

ENTER & VIEW REPORT

Athenaeum Care Home
11 October 2023



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1. Executive Summary

Service Visited: Athenaeum Care Home, 34-36 Athenaeum Road, London, N20 9AH

Manager: Poonam Bhula

Date & Time of Visit: 11 October 2023, 11am–3.45pm

Status of Visit: Announced

Authorised Representatives: Alice Markham (lead), Helena Pugh

Healthwatch Barnet would like to thank Athenaeum for their support in arranging this Enter and View visit. During the visit we engaged with two residents, three relatives, five staff members and the manager (11 people in total). This report is based on their collective feedback, plus notes and observations made on the day.

We identified a number of areas of good practice, which are highlighted below, including: residents describing staff as friendly and attentive; choice around bedtimes and location of meals; and residents enjoying the programme of activities. Relatives commented that they found the home to be clean and tidy, that there were good levels of staff cover, and that the home had been responsive to requests they had made on behalf of residents. We also identified areas where improvements could be made, and these are outlined below.

DoLS: We have a number of concerns regarding Athenaeum’s Deprivation of Liberty Safeguards (DoLS) processes, which are set out from p8. We were informed by a senior member of staff that Athenaeum consistently applies for DoLS authorisations for all residents. The 2008 DoLS Code of Practice specifically states that it is not necessary to apply for DoLS authorisations for all admissions to hospitals and care homes.¹ We did not get the impression that senior staff were acting from negative intentions, but nevertheless we are concerned about the impact on residents. We recommend that Ventry Care Homes and Athenaeum work with the appropriate supervisory bodies’ DoLS offices to review Ventry’s DoLS training, policy, and how this policy is being applied to all current Athenaeum residents.

On a related point, we asked whether, in cases where a resident has no DoLS authorisation, they are given the code to the front door. We were advised that they are not, as this would create a risk of tailgating. The manager told us there have not been any cases where residents with no DoLS have asked to leave the home by themselves. We were advised that if one of these residents wanted to leave the home, they would need to make a request in advance for a member of staff to accompany them, and pay £40 for the first two hours and £15 for each subsequent hour.

Facilities & activities: Residents and relatives said they feel the home is clean and tidy. The residents we spoke to were satisfied with the activities on offer; favourites included socialising, singing, exercise, visits to the garden and ‘alone time.’ We observed that the home’s décor and signage could be more dementia friendly. Most of the relatives, friends and residents we spoke to were not aware of opportunities for trips to places of interest or activities outside the home.

Care & attention: The residents we spoke with said they find staff to be friendly, attentive and approachable. Residents said they would confide in staff regarding their clinical needs, and that staff notice any changes. A relative commented: ‘The current manager is great, she doesn’t put things on to make an impression, she genuinely talks to everyone and cares.’ We were pleased to

¹ Ministry of Justice 2008 *Deprivation of Liberty Safeguards - Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice*, p104 <https://rb.gy/n9mxv6> (accessed 31/01/24)

hear, from residents and relatives, that residents can go to bed and get up when they like, and eat their meals where they wish.

Staffing: The manager advised employee compliance with training is high, at over 90%. Relatives said there were good levels of staff cover. While most employees reported that they do receive supervision/appraisals, there was some confusion about which was which, and frequency seems to differ – some having had monthly, and others quarterly meetings. While staff acknowledged safeguarding as an important issue and confirmed they had received training, some were quite vague about what safeguarding constitutes. Finally, we observed that the staff kitchen was not in good repair. Given the importance of staff welfare, we urge the home to refurbish this space - inexpensive changes, for example using recycled materials, can sometimes make a big difference.

Consultation: Quarterly meetings are held between the manager, residents and relatives. Relatives advised that the home has been responsive to feedback, for example by resolving an issue with clothes, and in another case replacing a bed. We found it difficult to locate the complaints procedure on the Ventry Care Homes' website, partly because it was within a lengthy Service User Guide. We accessed this document through google but were unable to find it by navigating on the website.

During our visit, we were informed of issues regarding hospital discharge and transfers, which are outlined below. We note the concerns raised here are beyond Athenaeum's control, and we therefore do not make any specific recommendations on them in this report.

Hospital discharge & transfers: Staff mentioned a resident who often became deeply distressed in communal spaces, lying on the floor, crying, and saying people were coming to kill them. They sometimes ran into furniture, and were at risk of injuring themselves. Staff said this resident was not referred by Barnet Council, but another local authority, and that Athenaeum were not informed of the resident's complex needs before they were transferred from a hospital to the care home.

Staff advised that, after the resident had been at Athenaeum for two weeks, the home repeatedly contacted the relevant local authority and NHS trust, to communicate their growing concerns that Athenaeum was not a suitable home for this resident, as it has no specialism in mental health support. Staff advised they repeatedly formally escalated the issue, however very limited action was taken by the local authority or the NHS trust. While limited assistance was provided by the relevant NHS mental health team, Athenaeum requested additional support for this resident, which was not supplied. Shortly after our visit, Athenaeum advised us that, three months after admission to the home, this resident was hospitalised due to a suspected fall and discharged from Athenaeum.

Transfers from other boroughs: As set out on p13-14, in some cases residents and relatives were unhappy with other local authorities placing care home residents in Barnet. These residents previously lived in other boroughs and had been moved away from their family and friends. We were concerned to hear an account of a local authority going ahead with a DoLS application without consulting the resident's family, who told us that 'the [DoLS] report was inaccurate and we had to step in to protect [our relative].'

Recommendations

Staff training & development

1. Deprivation of Liberty Safeguards (DoLS) – we recommend that:

- Senior Athenaeum staff arrange a meeting with the appropriate supervisory body's DoLS office, and jointly undertake a thorough review of the care home's DoLS processes and how these are being applied to all current residents.

- Ventry Care Homes works with Barnet Council and other relevant bodies to review its arrangements for DoLS staff training and annual assessments, and how these can be delivered more effectively.
- Ventry Care Homes' policy on the Mental Capacity Act & DoLS is amended: a) to make it clear that the care home should assess whether a DoLS application is needed for each individual, rather than routinely applying for every resident; and b) to set out the process for the registered manager to follow when in doubt about whether to make an application, including contacting the relevant local authority's DoLS team where appropriate.

Athenaeum's response: We apologise if it came across that a 'blanket procedure' was being applied around DoLS. We will judge each individual case on its own merits, considering whether we reasonably believe the person lacks the mental capacity to agree to the restrictions or restraint to which they are subject.

How we should have clarified this at the time was that, because we provide residential and residential dementia care, to local authority referred persons, we have found that, practically without exception, by the stage a person has been referred to us, then all community care provision options have been exhausted and that person has been hospitalised as they are unable, by reason of degenerative and progressive cognitive condition, to retain or process information, have little or no safety awareness, and have placed themselves at risk and already and come to harm or injury. The care we are being asked to provide in these circumstances, including to keep them safe, will in our judgement, constitute a deprivation of liberty and so an application is made in their best interests. If there were a case of doubt, we would seek advice from the appropriate supervisory body's DoLS office.

We are always looking to learn and improve so we will always look to work with Barnet Council and other relevant bodies to review the arrangements for training and annual assessments around DoLS, and how these can be delivered more effectively.

Healthwatch Barnet response: We welcome Athenaeum's ongoing commitment to work with Barnet Council and other relevant bodies to review the arrangements for training and annual assessments around DoLS.

During our visit, a senior member of staff advised us that Athenaeum consistently applies for DoLS authorisations for all residents. They told us that, at the time when we visited, the majority of residents had been granted DoLS authorisations, but the relevant supervisory bodies responded to Athenaeum to say that four of the residents do have capacity. It is therefore not the case that practically all the residents who are referred to Athenaeum are unable, by reason of degenerative and progressive cognitive condition, to retain or process information and have little or no safety awareness. We thank Athenaeum for their commitment to work with Barnet Council and other relevant bodies on this matter.

2. Safeguarding training: We recommend that the regular safeguarding training which staff undertake is evaluated to ensure it is fully embedded in practice, and that this is done in consultation with Barnet Council's Care Quality Team.

Athenaeum's response: Ventry's Organisational Training Plan provides for related safeguarding training covering - Safeguarding of Vulnerable Adults – all care staff – renewal every year, and Deprivation of Liberty Safeguards – management staff – renewal every second year. We are always looking to learn and improve so would welcome any oversight or contribution Barnet's Council's Care Quality Team can make to safeguarding training, and we will continue to ensure safeguarding knowledge is embedded in practice through staff supervisions on the topic.

3. Staff supervision: We recommend that management ensure that staff know when their next supervision and appraisal are due, and are clear on the difference between these meetings.

Athenaeum's response: Ventry's Organisational Training Plan provides for related staff annual oversight as follows:-

- Supervision 1 – scheduled / or unscheduled event
- Supervision 2 - scheduled / or unscheduled event
- Supervision 3 - scheduled / or unscheduled event
- Supervision 4 - scheduled / or unscheduled event
- Appraisal – annual – scheduled meeting
- Professional Development Plan (PDP) – annual – scheduled meeting

A date and time will be agreed with the staff member for the Appraisal and PDP meetings, the Supervisions are typically unscheduled, intended to monitor and / or supervise a task the staff member is undertaking around the direct or indirect provision of care.

Meeting residents' needs

4. Décor & signage: We recommend that the home purchases some more dementia friendly décor and signage.

Athenaeum's response: We are happy to review signage and décor as part of Athenaeum's rolling maintenance programme. Athenaeum is not a 'purpose built' care home, but it is well laid out on straight corridors and a strength is its residential structural nature on a residential London street scene.

5. Outside trips: We recommend that Athenaeum plans some outside trips - for example, hiring a mini-bus for a half day outing to somewhere local.

Athenaeum's response: We are happy to keep under review our activities provision at Athenaeum. As we move into Spring Summer 2024 we can restart outside trips to Whetstone High Street and its amenities/shops/cafes. We can also discuss more involved trips, to other London locations, with interested parties (residents and families) at Service User Meetings, to garner ideas and gauge support.

Engagement & consultation

6. Meetings: We recommend senior staff ensure that all residents are aware of the quarterly residents' and relatives' meetings, and that their participation is encouraged and facilitated.

Athenaeum's response: We are happy to continue to promote our Residents & Relatives Meetings via our Community Board, group emails and group text messages.

7. Complaints: We recommend that the complaints procedure is clearly displayed on the Ventry Care Homes' website, as a standalone document rather than as part of the Service User Guide, and that this is linked to early on in the FAQs section.

Athenaeum's response: We are happy to put this forward to the registered provider for review.

Facilities for staff

8. Staff kitchen: We recommend that the home refurbishes the staff kitchen, in consultation with employees.

Athenaeum's response: We are happy to review the staff kitchen as part of Athenaeum's rolling maintenance programme and consult with our staff team in regard to the same.

2. Our Approach to Enter & View

2.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake 'Enter and View' visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (known as authorised representatives) to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

Enter and View visits can happen as a result of people telling us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with people using the service, their families and carers. We also engage with management and staff. Our aim is to form an impartial view of how the service is being operated and experienced.

Following a visit, our Enter and View report is shared with the service provider, local commissioners and regulators. This report outlines what has worked well and gives recommendations on what could be improved. All reports are available to view on our website.

2.2 Safeguarding

If safeguarding concerns arise during a visit, we will report them in accordance with our safeguarding policies. In advance of the visit, authorised representatives are advised that if they observe anything concerning, they must inform the lead representative. The lead representative will then take appropriate steps, such as discussing with our organisation's safeguarding lead, informing the service manager, and/or making a safeguarding referral.

In addition, if any member of the service's staff wishes to raise a safeguarding issue about their employer, they will be directed to the Care Quality Commission (CQC) process, under which they will be protected by legislation if they raise a concern.

2.3 Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out. Our report is not a representative portrayal of the experiences of all staff and people using this service, only an account of what was observed and heard at the time.

2.4 Acknowledgements

Healthwatch Barnet would like to thank the people using this service, their families, the service provider and staff for their contributions, which enabled this Enter and View to take place. We would also like to thank our authorised representatives, who assisted us in conducting the visit and putting together this report.

3. About the Visit

3.1 Athenaeum Care Home

On 11 October 2023 we visited Athenaeum Care Home, a residential care home in Barnet.

Operated by Ventry Residential Care Homes Limited, the home provides residential care for older people, with specialist care for dementia and respite. The home has 18 staff, may accommodate up to 21 residents, and was at full occupancy at the time of the visit.

3.2 CQC Rating

The CQC is the independent regulator of health and adult social care in England. Their role is to ensure that health and social care services provide people with safe, effective, compassionate, high-quality care, and to encourage services to improve.

Athenaeum Care Home was last inspected by the CQC in August 2020. The inspection report gave a rating of 'Good' overall, with individual ratings of 'Good' for all cohorts - effective, caring, responsive, safe and well-led.²

3.3 Purpose of the Visit

Enter and View visits enable Healthwatch Barnet to form an impartial view of how care homes are operated and how they are experienced by residents, and to produce a report.

4. Key Findings

During the visit we engaged with two residents, three relatives, five staff members and the manager (11 people in total). This report is based on their collective feedback, plus notes and observations made on the day.

4.1 Location and Reception

Notes

- The care home is located on a residential street.
- The building is wheelchair accessible.
- Visitors were asked to sign in and out at reception.

What has worked well?

- Antibacterial hand gel was conveniently located at the entrance.

² Care Quality Commission 9/09/2020 *Athenaeum Residential Care Home Inspection Report* www.cqc.org.uk/location/1-128229873 (accessed 31/01/24)

What could be improved?

- The entrance is narrow, this could be challenging for some residents and visitors.
- The way finding signage in reception could be clearer.

4.2 Accessibility and Safety

Notes

- The floors have lift access, and the front door is secure.

What has worked well?

- The garden is equipped with a ramp.

What could be improved?

- The décor could be more dementia friendly, for example with more warmly coloured walls and larger, more vibrant pictures and decorations.
- The only visitor toilet is on the second floor, so visitors need to go up two flights of stairs or take the lift, which may cut into visiting time.

4.3 General Environment

Notes

- The home has two open-plan lounge areas. There is also a dining room, which overlooks a large external patio and mature garden.
- There is a dedicated kitchen, food store and laundry room.
- Residents' rooms have a toilet, toothbrush holder, toiletries, basket, wardrobe, chest of drawers, bedside table, and a call buzzer by the bed. Some rooms have floor sensors alongside the bed.
- Family members can personalise the rooms but clutter is discouraged.
- Televisions can be brought in, as can other electrical items.

What has worked well?

- Residents and relatives commented that they found the home to be clean and tidy.
- The building itself appears well-maintained.

What could be improved?

- The home has some narrow corridors and is not immediately easy to navigate. Signage within the home could be more dementia friendly.

4.4 Personal Care

Notes

- There are three communal bathrooms and general toilets.
- The manager advised us that:

- the home employs a permanent, full-time cleaner, who also does the laundry;
- there is a daily handover, along with ‘flash meetings’ that take place once or twice a week ‘when issues arise’; and
- around the time when residents are first admitted, family members are invited to be involved in care planning - this invitation remains open ‘throughout a resident’s stay.’

What has worked well?

- The residents we spoke with said they find staff to be friendly, attentive and approachable. This was echoed by relatives, who also highlighted good levels of staff cover.
- Residents and relatives told us that residents can go to bed and get up when they like.
- The manager advised us that care planning is delivered through handheld devices (similar in appearance to mobile phones) giving the operator tailored information and instructions, and recording interactions in real time. Automated alerts are delivered regarding any care plan changes.

4.5 Deprivation of Liberty Safeguards

DoLS applications

We have a number of concerns regarding Athenaeum’s Deprivation of Liberty Safeguards (DoLS) processes, which are outlined below.

On the basis of the information gathered during our visit, we did not get the impression that management or staff were being deliberately heavy-handed or acting from problematic intentions in relation to DoLS. The law surrounding DoLS is complex, and it is crucial that managers and staff are given the right support and training in this area. Furthermore, during the Covid-19 pandemic, across the country situations arose where limits were placed on the liberty of care home residents, not because of DoLS authorisations, but because of restrictions to curb the spread of the pandemic. It is possible that, following this, the culture of some care homes continues to lean towards a greater presumption in favour of restrictions. Nevertheless, whatever the causes, problematic applications of DoLS can have considerable negative consequences for care home residents.

During our visit to Athenaeum, the manager informed us that the care home consistently applies for DoLS authorisation for all residents. Applications are made to the relevant supervisory bodies, and it takes some time for these to be processed. The manager advised that the majority of current residents had DoLS authorisation, but in four cases the supervisory body found individual residents should not have any restrictions placed on their liberty, and in others the home was still awaiting a response from the supervisory body.

It is crucial that the safety of residents is protected, for example in cases where they have advanced dementia. However, we are concerned that Athenaeum is routinely making DoLS applications for all residents. According to the 2008 DoLS Code of Practice:

“Authorisation of deprivation of liberty should only be sought if it is genuinely necessary for a person to be deprived of liberty in their best interests in order to keep them safe. It is not necessary to apply for authorisations for all admissions to hospitals and care homes simply because the person concerned lacks capacity to decide whether to be admitted.”³

³ Ministry of Justice 2008 *Deprivation of Liberty Safeguards - Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice*, p104 <https://rb.gy/n9mxv6> (accessed 31/01/24)

Furthermore, the Social Care Institute for Excellence (SCIE) DoLS guidance states that:

“Each case should be judged on its own merits with the home’s assessment procedure considering the following questions:

- *Why do I reasonably believe the person lacks the mental capacity to agree to the restrictions or restraint to which they are subject? [continues ...]”⁴*

Liaison with supervisory body & training

The fact that Athenaeum is following a blanket procedure of applying for DoLS authorisations for all residents points to a potential lack of understanding of the DoLS procedures. The SCIE DoLS guidance also provides that:

“If the proposed care may, in the home’s judgement, constitute a deprivation of liberty it should make an application. In cases of doubt the home should seek advice from the appropriate supervisory body’s DoLS office.”⁵

In relation to a care home’s own policies and training, the SCIE DoLS guidance states:

“It is particularly important that homes have a clear policy and procedure in relation to which staff are authorised to make a DoLS application and that staff are trained and supported in this role.”⁶

Athenaeum provided us with a copy of Ventry Care Homes’ policy on the Mental Capacity Act & DoLS. On p9, this policy states:

“Our role is to determine whether an application for an authorisation of deprivation of liberty is required and request an authorisation from the supervisory body.”

It does not appear that this paragraph is being implemented in practice, given that Athenaeum is consistently applying for DoLS authorisations for all residents. We suggest that this policy is amended to make it clear that Athenaeum should assess whether a DoLS application is needed for each individual, rather than routinely applying for every resident. Furthermore, we recommend that Ventry Care Homes’ policy sets out the process for the registered manager to follow when in doubt about whether to make an application, including contacting the relevant local authority’s DoLS team where appropriate.

On p11, Ventry Care Homes’ policy states that:

“All staff will receive training on the Mental Capacity Act including Deprivation of Liberty Safeguards, this will include:

- *Assessing knowledge and competence at least annually.*
- *Provide learning and development opportunities where identified or required and updates at least every three years.”*

Given the concerns which we set out above, we recommend that Ventry Care Homes works with Barnet Council and other relevant bodies to review the arrangements for training and annual assessments, and how these can be delivered more effectively.

⁴ Social Care Institute of Excellence 2017 *Deprivation of Liberty Safeguards: putting them into practice*, p32 (also available online: [Use of DoLS in care and nursing homes | SCIE](#), accessed 31/01/24)

⁵ Social Care Institute of Excellence 2017 *Deprivation of Liberty Safeguards: putting them into practice*, p31

⁶ Social Care Institute of Excellence 2017 *Deprivation of Liberty Safeguards: putting them into practice*, p28

Exiting front door

As is noted above, in some cases where Athenaeum had applied for DoLS authorisation, the supervisory body found individual residents should not have any restrictions placed on their liberty.

In terms of the logistics of entering and exiting the building, there is a keypad on Athenaeum's front door - staff have the code for this and allow visitors in and out. We asked whether, in cases where a resident has no DoLS authorisation, they are given the code to the door. We were advised that only staff have the code, and that if residents were given the code this would create a risk of tailgating, with people who were not allowed to leave or enter the home passing through the door directly behind residents.

The manager advised that there have not been any cases where residents with no DoLS have asked to leave the home by themselves. They said that for various reasons these residents would not be able to manage travelling by themselves, for example one of them needs to use a walking frame. The manager told us that if one of these residents wanted to leave the home, they would need to make a request in advance for a member of staff to accompany them, and pay £40 for the first two hours and £15 for each subsequent hour. The manager added that, if in future there were residents who were able to leave the home independently, they would need to ask staff to open the door for them, and the time they left and returned would be recorded in their care plan.

4.6 Clinical Care

Notes

- The manager advised us that, in relation to GP access, all residents are registered with St. Andrew's Medical Practice and regular GP visits and ward rounds are conducted.
- Whenever necessary the home can dial 111 or 999, the manager lives locally and can be on call out of hours when needed.

What has worked well?

- For clinical needs, the residents we spoke with said they confide in staff – who are also said to 'notice' any changes.
- We are told that, for a fee, staff may accompany residents on medical visits, such as to the hospital.

What could be improved?

- The fees for escorting residents to medical appointments were considered expensive by one relative.

4.7 Activities

Notes

- Lounges are equipped with large televisions.
- Wi-Fi is available throughout the building.
- The garden is large enough to accommodate exercise.

What has worked well?

- The residents we spoke to were satisfied with the activities on offer, and favourites included socialising, singing, exercise, walking, visits to the garden and ‘alone time.’
- The activities that took place during our visit appeared well-delivered – exercise, music and a Remembrance Sunday themed activity.
- The residents, relatives and friends we spoke to reported that staff ‘find the time’ to sit and chat with residents.

What could be improved?

- The majority of relatives, friends and residents we spoke to were not aware of opportunities for outside trips.
- The activity schedule on the wall could be clearer – it did not seem up to date.

4.8 Diet and Nutrition

Notes

- According to staff:
 - there is a choice at both breakfast and lunch, and sandwiches may be requested in the evening - residents make meal selections earlier the same day;
 - menus are rotated weekly, and there is always a third alternative to the set menu;
 - residents may eat their meals where they wish, and mealtimes are ‘protected’, with visiting discouraged;
 - eating support needs are managed in care plans; and
 - on hydration, drinks are ‘constantly offered, throughout the day’ with jugs available in lounges and at activities; there is increased provision in warmer months, and intake is recorded for those on catheters.

Observation of Lunch

- We observed lunch. Residents were seated four to a table and seemed to have set places. They were seated in a friendly way.
- Table settings included flowers, napkins and some large bibs. On some tables, pictures of ingredients were displayed. We note there were no tablecloths.
- Apple and orange juice were readily available.
- Lunch was served 20 minutes late and an apology was given.
- During lunch four staff were on duty, with 20 residents present. Most of the residents were eating independently, while two were assisted with cutting their food, and one was given help with eating. Some staff wore plastic gloves.
- Following lunch, plates were cleared away promptly.
- Hot drinks were offered at an afternoon activity.

What has worked well?

- We did not hear any complaints about the food, with choice and quality considered ‘adequate’ by residents and relatives.
- The manager advised that several food items have been added into the menu rotation following resident requests.
- Cultural needs appear to be considered, and a resident was given chopsticks to eat at their request.

What could be improved?

- We saw menus posted on most tables, however the print appeared small.
- There were photos of the food by the hatch – these could have been more visible.

4.9 Feedback and Complaints

Notes

- When a resident is admitted, families receive an online ‘welcome pack.’
- There are quarterly meetings for residents and relatives.

What has worked well?

- The residents we spoke with said they would feel confident to raise a concern or complaint.
- According to relatives, the home has been considerate and responsive to personal feedback and concerns - for example by resolving an issue with clothes, and in another case replacing a bed.

What could be improved?

- In the feedback from relatives, friends and residents, one interviewee said they feel the home is ‘quite set in its ways’ therefore suggestions may be overlooked.
- We found it difficult to locate the complaints procedure on the Ventry Care Homes’ website, partly because it was on p25 of a lengthy Service User Guide.
- We accessed the Service User Guide through google but were unable to find it by navigating on the website. In addition, there are two versions of this guide online – one is 38 pages and the other 44 pages long.
- In the website’s FAQs section, the 27th item is ‘How do I raise a concern or complaint?’ Under this heading, the website advises that ‘the service has a complaints procedure that you can access’, but does not link to the procedure. This item goes on to say ‘Do not let things go on to the point at which your concerns become a complaint. Please talk to either your key-worker, or the manager, who will listen to your concerns and act appropriately.’

4.10 Staffing and Management

Notes

- The manager advised that:
 - a staff induction takes place on day one;
 - staff returning from extended leave, such as maternity, are re-inducted;

- supervisions are quarterly, with annual or bi-annual appraisals and quarterly staff meetings; and
- most training is conducted online - courses mentioned included medication, safeguarding, infection control and food hygiene; in-person training has included moving and handling and catheter control.

What has worked well?

- In interviews with relatives and friends, the home was described as being well-organised, and the manager was said to be ‘genuine, caring and approachable.’
- The staff members we spoke with said they enjoy working at the home, which they described as being ‘friendly’ and having a ‘lively atmosphere.’
- Staff told us they feel supported by senior officers, the manager, and the wider organisation. Staffing and retention levels were complimented.
- Staff reported that there is an effective system in place for staff cover, using incentives and the wider organisational pool, and therefore agency staff are seldom required.
- On training, the manager advised that staff are notified of refreshers and training compliance is high, at well over 90%.

What could be improved?

- While most staff members reported that they do receive supervision and/or appraisals, there is some confusion about which is which, and frequency seems to differ – some having had monthly, and others quarterly meetings.
- Staff acknowledged safeguarding as an important issue and confirmed that they have received training. However, some employees were quite vague about what safeguarding is, and we had to prompt, to get examples.
- The staff room and kitchen were considered ‘too small’ by one staff member. We observed the kitchen to be in disrepair, with just a single hard chair to sit down on. We did not view the staff room.

4.11 Referrals - Other London Boroughs

In our interviews with friends, family and residents, we spoke with two people who were unhappy with other local authorities placing care home residents in Barnet, when they had lived for long periods in other London boroughs and had friends and family there. We recognise that local authority decisions are not within Athenaeum’s control, but nevertheless feel it is worthwhile recording this information here.

We were informed of a case where family members had a number of concerns about the actions of a local authority who transferred a resident to Barnet (and therefore Athenaeum) against the family’s wishes. One member of this family told us:

“A year ago [our relative] was moved from hospital [in another London borough] to Athenaeum Care Home. We initially didn't know where [our relative] was and we couldn't find them. We live in XXXXX and we need to be close to each other, but XXXXX Council has placed them in Barnet. I have submitted countless complaint letters about this.

XXXXX Council proceeded with a DoLS [Deprivation of Liberty Safeguards] report as they had not heard from us. This report was inaccurate and we had to step in to protect [our relative]. We were sent a large bill following the initial six week out of hospital placement, which wasn't right."

We were concerned to hear this account of a local authority going ahead with a DoLS application without consulting the resident's family. Every effort should be made to contact relatives, in order to collect relevant information for an assessment of the person's best interests in relation to DoLS.

As we note above, Athenaeum does not have control over the actions of local authorities, and we therefore do not make any specific recommendations in this report on this matter.

5. Interviews with residents, family & friends

During this visit we engaged with two residents, plus three relatives and friends.

5.1 Staffing

The residents, relatives and friends we spoke to said that staff were friendly and attentive, and while they don't usually sit with residents, they are approachable. Several people told us that residents can go to bed and get up when they like.

Interviewees commented that staff were patient, friendly and responsive, with good levels of staff cover, and staff training was complimented.

Selected Comments

Residents - Positives:

"Staff are very friendly."

"Yes, I think staff listen to my opinions."

"The staff are very good and listen! They don't usually sit with us, but if I need to talk to someone – I can."

"I'm an early riser, I can get up and out when I want."

Family & Friends – Positives:

"The home is as responsive and caring as it can be."

"The staff seem well-trained and are very patient and friendly (they remember my name)! They are always around."

"I know he is better off here than when he was in sheltered accommodation. I feel he is well taken care of."

5.2 Personal Support, Care Planning and Clinical Care

The two residents we spoke to told us that, for their clinical needs, they do confide in staff – who are also said to 'notice' any changes. We were told that staff may accompany residents on medical

visits, such as to the hospital. Relatives and friends reported that residents have access to healthcare, however the fees for escorting to medical appointments were considered expensive by one relative.

Selected Comments

Residents - Positives:

“Care planning - they just get on with it. It’s all okay. They talk to me about it.”

“I don’t usually get ill as I take pills every day. But if I’m feeling unwell I can talk to someone here. If I need clinical care a member of staff will go with me to hospital. Haven’t been for ages. I’m weighed twice a month (I think).”

“If I’m not feeling well, I tell the staff, they also notice. I speak with the medical staff.”

Family & Friends - Positives:

“She has seen a GP. I don’t know about a dentist (as mother has dentures) or physiotherapists. I take mother to the eye hospital.”

Family & Friends - Negatives:

“I think that it is very expensive to pay for an escort to take my mother to medical appointments.”

5.3 Diet and Activities

Residents said they found the food ‘alright’ with ‘one or two options’ always available. They said that they could eat their meals where they wish, and found catering staff to be pleasant. Residents reported that they have plenty of opportunities to drink water. Relatives and friends complemented the food, and one said that their friend is ‘looking better’ following admission.

The residents we spoke to were satisfied with the activities on offer, and favourites include socialising, exercise, walking, visits to the garden and ‘alone time.’ Friends and family also considered the activities adequate, and in some cases said they have had opportunities to participate in singing and other sessions themselves. Art classes, music, exercise, and visiting entertainers (such as magicians) were among the activities noted.

The majority of relatives, friends and residents were not aware of opportunities for outside trips. One visitor said that trips do take place, however they did not give a specific example.

Selected Comments

Residents - Positives:

“The food is mostly alright – there are always one or two options. I’m reasonably happy with it. I usually visit the dining room, but can eat in my room if I wish.”

“There are new chefs, they are good but not as good as before. But really nice guys.”

“I can always get access to a drink, but I don’t drink much.”

“I do some of the exercises. I go in the garden sometimes if it’s not raining.”

“I enjoy waking up and getting into the garden, not having to travel to be in nature. There are lots of other activities here.”

Family & Friends - Positives:

“My friend looks happy and I feel the food is good for him – he looks better than when he arrived here.”

“I think the food is good and I believe there is choice.”

“We have fun when we come, we get involved with the singing and other activities.”

“I have heard that they have trips.”

Family & Friends - Negatives:

“I’m not sure if she does things outside the home.”

5.4 General Environment

The residents we spoke to told us they found the home to be clean and tidy, and said they appreciated the access to greenery and nature. One visitor commented that they think the home is very organised, and another described the manager as genuine and caring.

Selected Comments

Residents - Positives:

“It’s not too bad here.”

“It feels clean and tidy.”

“I like it - I thought I wouldn’t, that I’d do anything to get out. I keep myself to myself, I have one or two friends. The garden is my friend – I love the greenery and nature.”

Family & Friends - Positives:

“The home seems very organised, which is good. The manager is very approachable – I talk to her regularly.”

“The current manager is great, she doesn’t put things on to make an impression, she genuinely talks to everyone and cares.”

“I’d recommend this home 100%. I knew immediately when I came to look, that this would be the right place for my mother.”

5.5 Feedback and Complaints

Some of our interviewees advised that meetings for residents and relatives do take place, and that food was an active topic at a recent meeting. However, we also heard from interviewees that some residents were not aware of any meetings where they could give feedback to managers or staff. Relatives and friends advised that the home has been considerate and responsive to personal feedback and concerns, for example by resolving an issue with clothes, and in another case replacing a bed. However, one interviewee commented that the home is ‘quite set in its ways’ therefore suggestions may be overlooked.

Family & Friends - Positives:

“We have the residents’ and relatives’ meetings – the manager is amazing, she really involves everybody and is available to talk to.”

“One time, I arrived when there was a residents meeting and they were discussing food.”

“There is good communication. There was an issue with mum’s clothing and we agreed a strategy which has immediately been put in place.”

“They listened to us and recently the bed has been replaced.”

6. Management Interview

During the visit we interviewed the care home manager, who has been in post for six months. A summary of the discussion is outlined below - all these comments are as reported to us by the manager.

6.1 Referrals

- The manager advised that referrals of new residents are received via the Ventry referral team at the central Ventry support centre. This team are responsible for all new referrals, accepted admissions and pre-admission work, for all care homes operated by the provider.
- Referrals come privately and through London local authorities. Athenaeum consistently operates at full occupancy.
- When a referral is received from any party - social worker, brokerage team or next-of-kin - a pre-assessment process is completed, to confirm whether Athenaeum can meet the needs of the resident. If the referral is accepted, a resident care plan is produced.
- Once the resident is admitted, staff observe their daily activity and update their care plan if needed. In addition, there is a six week placement review, at which point all parties make a decision about whether the placement is working, and should continue.

6.2 Staffing

- The manager informed us that all 18 staff members are permanent, and that Athenaeum does not use agency staff.
- Staff work from 8.00am to 8.00pm. They have a one hour break which can be broken into bits throughout the day. If they work from 8.00am to 2.00pm they will have a 30 minute break. Staff bring their own lunch and tea and coffee is provided.
- At the time of our visit, there were four staff on the floor with 21 residents.
- In the event of a colleague calling in sick, Athenaeum has a digital messaging system offering shifts for colleagues to cover. These cover shifts can be paid at enhanced rates - so finding cover is not an issue.
- If the current staff team are not able to cover a shift, Athenaeum uses the Pool Staff System operated across Ventry Care Homes. Shift cover is identified from elsewhere and the shift is filled with trained, competent staff, who typically already know Athenaeum.
- In relation to staff turnover, in the last six months, an employee resigned to go to Canada, and another left to relocate to the seaside. In addition, some of the kitchen staff have changed.
- Currently nobody has approached the home to volunteer.

6.3 Training and Safeguarding

- The manager said that Coolcare deliver, assess and monitor staff training. Employees have 14 days to complete their training. They are paid for time spent doing training, and staff usually complete this in their own homes. However, there is the facility to do this on site if needed. The training covers over 20 different areas of work.
- In addition to safeguarding, staff undertake an 'Abuse Awareness' course.
- Staff are sent reminders of refreshers – these are flagged in the electronic system. Training compliance rates are over 90%.
- Whistleblowing Policy - staff are trained on this in their one week induction.
- The home does not currently have regular contact with Barnet Council's Care Quality Team.
- All staff, whether newly recruited or existing re-checked staff, have an Enhanced DBS in their file. Athenaeum has a tracker in place to monitor this, and no checks are outstanding.

6.4 Induction and Supervision

- The manager advised us that all new staff have an induction on their first day of work. They are then provided with a shift pattern during which they act as 'additional' staff, effectively allowing them to experience on-the-job learning and familiarisation for up to two weeks.
- Supervisions are quarterly, with annual or bi-annual appraisals.
- Staff returning from extended leave attend a return-to-work interview to identify if they need any support from the care home and how their return is to be managed.
- Once a return date is confirmed, employees are placed on a paid induction shift to re-familiarise themselves with operations at Athenaeum. Returning staff are also encouraged to approach senior staff and management if they have any queries.

6.5 Staff Welfare and Support

- The manager told us that Athenaeum has an open door management policy. Staff are welcome to come and talk to the manager about any issues they have, they can also speak to the support team.
- There are regular staff meetings and the manager advised us that she pays attention to 'changes in the mood of the staff.'
- The manager adds 'I recognise that this is a difficult job requiring high energy levels, I will respond if energy levels are low by getting extra staff on support. I have had staff coming to me with personal issues and I will try to accommodate. Good relationships with staff are very important. I often spend my break chatting to staff. After work I say goodbye to all of my staff and check in with them.'

6.6 Environment and Cleanliness

- The manager said that residents' rooms have a toilet, toothbrush holder, toiletries, basket, wardrobe, chest of drawers, bedside table, and a call buzzer by the bed. Some rooms have floor sensors alongside beds. TVs can be brought in, as can electrical items.
- Family members can personalise the rooms but clutter is discouraged.

- There is internet access in all the rooms and the lounge.
- There is a cleaner who does all of the cleaning and also the laundry, this is a permanent role. Care staff will clean toilets after use.
- A weekly and monthly Infection Control Audit is completed, as part of monitoring.

6.7 Personal Care and Care Planning

- The manager advised that, during shift handovers, verbal and written exchanges take place, and this is recorded electronically. There are also ‘flash meetings’ and a ‘message of the day’ to flag or address issues. Any concerns are investigated and dealt with during the shift.
- Around the time when residents are admitted to the care home, family members are invited to be involved in care planning. This invitation remains open throughout a resident’s stay. Welcome packs are emailed to families, and the care home requests family background information, likes, dislikes, and other preferences. All this information helps to build the resident’s care plan into an accurate live document.
- Once admitted, residents are assisted with their shower; their height and weight are taken; they are checked for bruises and they are allowed to rest and settle.
- Staff have one-to-one conversations with residents, as well as observing their routine. This information is used to build ‘better care plans’ so that person-centred care can be offered.
- Staff have access to residents’ care plans - everything is online and staff can read through anything at any time. The care plan is updated daily, and is used for all care, including clinical.

6.8 Clinical Care

- The manager told us that staff monitor changes and any causes for concern about residents. They will report any health issues to senior staff, who speak to the GP if necessary. All residents are registered with St. Andrew’s Medical Practice who conduct ward rounds.
- Whenever necessary, the care home can contact 111 or 999. The manager lives locally and can be on call out of hours when needed.
- GPs, District Nurses and Multi-Disciplinary Teams (MDT) are very helpful. The GP is responsible for most medical referrals. Opticians visit the home once a year, and more regularly when needed.
- In relation to hospital care, there have been some issues with delays, for example a resident had an appointment that was meant to happen in May, which has been pushed to December.
- There have also been some challenges with discharge of residents from hospitals to the care home. Following discharge, Athenaeum does not always receive sufficient information from the hospital about the resident’s needs, and the home then needs to call the hospital for more information. In the summer of 2023, a female resident was wrongly discharged to the home, causing distress to herself and other residents.
- If a resident develops dementia or their existing mental health deteriorates, the home will involve the MDT or Community Mental Health Team to assess. Referrals to follow-on services are made as necessary.
- For a fee, staff will escort residents to medical appointments. There is also the option of family members escorting residents.

- Pressure sores are recorded on the system - the chart is updated and monitored. Hourly or two hourly reminders can be sent to staff. The manager advised us that at the time of our visit there were no residents with pressure sores.
- The manager told us: ‘At end of life, family members are involved with the staff. We recently had someone with palliative care, it was the family's wish that she remained at the care home and we were supported by the GP and the MDT. Most residents are moved into a hospice but in this case we had support from the Ventry support centre and the quality assurance team.’

6.9 Activities

- The manager told us that there is a monthly schedule of activities, which is displayed on the noticeboard. There is also a daily schedule which is updated every day.
- The Activities Coordinator manages the programme, and staff get involved too.
- The manager said ‘We respect each resident's wishes. We have two lounges and there is a big space in the garden. We respect residents’ regular spaces - if someone has a particular chair or space that they feel comfortable in.’
- In general, many of the residents are very social and join in with activities - for example a relative told staff she was really surprised and pleased that her mum comes down and spends all day downstairs.
- Staff interaction with residents is ‘not exactly’ built into the schedule but it is always encouraged. Managers remind staff that they are in the residents’ home and they need to include residents, to make time to sit with them and chat. Meal times and toileting are the only really busy times so there is time in between to sit and talk. Spontaneous activities sometimes take place, for example the manager said that a member of staff did nail care and painting the week before our visit.
- There is currently only a single resident who has expressed specific religious or spiritual needs, he has had Holy Communion and his friends who are members of his church visit for Bible study. The manager said that staff have spoken to all the other residents to ask about religious needs and that she is always willing support residents with this.

6.10 Diet and Nutrition

- The manager advised that residents are weighed and monitored monthly, and if there is a concern staff will immediately phone the GP, so further investigations can take place. If a resident’s Body Mass Index is low staff will often refer them to the dietitian - even if the family deems their weight normal.
- At the moment there are not many residents with special diets. The care home seeks to accommodate preferences, for example a resident eats with chopsticks and this is supported.
- Daily fluid intake is monitored and online records are updated in real time.
- The menu is displayed on tables, on posters and in some cases using pictures. Staff also explain the menu to residents when they ask them for their choice of meal.
- A third menu option is always offered, in addition to the set menu.
- Where necessary, staff will support or observe residents during meals. There are two residents on ‘Moist Soft Bite Level Six’ who are observed.

- Weekly mealtime audits take place where residents are asked if they enjoyed their food, whether there is anything that could be improved, and whether there are items they would like to add to the menu. In addition, residents have the opportunity to discuss menus at quarterly meetings with managers and relatives.

6.11 Involvement and Feedback

- The manager says ‘Feedback or complaints are always welcomed to improve the service and care we provide. Our open door policy also gives the opportunity to staff, residents and relatives to share their views which are always taken positively, this helps us with our Lessons Learnt and Quality Improvement Plans.’
- There are quarterly meetings for residents and relatives. The manager says ‘We take minutes of the meeting and these are sent out to all staff and family members, we ensure that we make practical changes based off of these meetings, for example we included pasta and prawns in a new menu following a meeting.’ The manager told us that she could give consideration to sending an email to update family members on actions, but updates are always shared in the next quarterly meeting.
- The care home also sends out a biannual survey and people can approach the manager ‘at any time’ with feedback.
- The manager advised us that people are signposted to the complaints procedure, and that it is on the care home’s website, and linked to from the welcome pack.
- Complaints are stored in a folder with all the relevant documents, and findings from these are fed into the Quality Improvement Plan. The care home also has an excel tracker with complaint details, status and outcomes. Complaints are acknowledged by an email which is sent within seven days. The manager said she thinks it normally takes two weeks for a complaint to be resolved, but sometimes less.
- For incidents and accidents, an incident report is taken, this is added to the tracker on excel. Each resident has their own folder. Staff incidents are recorded on a different excel sheet, this is stored in a central electronic file that the quality team at Ventry reviews.
- Athenaeum has a community board where information is posted about any upcoming events – residents’ meetings, community outings, entertainer visits, vaccine days etc.

6.12 Additional comments

- The manager advised that she is well supported with training and growth, and that the Ventry support centre has been incredibly helpful when any issues arise.
- The manager said she would like to highlight the incredible support of Ventry, the GP and the MDT which she credits as vital in ensuring quality care is available for all residents.

7. Staff Interviews

During the visit we interviewed five staff and senior staff members, in a variety of roles.

7.1 Working Environment and Staffing

All of the employees said they enjoy working at the home, which was described as being ‘friendly’ and having a ‘lively atmosphere.’ Breaks were considered adequate. The only criticism was about the staff room and kitchen – both considered too small by a member of staff.

Staff advised us that most training is conducted online, and courses mentioned included safeguarding, medication, infection control and food hygiene. In-person training has included moving and handling and catheter control. Employees are paid for time spent doing training. A staff member we spoke to said they feel the online training is ‘a lot’, and could be difficult if carried out on top of full-time work.

Staff members reported that they feel supported by senior officers, the manager, and by the wider organisation. While most have had supervision and/or appraisals, there was some confusion about which is which, and the frequency seems to differ – some having had monthly, and others quarterly meetings.

The staff we spoke to said that Athenaeum has sufficient staffing cover and good levels of staff retention, just a single person said they would like additional staffing support. Staff told us that the home does not use many agency workers.

Selected Comments:

Working Environment

“I’m happy here – I went to work somewhere else then asked to come back very quickly.”

“I like it here – it’s very friendly. I prefer working in residential care rather than nursing care.”

“The home atmosphere is generally lively with people participating. The staff kitchen and staff room are very small, the staff room could be bigger. We do get break time and we can leave if needed, we can do what we want with our breaks.”

Staff Training

“I have done many online courses - food safety and medication. I did moving and handling and catheter training face to face.”

“I’ve done safeguarding training online and know blowing the whistle is important. I do annual training.”

“We’re paid to do online training on our days off. It’s a lot – sometimes 14 days of training or eight units at a time. I usually wake up early to do as much as I can.”

Support for Staff

“The manager is good and supportive. I can raise concerns.”

“Yes I get enough support – I can go to a senior or to the manager.”

“I am supported at head office. I have regular meetings.”

“I can go and knock on the manager's door if there's a problem.”

Supervision and Appraisal

“I talk to the senior care assistant regularly.”

“I have monthly supervision meetings with the manager and six-monthly performance appraisals.”

“I have monthly supervision at the Quality Team. No performance appraisal – but they gave me this role.”

“I think quarterly – it's hard to distinguish between supervision and appraisals. “

“There are no regular meetings.”

Staff Cover and Turnover

“Yes there are enough staff – we can always get staff from Ventry Care. There's not really a big staff turnover– there are some new staff but some have been here for 15 years.”

“Enough staff? I think so – it always seems fine. No bank staff are used. If we are short staffed the company supplies them. “

“Usually there is one senior, two carers and then the cleaner. We could benefit from more people on shift and another cleaner. Could have a separate person for laundry.”

7.2 Safeguarding and Safety

While staff acknowledged safeguarding as an issue and confirmed that they had completed safeguarding training, some were quite vague about what safeguarding is (we had to prompt, to get examples).

On wider safety issues, none of the employees we spoke to reported any issues, or suggested any room for improvement. A staff member said they feel Athenaeum has good accessibility measures, such as a ramp in the garden, and a lack of clutter generally around the home.

Selected Comments:

Safeguarding

“Safeguarding covers protecting the wellbeing of people - adults and children. We do online training. I would call 999 in a life and death situation or call the manager.”

“It's important to report any incident or if you think a person is at risk of harm. I did training on safeguarding two months ago. “

Safety

“It is safe – there are buzzers and locks. Everything is locked at night. We do sightings every hour during the night.”

“Yes it's safe. Nothing else to do.”

“Yes it feels safe, we haven’t had any cases of losing residents. The home is kept very decluttered and any spillages are taken care of. The garden has stairs and a ramp so residents are safe getting into the garden.”

7.3 Personal Care and Care Planning

Staff told us that during shift changes there is a formal handover process, and that residents may get up and go to bed when they wish.

Staff advised that care planning is controlled through handheld devices (similar in appearance to mobile phones) which give the operator tailored information and instructions, and record interactions in real time. These devices provide automated alerts on any care plan changes.

Staff said they ‘make the time’ to sit and chat with residents, although this is not a scheduled part of their work. They also told us that privacy is respected, and that they knock or call before entering residents’ rooms, and are discreet in sensitive situations. A staff member underscored the importance of ‘talking the resident through’ what is happening during interactions.

Selected Comments:

Morning Procedure/Handover

“At handover, I talk to the night staff, attend the morning handover and then help out with what is needed.”

“After handover at 7.50am residents are given personal care, then they go into the lounge, then when breakfast is ready they come to the table.”

“Residents can choose when to get up and I help them get washed and dressed and take them to the lounge. Some residents like to get up early and have tea at 7.30am, so they have already come downstairs with the night staff. I help with breakfast, then the morning activity and giving out drinks, then lunch. I help with personal care like changing pads and emptying catheters.”

“We have a handover meeting. I assist residents from bed, breakfast, helping with exercise every day. I help with tea, talk to them and watch TV, and help with lunch.”

Care Planning

“We have them [care plans] on phones. They contain detailed information to help us know the residents.”

“Care plans are on the phone app. I read them before meeting a new resident. At the handover we discuss any changes or concerns.”

“We use the care plans all the time – we access via the phone app.”

“Managers and social workers make updates to the care plans, we as carers look at this daily and only update the plans when needed. Medications or important changes in needs are updated promptly and we get a notification when something has changed.”

Engagement

“Yes I have enough time to talk to residents and can return to them later if they don’t feel like talking at first.”

“It’s nice talking to residents – I spend most of my time on the floor with them. As a senior I also have paperwork to complete and medication to give.”

“Some residents are shy but some staff are very enthusiastic and get residents involved. Some days it’s very busy so less time to chat.”

“We always find time to sit and talk to residents. It’s not scheduled, but we make the time.”

Privacy

“I say good morning before I go in and if the door is closed I knock so they know I’m there.”

“I always knock on the doors before entering, and if there’s no answer call out to say who I am and if it’s ok to come in. I don’t want to enter and find someone has died.”

“On privacy, I knock and if sleeping I don’t go into the room.”

“Doors are kept closed, we speak to residents softly so others can’t hear.”

“I tell residents what we are doing and knock before going into their rooms.”

7.4 Diet and Hydration

According to staff, there is a choice of meal options at both breakfast and lunch, and sandwiches may be requested in the evening. We received examples of mealtime support, such as staff preparing place settings according to individual needs, helping with cutting and eating, and safeguarding against choking. We were told that eating support needs are managed in care plans.

Staff advised that drinks are ‘constantly offered, throughout the day’ with jugs available in lounges and at activities, with increased provision in warmer months. Residents can choose from different options, and this may include bottled drinks. Residents with catheters are strictly monitored.

Selected Comments:

Mealtime Support

“Residents can choose what they want for breakfast from the trolley and after the morning activity they choose from three options for lunch. They can ask for sandwiches usually in the evening. They can have hot drinks (hot chocolate or whatever they want). I help residents with what they need at the table.”

“I prepare tables according to individual needs (bibs, cutlery). I cut up food. Some residents are at risk of choking and we need to keep an eye on them.”

“We cut residents food up for them, some require bibs. Eating support needs are managed in care plans.”

Hydration

“I keep offering drinks, with jugs of water around. We record how much people with catheters drink. Latest offer of a drink is around 7.30pm and residents can choose what they want to drink.”

“We offer water throughout the day, during TV there are jugs around and we offer drinks frequently. At 7.45pm we offer tea and other drinks. The night staff offer drinks too.”

“We always offer drinks after exercise, during lunch and all activities. We have two residents with catheters who we particularly encourage to drink. Residents will be offered a drink before they go to bed (the time varies).”

“Residents are always given fluid, drinks are always next to them. We increase fluid intake in summer. Residents are also provided with a bottle of drink or juice by the bed if needed.”

7.5 Feedback and Complaints

In the event of compliments, complaints or incidents, the majority of staff would notify the manager.

Selected Comments:

Compliments, Complaints and Incidents

“I would go straight to the manager.”

“I would tell the manager, the manager deals with complaints.”

“In the event of a concern or complaint, I would tell staff.”

“In the event of incidents or complaints, I would go to the manager first and then take upwards.”

8. Glossary of Terms

BMI	Body Mass Index
CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguards
MDT	Multi-Disciplinary Team

9. Distribution & Comment

This report is available to the general public and is shared with our statutory and community partners. Accessible formats are available. If you have any comments on this report or wish to share your views and experiences, please contact us:

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