

ENTER & VIEW REPORT

Hadley Lawns Care Home
10 November 2023



Contents

1. Executive Summary & Recommendations	3
2. Our approach to Enter & View	7
3. About the Visit	8
4. Key Findings	8
5. Interviews with Residents, Relatives & Friends	15
6. Management Interview	21
7. Staff Interviews	26
8. Glossary of Terms	29
9. Distribution & Comment	29



1. Executive Summary

Service Visited: Hadley Lawns Care Home, Kitts End Road, Barnet EN5 4QE

Manager: Aghileh Hatami

Date & Time of Visit: 11am-3pm, 10 November 2023

Status of Visit: Announced

Authorised Representatives: Alice Markham (lead), Alan Shackman, Sarah Campbell

We would like to thank Hadley Lawns staff for their support and co-operation during our visit. We engaged with three residents, four relatives, three employees and the manager (11 people in total). This report is based on their feedback, plus our observations of the environment.

The manager has been in post since December 2022, and we found evidence of a number of improvements since she came into the role, including reduced use of agency staff, reduced incidence of pressure sores and a recent increase in the number of activities available for residents. Four of the residents and relatives we interviewed advised that they had raised feedback, and this had been either wholly or partly taken on board, leading to improvements.

Some interviewees raised concerns about inconsistencies in hygiene, personal and clinical care. Several interviewees said that at times they felt the home was understaffed. We observed a couple of disability access adaptations which could be made to the dining room.

Personal & clinical care: three interviewees shared concerns in this area. One relative said while some staff were very good, others were poorly managing their relative's catheter and commode (placing the basin on the room table). This person had complained to the manager, and believed staff were being reminded about this, but continued to observe this happening. This relative also reported: irregularities with oral hygiene, sharing of slide blankets, inconsistencies in staff use of face masks, and an incident where a resident soiled themselves after being unable to call for assistance due to not being able to access the call bell.

Another relative said that their relative had not had a shower for two weeks, and was being put to bed as early as 4pm. They said that although the GP visits once a week, access to them is at staff discretion, and that a potential health issue 'was ignored.'

We also received positive comments, with one relative praising the home for prompt notification of a medication error, and another complimenting the visiting GP. The manager advised us that incidence of pressure sores has been reduced. We were told that 95% of category 2 pressure ulcers in 2023 were healed due to regular repositioning, use of pressure relieving equipment and fortified diets. The home did not currently have any residents with category 3 pressure sores or above, apart from a small number of residents who were admitted with pressure sores which were being treated.

Palliative care: A relative told us of a case where the previously agreed wishes of a resident regarding palliative care were inappropriately queried by the attending nurse.

Staffing: most relatives and residents described staff as being caring, understanding and welcoming on the whole. We heard that the home 'does not have a one-size-fits-all' approach and examples were given of staff going 'the extra mile.' One relative felt management 'walkabouts' had helped to improve standards. The manager advised that, since December 2022, the home's use of agency staff had been reduced, and only two or three staff members have left. She told us that, on average, agency care staff were being used for nine hours per week, with the rest of the work covered in-house. One relative told us that 'the home has been turned around from heavy usage of agency staff.. now nearly all staff are permanent and so can get to know the residents.' The manager told us staff receive a minimum of four supervision and appraisal meetings per year, however staff gave us differing intervals.

Activities: the manager told us that previously the home offered activities two days a week, and in October this increased to six days a week. Activities mentioned by residents and relatives included dominos, card games and singing. During our visit, we observed a well-attended and engaging game of charades in the living room. Interviewees suggested that more could be done to include the less mobile upstairs residents in activities.

Mealtimes: we observed lunch, and found that staff asked residents for their preferences and had good knowledge of their likes and dislikes. On accessibility, place settings did not stand out from tablecloths, and menus were not accessible for residents in wheelchairs. One relative complimented the chef for 'making an effort' to visit a resident in their room, to discuss preferences; there was also praise for staff assisting with refreshments between meals. Three interviewees mentioned a lack of staffing and support at mealtimes, for example food 'often' being served cold to upstairs residents. One relative told us of a specific occasion when a resident missed a meal completely.

Staff welfare: the manager said staff are provided with free meals and 'get together' to show appreciation. Employees told us that under the new management there have been improvements to teamwork and communication. We observed that the staff kitchen was small.

Dentistry: staff advised that it can be challenging for residents to access a local NHS dentist, as many practices are not accepting new patients. We note that this is a national problem.¹

Hospital discharge: staff said that, in several cases, hospitals have sought to discharge patients to the home with inadequate discharge information. In December 2022, a patient returned to hospital shortly after arrival, as the home could not meet their needs. The home's deputy manager said he now goes to hospital to meet patients and review any discharge plan.

¹ See for example: BBC News 14/07/23 'NHS dentists: People having to drive hundreds of miles "unacceptable"' <https://www.bbc.co.uk/news/health-66167563> (accessed 22/01/24)

We recommend that:

1. The home takes steps to ensure correct hygiene and care practices are consistently implemented by all staff. This should include refresher training, management support, and, where necessary, formal competence reviews.

Hadley Lawns' response: we have weekly hand hygiene audits where we spot check two staff and give them feedback. All our staff undergo infection control training and infection control is emphasised at our daily huddle meetings and during the daily manager walk around. We have reintroduced tagging all cleaned equipment with green tags stating the date and time and which staff cleaned equipment such as hoists and commodes.

2. The home reviews staffing levels, particularly for mealtimes and personal care.

Hadley Lawns' response: our staffing levels are reviewed according to number of residents and their dependencies. We have a new improved Bupa dependency tool that helps us better gauge staffing levels according to the residents we have. We have Mealtime Matters, a Bupa initiative focusing in on the process of being fully adopted which includes all staff groups helping at mealtimes to ensure all meals are served in a timely manner.

3. The home ensures that all bedroom call buzzers are as accessible as possible for residents; and that residents with very limited mobility receive regular checks to reposition their call bell.

Hadley Lawns' response: we are committed to keeping all our residents safe. All residents receive hourly checks. Those residents who are at high risk of falls receive extra checks based on risk. Our call bells are left accessible to residents who can use them and residents who cannot use their call bell have a risk assessment in place and a minimum of hourly safety checks.

4. As the activity programme develops, the home looks for ways to further involve the less mobile upstairs residents in activities.

Hadley Lawns' response: we have one-to-one activity in the rooms and encourage residents who may not want to come out of their room to come out every other day or to go out to the day centre if they wish. Our Activities Co-ordinator chats to all residents weekly asking them what they would like to do the following week.

More broadly, outside walking/wheelchair sessions began towards the end of 2023, and this is a regular feature of the programme, eight residents have now signed up to take part in the outside sessions in the garden, this is expected to grow as the months get warmer. Residents like to go out in the garden for 10-15 minutes before lunch – this gives an opportunity to enjoy the outdoors and the local wildlife - with residents giving advice and suggestions on how to encourage the birds and squirrels to visit more often. This recently added feature to the daily activities programme has seen a noticeable increase in residents well-

being, positivity, fitness and is very popular. Future ideas include animal therapy and local talks from the museum and history society, and at present are in the planning stages.

In terms of off-site trips, one of the Activity Co-ordinators is working closely with the manager to review and plan trips for the spring and summer months, including RAF Hendon. Recent suggestions from the Care Assistant team include planning an afternoon to the Hadley Lawn ponds in the summer with a picnic and visiting some local chickens kept close to the care home.

Activities Team future objectives are to: a) review the Bupa activities planning programming and suggestions to incorporate into the weekly schedule; b) have a presence on the Work Vivio Bupa internal social media.

5. During mealtimes, the home supplies tablecloths and placemats of contrasting colours, to improve accessibility for visually impaired residents.

***Hadley Lawns' response:** we have ordered more table clothes and have contrasting serviettes available to make our dining rooms more inviting and make it easier for residents.*

6. Before and during meals, sufficient numbers of menus are displayed at a height that is accessible for residents in wheelchairs.

***Hadley Lawns' response:** Our staff have been informed and are now ensuring all menus are at a height that can be read by all residents. We print more menus at our resident's request to ensure all residents have access to the daily menu options.*

7. The home considers using its heated trolley to serve meals to the less mobile upstairs residents, in order to ensure that food is served hot.

***Hadley Lawns' response:** We now use a heated trolley to serve meals to the residents upstairs, this stays in the dining area and then meals are delivered to all residents who cannot come to the dining room within 15 minutes of the hot trolley arriving. Silver dome heat insulating covers are used to ensure the food gets to the residents whilst it is still hot.*

8. Improvements are made to the staff kitchen facilities, as these are currently quite small.

***Hadley Lawns' response:** Our staff room has been repainted by our maintenance staff and has been reorganised to remove clutter and to make it more pleasant for staff.*

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, these 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 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. We would also like to thank our authorised representatives, who assisted in conducting the visit and putting together this report.

3. About the Visit

3.1 Hadley Lawns Care Home

On 10 November 2023 we visited Hadley Lawns Care Home, a residential care home in Barnet.

Operated by Bupa, the home provides care for people aged over 65 years and can also accommodate adults below this age who require residential, nursing, convalescent or palliative care both short and long term.

The home has capacity for 44 residents and 33 were in occupancy at the time of the visit. The home has 48 staff, plus additional support.

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.

Hadley Lawns was last inspected by the CQC in November 2020. The inspection report gave a rating of 'Good' overall, with individual ratings of 'Good' for all categories (being 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 the home is operated and how it is experienced by residents, and to produce a report.

4. Key Findings

During the visit we engaged with three residents, four relatives, three staff members and the manager (11 people in total). This report is based on the collective feedback of these participants, plus notes and observations made during the visit by our authorised representatives.

General Environment

Notes

- The home has two levels - ground and first floor.
- Most of the residents living downstairs are more mobile, while the upstairs residents have limited mobility.

² CQC 2/12/20, Hadley Lawns Care Home Inspection Report <https://www.cqc.org.uk/location/1-130120453> (accessed 22/01/24)

What has worked well?

- The residents we spoke with found the home to be well-maintained.
- The entrance is large, with accessible entry, and a spacious waiting area for visitors.
- The dining room floor was wood vinyl – practical for mobility.

What could be improved?

- One interviewee said that a resident's room was quite basic, and there was not much room for personal possessions.

4.2 Personal Care

Notes

- The manager and staff advised us that care planning and management is digitised (using the e-Care platform), and staff are issued with handheld devices to view and record information. They told us that residents with capacity have access to their records and can choose to share with relatives if they wish.

What has worked well?

- Most interviewees considered staff to be caring, understanding and welcoming on the whole. We heard that the home 'does not have a one-size-fits-all' approach and examples were given of staff going 'the extra mile.'
- Staff informed us that one of the experienced carers has undergone training and is the home's staff 'engagement champion.' Their role is to work with their peers on promoting dignity and respect for residents. For example, while working with a resident, a new carer asked this member of staff whether this resident took sugar in her tea – the staff engagement champion responded by saying 'don't ask me, ask her.' We found this to be a positive example of colleagues encouraging one another to maintain residents' independence in small ways.

What could be improved?

- In interviews with relatives and residents, three interviewees shared concerns with us regarding the capacity and responsiveness of staff. One person said that their relative had not had a shower for two weeks, and was being put to bed as early as 4pm. They cited staff shortages, especially during the weekends, as the cause. Another interviewee said that the bedside call bell is 'sometimes ignored' and this can be 'frightening' for the resident. A third interviewee reported an incident where a resident soiled themselves after being unable to call for assistance due to not being able to access the call bell by their bed.
- One of these interviewees raised various hygiene concerns, such as poor management of their relative's commode (placing the basin on the room table), poor catheter management, sharing of slide blankets with other residents and inconsistencies in staff use of face masks.

- This person also reported one occasion when their relative soiled themselves, and afterwards told them that the agency staff member who washed them this time was really rough with them.

4.3 Clinical Care

Notes

The manager told us that:

- A GP visits once a week, the district nursing team support the home and this 'works well', and the home can also ring 111 if needed.
- A chiropodist visits the home regularly, and an optician comes periodically. The home is seeking an audiologist who can visit in-house.
- For dental care, some residents still go out to visit the dentist who they were seeing before they were admitted. Finding a local NHS dentist is challenging, the manager told us, as many practices are not accepting new patients.
- The manager advised us that incidence of pressure sores has been reduced considerably since 2022, and that in part this has been achieved through more careful management of admissions (making sure that the care home only admits residents whose care needs can be fulfilled). We were told that 95% of category 2 pressure ulcers in 2023 were healed due to regular repositioning, use of pressure relieving equipment and fortified diets. The home did not currently have any residents with category 3 pressure sores or above, apart from a small number of residents who were admitted with pressure sores which were being treated.

What has worked well?

- One relative praised the home for prompt notification of a medication error, while another complimented the visiting GP.

What could be improved?

- Two relatives voiced criticisms of the home's approach to clinical care. The first of these told us that access to the visiting GP is at staff discretion, and that a potential health issue 'was ignored.' This same interviewee said that their relative had experienced ongoing delays in seeing a doctor.
- A second interviewee highlighted issues inconsistencies with oral hygiene. They also reported that the previously agreed wishes of their elderly relative regarding palliative care were inappropriately queried by the attending nurse. This interviewee suggested that staff could receive more training to prevent similar issues in the future.

4.4 DoLS & Power of Attorney

Notes

- The manager advised that the home applies for DoLS (Deprivation of Liberty Safeguards) in relevant cases. Applications are made in situations where the

resident needs 24-hour care. At the time of our visit, eight residents had DoLS authorisations in place.

- Where a relative has power of attorney for a resident, and the resident has limited capacity, the home stills seeks the resident's opinion about their care arrangements. In some of these situations, staff have explained to relatives that it is still important for the resident to have choice where this is appropriate. Staff will seek to arrange a meeting with both the resident and the relative to discuss different options around daily care, and wherever possible will work to find solutions that both are happy with.

4.5 Activities

Notes

- Activities mentioned by residents and relatives included dominos, card games, singing and television.
- The manager said that there have been recent improvements in the activities offer. Previously there were activities two days a week, since October this has increased to six days a week. She said that there are two Activity Co-ordinators, with the second having been recruited recently, and between them they cover 9am to 5pm, Monday to Saturday. She advised that they are seeking to find ways to include the upstairs residents more in activities.
- One of the Activity Co-ordinators told us that:
 - she does one-to-one activities in the morning, including games, reading, manicures and conversation - these sessions mainly take place on the upper floor with the less mobile residents;
 - the ground floor residents have specifically asked for group games, such as charades and bowling, and these sessions are now taking place in the afternoons - upper floor residents in wheelchairs can be brought down to join in; and
 - different activities are being trialled, to see which sessions residents enjoy the most - there is a balance between 'slightly more energetic and quieter activities' so it doesn't get too tiring for residents.

What has worked well?

- During the afternoon, we observed part of a game of charades in the living room, which was attended by 12 residents. The Co-ordinator acted out most of the charades, which were on cards, and there was also the chance for each resident to suggest a charade for her to act out.
- Throughout the game, the Co-ordinator interacted with residents in an engaging manner and took steps to involve everyone. Our authorised representative's impression was that residents enjoyed the session.

What could be improved?

- While some relatives and residents we spoke with were satisfied with the activity offer, others complained of a lack of engaging atmosphere and discussion, and too much reliance on television.
- Another interviewee said that their relative, who is less mobile, sometimes gets left out of things that they could join in with from their bedroom, such as pamper and massage days.

4.6 Diet and Nutrition:

Mealtime Observation Notes

- Residents were not asked where they wanted to sit (they may have set places).
- We saw no adapted cutlery.
- Condiments were not on the table - except for salt or pepper, but condiments in sachets were provided if requested.
- Medication was provided with meals where necessary.

What has worked well?

- We observed that the dining room was well laid out, with calm music playing and plenty of natural light. Residents were provided with pleasant white cloth napkins.
- On more than one occasion, we heard staff asking residents if they wanted what was being served or if they would prefer something else, for example an omelette instead of fish and chips. This was a positive example of residents being offered choices.
- Water or juice was offered; two gentlemen requested a beer and a wine with their meal and this was provided.
- Portion size was good and staff listened to resident requests around portion size. We observed staff members directly asking residents what they wanted. Staff had good knowledge of resident likes, dislikes and preferred portion sizes.
- Residents ate independently. There was a cordial, light-hearted atmosphere with lots of discussion.

What could be improved?

- Table place settings did not stand out from the tablecloth, everything was on a dark green background.
- We noted that some residents were sitting in wheelchairs to eat their food, but the menus were not positioned at a height where these residents could read them.

- We observed that meals were delivered to rooms only after the dining room was fully served which could cause delays for those eating in their rooms.
- A staff member told us that following comments by relatives, upstairs residents are served one course at a time - to ensure that the food is hot. However, we observed that this was not always the case.
- One server, when asked, didn't know what the soup was.

Additional Feedback – Mealtimes

What has worked well?

- A relative complimented the chef for 'making an effort' to visit a resident in their room, to discuss preferences, and there was also praise for staff who assist with refreshments between meals.

What could be improved?

- On serving times, one interviewee said there is occasionally 'quite a long wait' for residents.
- Two further interviewees also mentioned a lack of staffing and support at mealtimes. One of these told us of a specific occasion when a resident missed a meal completely, and another complained that food is 'often served cold' to upstairs residents.

4.7 Feedback and Complaints

Notes

- According to the manager, there are two general surveys a year, plus quarterly meetings for residents and relatives.

What has worked well?

- Four interviewees advised us that they had raised feedback, and this had been either wholly or partly taken on board, leading to improvements.

What could be improved?

- The home was both complimented and criticised by relatives for its record on implementing suggestions – we heard that meals are now 'largely' served one course at a time, but the heating tray for upstairs residents is not being utilised as agreed.

4.8 Staffing and Management

Notes

- The staff members we interviewed confirmed that training takes place online, with study time paid for. Various employees said that they had recently completed courses on topics including safeguarding, autism awareness, fire safety, manual handling and food hygiene.

- The manager advised that staff receive a minimum of four supervision and appraisal meetings per year, however staff gave us differing intervals for this.
- We were told by staff members that they would report safeguarding incidents 'immediately' to either a line manager or directly to the manager, and that they would also escalate any complaints or concerns from residents.
- The manager advised that, when recruiting permanent staff, she and the deputy manager carry out many of the interviews themselves, rather than delegating this task to agencies or less senior staff. She said that the effort which senior management make to be involved in recruitment, and form close working relationships with staff, is one of the important factors in maintaining high standards of performance and retaining staff.
- The manager told us that overall staff training compliance was currently at 92%; she said that all staff have to complete safeguarding training annually, and compliance with this was currently at 96%.
- Not all staff members are currently signed up to the DBS Update Service.

What has worked well?

- The manager advised us that there has been a significant reduction in the use of agency staff over the last year, and that only two or three members of staff left the home during the last year. She told us that, on average, agency care staff were being used for nine hours per week, with the rest of the work covered in-house.
- One relative felt that management 'walkabouts' had helped to improve standards.
- The manager advised us that staff are provided with food from the kitchen in the same way as residents, and there are staff and management 'get togethers' to show appreciation to staff, for example there was a recent event featuring free pizza.
- The staff we spoke with appeared to be in good spirits, described the home as a 'friendly, family' environment, and told us that some staff who had left have 'since returned.'
- Staff told us that under the new management, improvements in teamwork and communication have been made.
- The manager was described by staff members as approachable and supportive, with examples given of allowing staff time off for health or family matters.

What could be improved?

- One interviewee complained that staff can sometimes 'make assumptions about dementia' and 'talk down' to the residents. One such staff member was reassigned to back kitchen duties, following a complaint.
- We observed that the staff room was quite small.

4.9 Hospital discharge & transport

Notes

- Staff mentioned cases where hospitals sought to discharge patients to Hadley Lawns without the home having any previous knowledge of the person or information on their care needs.
- The manager advised us that, to avoid problems with inappropriate discharges and admissions, the home's deputy manager has started going to the hospital himself to meet the prospective resident. During these visits, he assesses whether the care home is able to meet the patient's needs, and asks the hospital what medication the person requires and whether this will be readily available on discharge.
- Staff advised us that there was a case of failed discharge in December 2022, where a patient had to return to hospital shortly after arrival at the care home, as Hadley Lawns could not meet their needs, and were not given enough information about them before their arrival.
- The manager advised us that one resident has learning difficulties and is working with an advocate. She said that the NHS have refused to provide this person with free non-emergency hospital transport for their appointments. As a result, the home is currently covering the cost of the resident's transport, despite not having a dedicated budget for this.

5. Feedback from residents, family & friends

During the visit we engaged with three residents as well as four relatives and friends of residents.

5.1 Staffing

The residents and relatives we spoke with described a friendly and welcoming atmosphere, with staff who are attentive, listening and supportive. We heard that the home 'does not have a one-size-fits-all approach' and examples were given of staff going the 'extra mile' for residents and relatives, for example by arranging cakes and entertainers.

Relatives advised us that the home has reduced its use of agency staff, and that managerial 'walkabouts' have helped to improve standards. The residents we spoke with found the home to be well-maintained, and one resident said they were 'quite content.'

A criticism from one interviewee was that staff can sometimes 'make assumptions about dementia' and 'talk down' to the residents. They advised that one such staff member was reassigned to kitchen duties, following a complaint. Furthermore, inconsistencies were suggested by relatives, with one relative describing some younger staff as being 'less attentive' than older staff.

Another relative felt that staff on the upper floor should 'knock on doors' rather than 'walk by.'

Selected Comments

Residents - Positives:

"It's calm, friendly, and the people are nice... it's very clean and well-maintained. Staff listen and they're very good."

"There's a nice atmosphere and the people are very friendly. I'm quite content with the way it is - it's quite nice I quite enjoy it."

Family & Friends – Positives:

"The home has been turned around from heavy usage of agency staff. Now nearly all staff are permanent and so can get to know the residents."

"I'm very satisfied with the staff – they listen and seem to understand the importance of my [relative's] independence. They do not have a one-size-fits-all approach."

"They have reduced the use of agency staff, and that's really important. When people are around regularly, that's when they start to learn about my [relative's] needs and really listen. The new deputy manager is out and about around the care home a lot. He walks around and talks with staff while they are working, I think it's really helped improve the standard staff are working to....

.. in general, I would say that the staff are caring. The reception staff are welcoming, they say hi and have a chat, and that makes a difference. Most of the staff make an effort to chat to [my relative]. At one point, it looked like we were going to lose my [relative]. Staff were so kind, both to me and my [relative] - I was really moved by that. One day, around this time they got a cake for us, there was an entertainer, and we really had a lovely time with the staff."

Family & Friends - Negatives:

"Some of the staff are really good, but some of the younger staff do sit around looking at their phones, instead of being proactive."

"Maybe the upper floor staff could spend more time with residents - don't just walk past the door, come in for a chat or to check they're OK."

5.2 Personal Care

Three of the interviewees shared concerns with us regarding the capacity and responsiveness of staff. One person said that their relative had not had a shower for two weeks, and was being put to bed as early as 4pm. They cited staff shortages, especially during the weekends, as the cause. Another interviewee said that the bedside call bell is 'sometimes ignored' and this can be 'frightening' for the resident. A third interviewee reported an incident where a resident soiled themselves after being unable to call for assistance due to a not being able to access the call bell by their bed.

One of these interviewees raised various hygiene concerns, such as poor management of their relative's catheter and commode (placing the basin on the room table), sharing of slide blankets with other residents and inconsistencies in staff use of face masks. This person also reported one occasion when their relative soiled themselves, and afterwards told them that the agency staff member who washed them this time was really rough with them.

Selected Comments

Family & Friends – Negatives:

“There is a lack of staff especially at weekends. Showers are too infrequent. We've asked for my [relative] to be showered at least every third day, but this does not happen. My [relative] hasn't had a shower for two weeks! My [relative] used to sit up in the evenings but staff started putting them to bed by 4pm.”

“My [relative] can't always reach the buzzer near their bed, depending on where it is left. One time, they needed to go to the toilet, the staff didn't come back, and they soiled themselves. I haven't seen my [relative's] care plan..

.. some staff are very good, but certain staff keep putting the basin from my [relative's] commode on the table in my [relative's] room, this is really unhygienic. I have complained to the manager about it, the impression I get is that she listens and reminds staff about this, but it keeps happening with certain staff. I know they have done hygiene training, but I think they should repeat it. My [relative] has an en-suite toilet, there's a type of commode you can buy which fits over the actual toilet, if the care home got one of these for them it would solve all these problems..

.. some staff keep putting my [relative's] catheter in the wrong place, so it doesn't drain properly and sometimes it leaks on the floor. The catheter stand doesn't get used, sometimes the catheter is on the bed or has been put on the wrong side of my [relative's] leg, so it gets dragged..

.. there was one time when my [relative] soiled themselves, and afterwards told me that the person washing them was really rough with them. That person was agency staff..

.. there has been a case of shingles in one of the rooms, and I noticed when the staff were going in and out, some were wearing masks, and some weren't. Another thing is that it took a while for my [relative] to get their own slide blanket, at first they were sharing with other people, I don't think this is great in terms of hygiene.

.. also, the lift is not that large – if someone was fully bed-bound, and could not sit up, I am not sure how they would get in and out from the first floor, if they needed to.”

5.3 Clinical & Palliative Care

One relative complimented the care home's honest and prompt handling of a medical error as a result of which a resident was given wrong medication. The relative appreciated being informed of the error immediately. A resident we spoke to confirmed that they would speak to a staff member if they felt unwell.

However, two relatives voiced criticisms of the home's approach to clinical care. The first of these told us that access to the visiting GP is at staff discretion, and that a potential health issue 'was ignored.' This same person said that their relative had experienced ongoing delays in seeing a doctor. The second interviewee highlighted inconsistencies with oral hygiene, and told us of a situation where the wishes of their elderly relative regarding palliative care were not respected by the attending nurse. This interviewee suggested that staff could receive more training to prevent similar issues in the future.

Selected comments

Family & friends – Positives:

"There was one time when there was an error with the drugs my [relative] was given. The care home phoned me straightaway, they came straight to me. I understand human error does happen - I was reassured they were so honest and let me know."

"The GP comes in on a Thursday, they do seem to be good. My [relative] sees a chiropodist in the care home and a hairdresser."

Family & friends – Negatives:

"The GP might come once a week, but they only visit the residents that staff ask them to see. My [relative] had health problems but staff ignored it."

"I don't think my [relative's] mouth care is always done consistently and I haven't heard about them seeing a dentist since they have been here..

.. recently, my [relative] had a near miss when we thought we were going to lose them. They were getting palliative care, here in Hadley Lawns. Quite a while before, my [relative] had been through a whole process where my [relative] had decided there were certain things they didn't want done, to prolong their life if they got really ill. I didn't feel like the nurse really agreed with all of this or fully accepted it was my [relative's] choice. I was here and I had to be quite assertive about the nurse administering certain drugs, when that had already been agreed in the past. Maybe they could get more training on this?"

5.4 Diet

One relative complimented the chef for 'making an effort' to visit a resident in their room to discuss meal preferences. The staff were also praised for assisting residents with refreshments between meals.

Three interviewees raised concerns regarding staffing and support at mealtimes. One person said that residents sometimes have 'quite a long wait' before meals are served, and another told us that food for upstairs residents is 'often served cold.' One relative told us of a specific occasion when a resident missed a meal completely.

Selected Comments

Residents – Positives:

“I like the food, I am a good eater.”

Family & Friends – Positives:

“They do make an effort to cater for people. The chef comes and speaks to my [relative] in their room, to find out what food they like. The food can be hit and miss – my [relative] likes some of the meals but not others. They do have the option to have sandwiches instead of the main meal, you order them beforehand...

... there is quite a long gap between the evening meal and breakfast, my [relative] wakes up early and it really helps if they can have a cup of tea to have something warm, some of the staff will do this for them. Some staff will make an effort to support my [relative] to eat their breakfast slowly, which works better for them.”

Family & Friends – Negatives:

“The food is often served cold, by the time it gets to the less mobile residents who are upstairs. There are not always enough staff at mealtimes.”

“My [relative] normally eats in their own room. One time, my [relative] really wasn't well, they had chest problems and were delirious, and I was sitting with them. Dinner time came and went, and nobody brought in any food. A while later, I went out and spoke to the staff, they did bring some food - but if I wasn't there then it wouldn't have happened. I really did kick up a fuss about this. It makes me worry about whether this has happened other times when I haven't been here.”

5.5 Activities and Religious Needs

Residents and relatives advised that the home has run activities including dominos, card games and singing. While some interviewees were satisfied with the activity offer, others complained of a lack of engaging atmosphere and discussion, and too much reliance on television. One interviewee said ‘the staff are very busy and rushing around, but they really need to spot if someone is sitting alone.’

Another interviewee said that their relative, who is less mobile, sometimes gets left out of things that they could join in with from their bedroom, such as pamper and massage days. The same interviewee said that their relative has not been able to attend multi-faith sessions, because it is very difficult for them to change out of their pyjamas and there is a requirement for them to do so in order to take part.

Selected Comments

Residents – Positives:

“I get involved with activities as much as possible.”

“I’m content. I enjoy the activities and occasional outings. I sometimes have lunch at [local restaurants].”

Residents – Negatives:

“There are people instigating activities but sometimes there’s a deadness and no one saying anything.”

“Games are important - I feel alive playing games and I’d like that more. We sit about a lot. I do like watching quiz shows with the others, but I’d like more talking and chat, rather than staring at the TV. I get depressed sitting with the TV.”

Family & Friends – Negatives:

“My [relative] isn’t very mobile, and often they don’t want to go downstairs. But sometimes my [relative] gets left out of things that they could join in with. The home sometimes put on pamper and massage days, and they can go around to rooms, for people who aren’t very mobile. But there was one recently and they never went to see my [relative], I wasn’t happy with that. It’s quite difficult for my [relative] to get changed out of their pyjamas, and we’ve been told they can’t go to the occasional in-house multi-faith services in their pyjamas.”

5.7 Feedback and Complaints

One interviewee told us that if they had a complaint, they were not sure they would mention it to the staff, and another said they had given feedback but this had not been listened to.

However, four interviewees advised that they had raised feedback, and this had been either wholly or partly taken on board, leading to improvements.

Selected Comments

Family & Friends – Positives:

“I do regularly speak to the manager if I’ve got any concerns, I know who to talk to.”

“Staff do listen to me and act quickly. For example, it was at a residents’ meeting that it was requested that food be served one course at a time, which is now largely adhered to.”

Family & Friends – Negatives:

“At a meeting for residents and relatives, there was a discussion about the fact that sometimes the meals are cold by the time they’re served to the residents upstairs, the ones who have their meals in their rooms. The care home did buy an expensive heated trolley, but it doesn’t get used.”

6. Management Interview

We interviewed the care home manager, who has been in post since December 2022. The following chapter is a summary of what was reported to us during this interview, with additional information from a pre-visit questionnaire.

6.1 Referrals and Admission

- The manager informed us that the care home receives a minimum of eight referrals or enquiries per month, from various sources such as self-funding private persons, Barnet Council and the Integrated Care Board.
- A comprehensive, person-centred pre-admission check is carried out by the clinical lead or senior nursing staff for all new residents prior to admission, to check the home can meet the person's needs.

6.2 Discharge and Hospitalisation

- The manager mentioned cases where hospitals sought to discharge patients to Hadley Lawns without the home having any previous knowledge of the person or information on their care needs.
- The manager advised us that, to avoid problems with inappropriate discharges and admissions, the home's deputy manager has started going to the hospital himself to meet the prospective resident. During these visits, he assesses whether the care home is able to meet the patient's needs, and asks the hospital what medication the person requires and whether this will be readily available on discharge.
- There was a case of failed discharge in December 2022, where a patient had to return to hospital shortly after arrival at the care home, as the Hadley Lawns staff could not meet their needs, and were not given enough information about them before their arrival.
- The home has its own set of 'Hospital Readiness' documentation, when a resident leaves to go to hospital they ensure this is filled in, printed out and kept with the patient.

6.3 DoLS & Power of Attorney

- The manager advised that the home applies for DoLS (Deprivation of Liberty Safeguards) in relevant cases. Applications are made in situations where the resident needs 24-hour care. At the time of our visit, eight residents had DoLS authorisations in place.
- There tend to be delays in receiving responses to DoLS applications from supervisory bodies. The home has an internal tracker which is updated as the process progresses and the team follows up with supervisory bodies regularly in order to obtain responses more quickly.

- Residents who do not have DoLS authorisations are free to come and go from the home, including in the evening or early morning. There is always someone at the front door to let residents in and out.
- Where a relative has power of attorney for a resident, and the resident has limited capacity, the home stills seeks the resident's opinion about their care arrangements. In some of these situations, staff have explained to relatives that it is still important for the resident to have choice where this is appropriate. Staff will seek to arrange a meeting with both the resident and the relative to discuss different options around daily care, and wherever possible will work to find solutions that both are happy with.
- According to the manager, residents have access to information that is understandable and translatable for their level of need.

6.4 Staffing: Retention

- The manager advised that, when recruiting permanent staff, she and the deputy manager carry out many of the interviews themselves, rather than delegating this task to agencies or less senior staff. She said that the effort which senior management make to be involved in recruitment, and form close working relationships with staff, is one of the important factors in maintaining high standards of performance and retaining staff.
- While interviewing a prospective member of staff, the management team ask questions regarding the principles of dignity within care settings to ensure incoming staff have an awareness that can be built on during training.
- Only two or three members of staff left the home during the last year. On average, agency care staff were being used for nine hours per week, with the rest of the work covered in-house
- The management team have recruited an additional 15% of staff cover above the operational hours to ensure adequate staff are available.

6.5 Staffing: Induction & Supervision

- The Manager told us that, for inexperienced staff, the induction process consists of three days of classroom-based learning for all job roles with an additional day for care, nursing and activities staff.
- For experienced staff, a two-day fast track induction is delivered, either face-to-face or virtually via video calls.
- After the induction, the staff are then supported in the service on shadow shifts.
- Staff supervision and appraisals take place at least four times per year, and in addition, the home holds 'lessons learnt' meetings where relevant.

6.6 Staffing: DBS

- The manager advised us that all staff members undergo an appropriate DBS check. Not all employees are currently signed up to the DBS Update Service, but there are employees allocated to overseeing DBS renewals. The staff

members whose DBS check is about to expire are contacted a month in advance to ensure compliance.

6.7 Staffing: Safeguarding

- The manager told us that the importance of residents' privacy and dignity is discussed with employees in the context of several subjects including safeguarding, dementia, stress and distress.
- Safeguarding training, which includes information on whistleblowing, is mandatory, and staff are required to complete it once a year. 96% of staff have an up-to-date safeguarding training certificate. Managers undertake safeguarding level three training.
- Staff are informed of practical safeguarding reporting processes via posters and discussions in huddle meetings.
- The home works closely with the Barnet Council Safeguarding Team.

6.8 Staffing: Training

- The manager told us that overall staff training compliance is currently at 92%.
- Bupa has an online e-Learning portal that staff can access remotely in addition to face-to-face training. Staff are required to complete an annual Care Certificate training, which covers a number of health & safety issues.
- Infection prevention and control training is provided to all staff at induction, and in ongoing updates. Staff are reminded and monitored for efficiency of infection control practices; this is also audited via the compliance framework on a monthly basis.
- Other training includes PECS (Picture Exchange Communication System) for dementia and Syringe Driver Training.
- The care home is in regular contact with the Barnet Council Care Quality Team, and they visit the home approximately every six months. The home hasn't been as engaged with Barnet Council Care Quality Team's training and events, partly because Bupa's central team provides various opportunities for support and training.

6.9 Staffing: Welfare

- The manager said that staff get a half hour break for every six hours of work. Staff have access to hot drinks and are provided with food from the kitchen in the same way as residents.
- There are staff and management 'get togethers' to show appreciation to staff and boost morale, for example there was a recent event featuring free pizza.

6.10 Personal Care: Care Planning

- The manager advised that the home is currently using Person Centred Software which requires that a person-centred, individualised care plan is created for every resident receiving care. The purpose of this is to ensure each resident's current needs and wishes are clear to those involved in

providing their care, and that evidence is recorded of needs being met and risks being reduced.

- At the beginning of their shift, each staff member is provided with a Person Centred Software device. When staff login, the device enables them to view details of residents' care needs, including any changes made during previous shifts. A handover meeting between shifts is also conducted.
- The manager informed us that residents are asked about whether they prefer to have male or female staff attend to their personal care needs.
- The management team checks whether the staff refer to residents by their preferred name, and that dignity is promoted during care interventions, for example by knocking on doors prior to entering.
- Residents and relatives are involved in monthly care reviews or when there is a specific need for changes to be made to the care plan.

6.11 Personal Care: Diet & Nutrition

- The manager advised that residents are weighed monthly. However, if residents are underweight, they will be weighed much more often and a GP and dietician will be involved in the management of their condition.
- Residents can eat in their room if they wish.

6.12 Personal Care: Clinical Treatment and Care

- The manager advised that a GP visits the home once a week, the district nursing team supports the home, and this 'works well', and the home can also ring 111 when needed.
- The home has recently changed their pharmacy to a provider whose delivery service is more efficient.
- A chiropodist and hairdresser come into the home regularly, and an optician visits periodically. The home is currently seeking an audiologist who can visit in-house.
- For dental care, some residents still go out to visit the dentist who they were seeing before they were admitted. Finding a local NHS dentist is a challenging as many practices are not accepting new patients.
- Pressure sore management is managed through the secure online system that Bupa use. Incidence of pressure sores has been reduced considerably since 2022. In part, this has been achieved through more careful management of admissions (making sure that the care home only admits residents whose care needs can be fulfilled). 95% of category 2 pressure ulcers in 2023 were healed due to regular repositioning, use of pressure relieving equipment and fortified diets. The home did not currently have any residents with category 3 pressure sores or above, apart from a small number of residents who were admitted with pressure sores which were being treated.

6.13 Personal Care: Additional Support

- The manager told us that one resident has learning difficulties and is working with an advocate. The NHS have refused to provide free non-emergency hospital transport to take this resident to their appointments. As a result, the home is currently covering the cost of the resident's transport, despite not having a dedicated budget for this.
- The care home does not have the budget to pay for individual mobility equipment such as electric wheelchairs, but staff direct relatives and residents to organisations who may be able to help them explore grant eligibility, such as Barnet Council. Staff also signpost relatives and residents to disability grant programs that may be able to help with wheelchairs such as the Disabled Living Foundation, Disability Rights UK and some local mobility aid companies that may offer finance options for equipment.
- When residents first arrive at Hadley Lawns, they are informed about the Dial a Ride and Taxicard assisted transport schemes. Where residents are already signed up to one of these, the support can continue. Otherwise, if residents are aged over 75 and have a physical disability, the home may support them to apply for an eligibility assessment. In addition, the home is in contact with a reliable taxi company with wheelchair access vehicles that residents are able to use at a cost.
- On an ad hoc basis, staff may signpost residents and relatives to local befriending schemes such as the Age UK Barnet, Independent Age and Volunteer Centre Barnet Befriending Schemes.

6.14 Residents: Activities

- The manager said that there have been recent improvements in the activities offer. Previously there were activities two days a week, since October this has increased to six days a week. She said that there are two Activity Co-ordinators, with the second having been recruited recently, and between them they cover 9am to 5pm, Monday to Saturday.
- There are different activities available on different days – dominoes, music, dancing, singing. The two Activity Co-ordinators lead on this, they are seeking to find ways to include the upstairs residents more in activities.
- There are also some one-to-one activities offered to residents.
- The manager told us that the home has been finding ways to celebrate different religious festivals, in a way that many residents can enjoy. For example, Hanukkah was celebrated at Hadley Lawns and a staff member provided an electric Hanukkah candle. There are also Diwali celebrations planned.
- A Church of England minister is invited to visit the home, but their availability has been inconsistent.
- The team seeks to arrange some activities that people with dementia can join in with, including singing and dancing. When outside entertainers come in,

they go upstairs as well as downstairs, and less mobile residents have the opportunity for them to come in their room if they wish.

6.15 Involvement and Feedback

- The manager informed us that surveys of residents and staff members are carried out twice a year. Residents give feedback more informally on a daily basis and this is recorded on Bupa's secure online system.
- There are quarterly meetings where residents and relatives can give feedback, the most recent one was in September 2023.

7. Staff Interviews

During the visit we interviewed three staff members, working in various roles.

7.1 Staffing

The staff we spoke with appeared to be in good spirits, and described the home as a 'friendly, family' environment.

We were informed that under the new management, improvements to teamwork and communication have been made. Staff members described the manager positively as approachable and supportive and provided examples of being allowed time off for health and family matters.

We were informed that training takes place online, and that staff are paid for study time. Various staff mentioned completing training in safeguarding, autism awareness, fire safety, manual handling and food hygiene. Staff gave us differing intervals for supervision and appraisal.

Selected Comments:

Working Environment

"I am happy here, it is a small home with lots of teams working - everybody is happy here and people stay."

"I can't go because I feel like family now."

"It's nice and friendly, there's not really anything negative - we work as a team."

"Normally in this job there's lots of changes - it is better now with the new management, there is more teamwork and better communication. I have been here a long time."

Support for Staff

"The manager is very nice."

"Yes, I have a good relationship with the manager."

"Everything is fine at the moment, I get time off for medical appointments and if time off is needed it is given."

“I have been able to take longer periods off (including recently) if I have health or family issues.”

Staff Training, Supervision and Appraisal

“It's good, I've done my level two NVQ, and I've learned a lot here.”

“I would like to do dementia training and refresher training.”

“I have supervision every six months and appraisal is every year.”

“Supervisions are every three months, appraisal I'm not so sure.”

Staff Cover and Turnover

“Staffing levels - it depends, sometimes there's enough staff and sometimes we're short staffed. It's alright, we can manage.”

“There are some new staff, but not too many leaving.”

“There are fewer agency staff now.”

“Some staff have left and returned.”

7.2 Safeguarding and Complaints

We were told that safeguarding incidents 'would be reported immediately' to either a line manager or directly to the manager. Staff members told us that they would escalate concerns and complaints to the manager.

Selected Comments:

Safeguarding

“If someone mistreated a resident, I would talk to the line manager or manager. I haven't known of a safeguarding incident since being here.”

“I would report this immediately - we have not had a safeguarding here in six years.”

Complaints

“If someone had a concern or complaint, I'm really hearing them what they're saying then I will go to manager.”

“I would talk to a senior member of staff or to the manager.”

7.3 Personal and Clinical Care

Care planning is digitised, with staff members having varying levels of access and responsibility. According to staff, residents with capacity have access to their care plans and they can also choose whether to share with relatives.

On personal care, the staff informed us that mornings at the care home are very busy which means that most of the interactions with residents take place in the afternoons. The importance of personal involvement and choice was highlighted,

with various examples given – such as taking time when providing personal care or asking residents about their preferences.

No issues were reported with clinical treatment and care. One staff member greatly complimented community nurses and doctors.

Selected Comments:

Care Planning

“Care plans are on paper and online. We are told details, risk assessments are carried out, plans are updated. Senior carers and nurses update the care plans and do assessments.”

“Where residents have capacity they have access to their care plan, as do their family members.”

“If sharing care plans with family, firstly we ask residents about their choices.”

Personal Care

“The morning is very busy, but we have more time to interact with the residents in the afternoon.”

“For privacy, windows and curtains are closed. When carrying out personal care we ask people about their likes and dislikes - we don't impose time restrictions (one resident may take one hour whereas another takes 20 minutes). Restrictions are not good for residents.”

Clinical Care

“No issues - the community nurse and the doctors always help.”

“For any health needs or concerns, residents are mostly taken to the nurse or senior care assistant. We will report any changes.”

7.4 Residents

A staff member informed us that there is now more choice regarding available activities with residents and staff able to make suggestions. We heard that staff also like to participate – in a game of dominos or a singing session, for example. While the activity offer was widely praised, one staff member mentioned they felt there was a level of boredom among some residents. We were told the home has an in-house multi-faith session, and there are currently no outside visits to places of worship.

Overall, a positive atmosphere was described, with new residents introduced upon arrival, and a number of residents having frequent visitors.

Selected Comments:

Activities

“We're doing more activities now, music and everything. Before not so much. There are two Activity Co-ordinators. The music is very interactive, and they take resident requests.”

“In the summertime we have trips to the seaside, and we have religious groups come into the home.”

“The staff also enjoy the activities – we get involved and do things with the residents for example dominos and singing. We suggest things too.”

“To encourage residents and bring them together we offer a cup of tea etc. We utilise communal spaces and some prefer activities during dinner as it’s quieter.”

“Sometimes a church service happens here.”

“Residents don’t go outside to places of worship. One resident did have this, but she passed away.”

“Residents could be given more things to do, sometimes they feel bored.”

7.5 Involvement and Feedback

Staff members advised that regular residents and relatives meetings take place at the home.

Selected Comments:

Meetings

“There are relatives and family meetings - the last one was two months ago.”

“Relatives express what they want at meetings, and they advocate well for themselves.”

8. Glossary of Terms

CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguards
PECS	Picture Exchange Communication System

9. Distribution & Comment

If you have any comments on this report or wish to share your views and experiences, please contact us:

Healthwatch Barnet, Independent Living Centre, 7 Bristol Avenue, London, NW9 4BR

 020 3475 1308

 info@healthwatchbarnet.co.uk

 www.healthwatchbarnet.co.uk



healthwatch Barnet

Independent Living Centre, c/o Barnet & Southgate
College, 7 Bristol Avenue, London
NW9 4BR

www.healthwatchbarnet.co.uk

t: 020 3475 1308

e: info@healthwatchbarnet.co.uk

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