the activities that are happening and are being planned with the representatives. For example, they are working on the summer trip to the London Sea Life Aquarium. They are also building a nail and salon bar, which hopes to offer beauty and hair services all in one place. The weekly activity schedule is pinned on the display board for residents and visitors to have a look at.



There is mixed feedback about the activities offered in the care home. For example, one resident mentioned that she doesn't want to be involved with any of the activities. Another resident mentioned she didn't do much because she didn't like the people. Some also mentioned that there was not a lot to do. However, some of the residents enjoyed the activities, such as the gardening and the quizzes. One resident is looking forward to the beauty and pamper days happening on Monday.

Representatives observed that there are a variety of house pets, such as ducks, cats, and birds.

Comments from residents include the following:

"I am bed bound. We are hoping to go to London Sea life Aquarium."

"No, not a lot to do but I do a lot of walking."

"Quiz are quite nice."

5.2.3 Personalization and family involvement

Residents have the opportunity to personalise their rooms. For example, a resident shared that she could put photos and whatever she may desire. They can also ask for the maintenance staff to help them personalise their room. For instance, a resident asked for a shelf, and they put it up for her.

The activity coordinator informed Authorised Representatives that the care home frequently speaks with family members over the phone, however do not currently undertake family meetings, and she is trying to organise these for the future. After the visit, a draft report was sent to the care home. The manager of the care home clarified that the activity coordinator did not cover these family meetings, but these meetings are happening, and the home is currently having a year schedule for these meetings. If residents have concerns about the care home, they can speak with the carer one-on-one on Wednesday. A resident expressed that she meant to have a meeting, but it was cancelled. Another resident revealed that everyone is kind, but she wants to go home and misses home.

Comments from residents include the following:

"Everything here is mine, except for the furniture."

"Yes, I wanted a picture of the Last Supper."

"No concern, my 2 daughters live 10 minutes away and can visit whenever they want."

"I have one problem is I want to go home."

5.3 Security and safety of the environment

Entering to the care home is by a buzzer system. Staff informed the representatives that the garden is locked during the night and unlocked in the morning to allow residents

access. Cleaning cupboards and medication storage rooms are locked. Only the nurses have keys to access the medication storage room.

Generally, the residents think it is safe to live in the care home.

Comments from residents include the following:

“Window restrictors keep us safe.”

“There are cameras along the hall.”

Residents feel safe getting around the care home, but the frequency of getting around depends on their capabilities. For example, two of the residents we spoke to were bed-bound, so they did not get around very often. Some residents use a walking frame and use this to get around the home. Residents who struggle with mobility issues receive support from a carer to access the lift and to go down to the garden or lounge. Residents will get help from the carer and use the lift to go down to the garden or the lounge.

Authorised Representatives were informed that there is a dedicated staff member names Zoe, who is responsible for the maintenance and safety of the care home. She also undertakes risk assessments within the care home. The care home undertakes a fire alarm check every week at different times as well as fire drills every six months.

No safety concerns were raised by residents during the visit.

Here are selected comments from residents:

“I think I am safe, no worries coming in.”

“ I get help from staff to move around the care home.”

“Whenever I go somewhere in the care home, a carer will come with me.”

5.4 Finances

Staff stated that the residents can keep their own money if they have capacity or a lasting power of attorney (LPA). A LPA is a legal document that allows residents to appoint one or more people to take care of their finances if they become unable to do so themselves. Authorised Representatives were informed by a staff member that one resident keeps her money in the safe.

Here are selected comments from residents:

"My nephews help with the finances."

"I manage my own money."

"If I need stuff, my daughter manages it."

6. Recommendations

Based on the feedback gathered during the visit, representatives concluded that the visit was positive. The care facility was clean and well-kept throughout; residents feedback show that they are comfortable, and most expressed satisfaction with the visit to our team. Therefore we:

- Encourage the care home to continue to keep their care optimal for the residents.
- Continue to maintain a high standard of safety in the care home.
- Continue to keep different house pets at the care home.

Additionally, there are several areas that could be improved that would benefit people and increase the quality of care and choices. The following recommendations are made to Hanbury Court Home based on observations and responses:

- Residents reflected that they waited for a while when the care home was short staffed. Healthwatch suggests the care home explore ways to increase the number of temporary staff to cover the staff that are sick or on annual leave.
- Improve the accessibility of the buzzer for the residents, as some of them cannot reach it.
- As there are no routine dental checks for the residents, Healthwatch encourages the care home to explore ways to increase access to dental services. For example, arrange local dentists to visit the care home or contact local community dental services.
- Although the residents are generally pleased with the food choices, the care home can improve the variety of food choices. For example, they can provide different types of cuisine for the residents.
- Residents do not show a high level of involvement in social activities. Staff can improve the variety of activities. For example, they can provide art, music, board games, or puzzle activities for residents.
- Improve family involvement by actively organising regular meetings and party days for family to get involved and reduce residents' homesickness.

7. Response from the service provider

We received the final response from Hanbury Court Care Home on 29/8/2023. They requested some changes, and Healthwatch ensured that we addressed these points in the report. The email response was noted in the following:

- It's stated that you was informed by the Activity Coordinator that she does not hold relatives meeting and is look at starting these. fits not within her remit to hold this meeting, and we currently have a year schedule for this which I have attached with this email and a copy of the email sent to relatives informing them - please could this comment be removed from the report, family emails address has been removed for GDPR. (Healthwatch put this clarification in the main report under 5.2.3 Personalisation and family involvement.)
- Dentist- Even though the dentist does not visit the home on a regular basis, all resident who are bed bound are referred to the Dentist at five elms for a domiciliary visit when they require this, or we have a concern they need to see a dentist. Any residents that are able to access the community are referred to the local dentist when they require this. (Healthwatch put this clarification in the main report under 5.1.2 Health and medical needs.)

Healthwatch also informed the care home that we would consider their comments and able to make factual adjustments if necessary. However, the following responses from the care home are to feedback related to the residents' experiences and are not subject to factual alterations.

- Staffing levels- We increased our staffing level back in May 2023. However, if a staff member calls in sick at very short notice there may be a short period of time where a resident may wait a little longer than normal, due to us waiting for a bank/ agency worker to arrive. However, most of my staff are trained in most areas for the home and will cover until they arrive. Myself and my clinical lead also carry out regular audits of our call bell system, which records all call for assistance and the length of time the staff take to respond, The results of these audits are shared with staff.
- Activity- I have noted that you have recommend that we hold more parties for families to attend. As you are aware sadly care homes were the last ones to be able to reduce Covid restriction on the back of Government Guidance. So, it has been a difficult 2 or more years for us to be able to involve relative in the actives/ parties within the home. However, this was lifted last year for outside parties (Summer BBQ) and this year from March 2023 for all parties and events in the home, I have attached some emails to relatives of evidence that I would like you to consider.
- Buzzier system- All our beds and chairs are portioned within reach of the call bells in all bedrooms, some residents who do not have a call bell due to risk of harm or not being able to use it have been risked assessed and alternative arrangements are in place. We have mobile pendants in place for resident to use in the lounge or garden, however I will

monitor staff to ensure they provide the residents with the mobile pendants when needed. (Healthwatch clarified that the recommendation concerning the buzzer system related to the resident's overall experience and not to any potential harm as the resident had a buzzer in their room.)

- Menu- Our chef will cook at the request of individual preference. We cover all worlds food, including Indian food, Chinese food, Afro Caribbean, Halal, Vegan, Vegetarian., so I am a bit lost at the comment of the home should look at different cuisines. All our menus are discussed with the residents and reflect their choices. (Healthwatch notified the care home that, concerning the menu, we have shared our observations and reflections based on the visit and the feedback received. Unfortunately, we were unable to alter the feedback we obtained during the visit.)

Healthwatch Barking and Dagenham

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