healthwatch Barnet

Enter and View Visit Report – **Abbey Ravenscroft Park Nursing Home**	
Name of Establishment **Name of provider:**	Abbey Ravenscroft Park Nursing Home 3 – 6 Ravenscroft Park Barnet, Herts, EN5 4ND Abbey Total Care Group
Date & Time of visit	Friday 29th November 2019 at 10.30am
Names of Healthwatch authorised representatives involved in visit	Mr Derrick Edgerton Mr Jeremy Gold Mrs Linda Jackson Mrs Marion Kafetz
Staff met During Visit:	Evelyn Umamaheshwaran (Manager)

Executive summary:
Abbey Ravenscroft is situated in a quiet and scenic location in a leafy part of Barnet. It has a welcoming and homely feel to it.
Staff we came across were friendly and welcoming and the relatives we spoke to were complimentary about the home. The environment was clean, dementia friendly and well maintained.
The team came away with the impression that the home cares for the residents well. Some concerns were expressed by the manager, including the provision of transport for residents to attend OPD appointments. These are referred to with more details in the report.

Introduction/General Information:
Our Enter and View team visited this home as part of Healthwatch's planned series of visits to Care/Nursing homes in Barnet.
This is one of eleven homes within the privately-owned Abbey Total Care Group, all based around the London area. This home currently has 64 rooms (some double) with space for 67 residents (at time of visit 58 residents) but is having an additional 10 rooms built on. It offers mainstream and dementia nursing care. The home is made up of a series of houses that have been converted. Each of the three floors has a

lounge/dining area and there are *two* lifts between the floors.
Currently there are building works, adding 10 rooms and an enclosed conservatory.
The ground floor (currently 28 rooms) is for mainstream nursing care, first floor (currently 24 rooms) and the second floor (currently 12 rooms) for mainstream and dementia nursing care.
During the visit the team talked to 3 staff (other than the manager) and 6 relatives/residents.

Care Planning:
This starts with a detailed assessment of the potential resident using information from the individual, relatives, medical and social services as relevant. Accessing information has apparently become more difficult since the introduction of GDPR, this may be due to a misinterpretation of these regulations. Plans are reviewed monthly or more frequently if required.
There were, at the time of the visit, 32 DoLS in place. Assessment was quick, but the issuing of the official result took time. Several local authorities were handling applications.
Care plans were not readily available to residents or their relatives.
We were informed that if individual residents developed behavioural issues over time, that would be addressed. Only in extreme circumstances would a resident be asked to leave (this has not happened yet).
At the time of this visit one resident was receiving 1 to 1 care.
Concern was expressed about residents returning from hospital with initial signs of tissue ulcers. If that individual was readmitted to hospital, this was raised as a safeguarding issue against the home. Actions to overcome this were discussed and included discussion at the Barnet Care Home Managers meeting, through the Barnet Quality Team, making more use of "body maps" to record these occurrences and raising the issue with the relevant individual at the hospital.

Management of Residents' Health and Wellbeing:
Residents are encouraged to eat meals in communal areas, but some choose to stay in their rooms. All rooms have ensuite WC and wash basin, but some do not have a shower. There are shower/bathrooms on each floor, and these are equipped with suitable aids.
Use is made of MUST (Malnutrition Universal Screening Tool) and this information is recorded.
All the residents we saw were well dressed and looked cared for.
There were numerous wall hand cleaning stations located around the premises.

A chiropodist attends regularly, and a dentist or optician attends annually or as required. A local GP attends weekly or when called. Residents are able to keep their own GP if that GP is willing to visit.
The majority of the doors to the residents' rooms had the residents' picture and name on. Residents can personalise their rooms. Some rooms had notices displayed from relatives indicating likes and dislike.
There was a call system in each room linked to the carers/nursing station, with an indicator light above each door.
Response times of Tissue Viability Nurses to attend was raised. This was accompanied by concerns being expressed about residents being discharged from hospitals with indications of ulceration which is then reported as a safeguarding issue against the home. It was suggested that this be raised at the home managers forum to see if this is occurring elsewhere. The Healthwatch team also suggested greater use of "body maps" to record such events.

Staff:
There is a nurse based on each floor all the time. Between 7.30am – 7.30pm floors 1 and 2 have 6 carers, floor 3 has 3. Between 7.30pm and 7.30am this reduces to 3 and 2. There is a scheme that allows carers to become more skilled and knowledgeable, namely *Continuing Healthcare Training*. This allows career progression for the carers.
Initial induction training is provided in-house by the parent company. The subjects that are mandatory are covered as required by trainers in-house. External trainers are bought in as required to cover more specialist areas (e.g. syringe drivers).
A member of staff spoken to, was happy with the training received.
In addition to the carer and nursing staff, there are catering staff, admin staff and Activity Coordinators.
We were told, that at no time, had agency staff been used, only bank staff. This resulted in a good team spirit being generated, which was commented on by some relatives.
There had been a higher turnover of staff than had been seen before. We were told it was as a result of more competitive salaries elsewhere. This had been recently resolved.
Staff had supervision every 2 or 3 months. Carers with Senior Carers, Senior Cares with Nurses and Nurses with the manager. Annual appraisals were carried out.
Relatives felt, that overall there were sufficient staff around.

Activities:
There were 3 Activity Coordinators that worked Monday to Friday 10am – 4pm with one working Saturday. We observed chair based physical activity occurring. We were told that outings are arranged, and, during the summer, activities take place in the garden. Residents that stay in their rooms are visited regularly.
We were told that there were only a few activities at the weekend but were told that this was the time many relatives visited.
Residents do not have access to the door codes so cannot leave the premises without an escort, which can sometimes be difficult to arrange.
We did not see a specifically designated dementia lounge. Whilst the walls had some pictures on them, we saw no dementia friendly clocks (large clock face with day and date).

Food:
Food is prepared on the premises (kitchen in basement). The residents make their choice the previous day from a 4 weekly recurring menu. Alternatives are always available. There is a pictorial menu. From what we saw, the food was well received.

All types of diet were catered for. The pureed food is no longer moulded, just separated by colour.
Individual preferences are taken into account. Assistance with feeding was given if necessary.

Engagement with Relatives/Residents/ Carers:
The relatives spoken to, however briefly, stated that they were satisfied with the care and consideration given to the residents (one stated staff "were lovely"). There are "relative" meetings every 3 months to which residents can also attend. It was said that resident meetings, without the presence of relatives are of little value.
Some, but not all relatives were aware of care plans and what was in them, but one said they were consulted when changes were made.

Compliments/Complaints/Incidents:
The complaints procedure seemed a bit lengthy and possibly needs reviewing.

Recommendations:

Care Home

1. Make care plans accessible to residents and where appropriate relatives.

2. Liaise with relevant individuals and organisations to improve communication between hospitals and care homes with regards to tissue viability issues.

3. Review complaints procedure.

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4. The home sent "Red Bags" with residents when admitted to hospital, but these were rarely returned on discharge. Discharges often happened at inconvenient times for the home (e.g. late evening). These to be raised with CCG.
5. The provision of transport for residents to and from Outpatient appointments. Alternative arrangements are difficult for the home to make if the residents relatives are unavailable.
6. Time taken for DOLs to be issued after the assessments were carried out was a concern.

Response from Abbey Ravenscroft Park Nursing

- I have already taken action with staff to liaise with relatives to discuss about the care plans on the residents' admission.
- Complaints procedure has been reviewed as per your suggestion.
- May I remind you the home has 64 rooms at present with space for 67 residents. (Including 3 double rooms.)

Thank you for your recommendation.

DISCLAIMER: *This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date, and those who completed and returned questionnaires relating to the visit.*