

ENTER & VIEW REPORT

Catherine Lodge Care Home



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1 Summary

Service visited: Catherine Lodge Care Home, 36-42 Woodside Park Road, London, N12 8RP

Manager: Noreen Stimpson

Date and time of visit: 11am-3.30pm, 12 December 2023

Status of visit: Announced

Authorised representatives: Alice Markham (lead), Marion Kafetz, Daria Duda

Healthwatch Barnet would like to thank the Catherine Lodge team for their support in arranging our Enter and View visit. During the visit we engaged with five residents, six visitors, a staff member and the manager (13 people in total). This report is based on their collective feedback, plus notes and observations made during the visit.

The residents, relatives and friends we spoke to described staff as friendly, responsive and kind. We observed a number of areas of good practice, including personalised care, a wide range of activities, and good use of volunteers. Areas where improvements could be made include the provision of outside trips. We note that the Covid-19 pandemic made it challenging for care homes to arrange outside trips, and that as a result homes may be in the process of restarting outside activities.

Environment

What worked well?

- Residents and relatives described Catherine Lodge as warm, homely and well-maintained. Two interviewees mentioned that the home is very clean.
- We observed good examples of dementia-friendly décor, including photos of residents on the doors to their rooms.

Activities

What worked well?

- Catherine Lodge has a well laid-out conservatory, which residents use for socialising and activities. There are three lounges off the conservatory, with double doors. The residents and relatives we interviewed described the communal areas as warm, homely and well-maintained.
- Activities mentioned by residents and relatives included games and general socialising, in-house faith services and visits from schoolchildren.
- A number of relatives and residents commented on the positive effect of the home's many activities and sociable atmosphere. One resident told us 'I've made many friends here'. Another interviewee said 'I think the stimulus of other people has hugely improved my [relative's] health'.
- The home makes good use of volunteers - during our visit we observed a session with children from a local secondary school, St. Michael's - we were told this takes place on a weekly basis. Staff told us that the children provide companionship to the residents, help with mealtimes and sometimes perform concerts.

- The manager said the home receives visits from a local primary school, North Side, a toddler group, and a mothers' and daughters' group. Staff also advised that the programme of activities includes sensory sessions with residents.

What could be improved?

- One interviewee said that, while the busy activity rota is very positive, it would be nice to have a little time without scheduled activities, to allow people to sit around and chat to fellow residents.
- One relative said they felt the school visits could be more effective.

Garden and outside visits

What worked well?

- The home has a large garden, which was well-kept.
- One resident told us that they usually go out to see friends once a week, and staff are happy to help them to get ready to go out. This person also commented that when the weather is nice staff help them into the garden.
- Our visit took place during the winter. Staff told us that, at this time, residents did not wish to use the garden very much due to the cold weather. However, staff advised that residents use the garden much more often in the summer months, and are assisted to do so.

What could be improved?

- As noted above, the Covid-19 pandemic made it challenging for care homes to arrange outside trips, and as a result homes may be in the process of restarting outside activities. Some interviewees said there were limited opportunities for outside trips. Also, that there could be more assistance from staff for less mobile residents who weren't able to use the garden independently.
- While one resident gave us positive feedback about staff supporting them to go outside the home, another interviewee said, unless they intervened, it was not always easy to arrange for staff to assist their relative with going out of the home.

Food

What worked well?

- Residents, relatives and friends made positive comments about the meals provided in the home.
- During lunchtime, we noticed that residents were given a choice of food.

Personal care

Notes

- The manager advised that the home would be moving from paper-based to electronic care plans in early 2024.
- Several relatives, friends and residents commented on their involvement in care planning, with one relative reporting that 'we are always notified what is going on'. Another person said 'it's not a routine thing that we would be asked for input, but if we raise something.. a plan of treatment does get set up'. A third interviewee said that they weren't aware of the contents of the care plan, and were waiting for a discussion about it.

What worked well?

- Many of the residents, relatives and friends we spoke to described care staff as friendly, responsive and kind.
- Three residents mentioned areas where they were able to exercise choice – two talked about getting up when they wanted in the morning, and another said that staff listened to their preferences about whether they wanted to eat in their room or the dining hall on a given day.
- One resident commented that ‘the care is very good’ and another said ‘[staff] gave me a beautiful cake on my birthday yesterday’.
- Relatives and friends also praised the care which residents received, with one interviewee saying ‘my [relative] is well cared for’, and another commenting that ‘nothing is too much trouble’.
- Relatives described excellent support for visiting.
- Several relatives told us that they were aware of the complaints process, and that they would feel comfortable to speak to staff or the manager about any concerns.

What could be improved?

- In relation to privacy, one resident told us that staff knock and wait before entering their room. However, immediately after our arrival a senior member of staff tried to show us the bedroom of a resident and did not knock and wait for an answer, but just walked in; we did not follow them into the room.

Clinical care

Notes

- The manager told us that staff take hygiene very seriously, and that the home did not have any resident deaths due to Covid-19 during the pandemic.

What worked well?

- The manager advised that Catherine Lodge has been given a Platinum Award for end of life care.
- The majority of relatives, friends and residents told us that they were confident about being able to report medical issues, and that appropriate treatment and care would be received.
- One resident reported being supported to put on weight, and another that they were receiving help with adapted exercises.
- Two interviewees reported that their relative’s mental health had improved since moving into the home; one of these said that their relative was experiencing less anxiety in relation to their dementia.

Staffing

What worked well?

- The staff member we spoke with was satisfied in their role and appeared to have high morale; they said that retention levels were good, and that many staff members had ‘stayed for years’. They also commented on good levels of teamwork, and felt that staff numbers were sufficient.

What could be improved?

- The manager told us that 75% of staff were DBS checked within the last 36 months.

Deprivation of Liberty Safeguards (DoLS)

Notes

- At the time of our visit, 14 of the home's residents had DoLS authorisations.
- The manager told us that, after the home submits applications for DoLS authorisation, there are often extended delays of several months before they receive a response. This is problematic from the perspective of resident care, and also means that the home cannot receive certain payments until the DoLS issue is resolved.

What worked well?

- The manager advised us that the home only applies for DoLS authorisations when there are specific reasons to do so.
- The manager also said that residents who do not have DoLS authorisations, and therefore have capacity, are given the code for the front door keypad. One or two residents go out shopping.

NHS care and hospital discharge

Notes

- We note that care homes have a key role to play in arranging residents' access to outside medical care. This role is becoming increasingly important and challenging in the context of increased difficulties with accessing primary and secondary care.¹
- On a positive note, the manager told us that very good support is provided to the home by the One Care Home Team and the Rapid Response Team, both of which are part of Central London Community Healthcare NHS Trust.

GP access

- The manager advised that, before Covid-19, the home had a private contract with a GP who visited weekly. She said residents are now registered with Speedwell GP Practice, but weekly visits no longer happen.
- Some interviewees reported positive experiences with access to medical appointments, with one person saying this is 'all taken care of' and another saying '[Catherine Lodge] have healthcare access in no time from doctors and nurses'.
- However, a couple of people reported challenges with GP access. One interviewee said that their relative went to Accident and Emergency (A&E) and had a long wait, but received no diagnosis. They felt that if in person visits from the GP were available, this might have been avoided.
- Another interviewee said they requested in person GP appointments, but their relative is only receiving phone calls.

¹ See, for example, British Medical Association June 2024 'Pressures in general practice data analysis' <https://shorturl.at/ElguG> accessed 10 July 2024.

Dentistry

- Staff said it can be difficult to access NHS dentistry, as many practices are not accepting new patients. We note this is a national problem.²
- One interviewee said their relative has limited mobility and struggled to access dental care, partly because of the challenges of arranging an outside trip.

Hospital discharge and care

- The manager advised us that there have been incidents of the home receiving inaccurate information from hospitals about prospective residents. Occasionally, in such cases there are newly admitted residents who return to hospital immediately, as the home cannot meet their needs.
- The manager said staff check for pressure sores when residents return from hospital; one resident was eating solids when they went to hospital, but on their return needed liquid food.

Key points - good practice:

Some important areas of good practice that Catherine Lodge is already implementing:

- **Activity Co-ordinator:** a dedicated member of staff carries out this role. Residents told us the activities help them make friends; two interviewees said their relatives' mental health has improved since moving in.
- **Volunteers:** staff said there are weekly visits from a secondary school, plus visits from a primary school, a toddler group, and a mothers' and daughters' group.
- **Partnerships:** the manager told us about two collaborations – the first with King's College Dementia Research Group, and the second with a study on dentistry, both of which are promoting learning and best practice.
- **Visitors:** relatives and friends reported excellent support for visiting.
- **Deprivation of Liberty Safeguards (DoLS):** the manager advised that residents with capacity are given the front door code.

² See, for example, BBC News 14 July 2023 'NHS dentists: People having to drive hundreds of miles "unacceptable"' [bbc.co.uk/news/health-66167563](https://www.bbc.co.uk/news/health-66167563) accessed 10 July 2024.

2 Recommendations

We recommend:

1. Outside trips: the home looks for ways to support residents to make outside trips, including through Dial-a-Ride, Taxicard, organised trips, and ensuring staff are available to help residents get ready to go out.

Response from care home: *the residents make outside trips:*

One female resident goes to the community center twice a week.

One female resident goes to French lessons once a week.

One female resident goes out every day for shopping & coffee.

One male resident goes to the Leisure center for swimming and a jazz club for dancing.

One male resident goes out fishing with his son.

2. DBS: staff who have not been DBS checked in the last 36 months are checked urgently, and the home considers signing staff up to the DBS Update Service.

Response from care home: *DBS has been checked for all the staff who have not been checked for 36 months.*

3. Privacy: the home implements a default process of knocking and waiting for a response before entering a resident's room. Where there are practical barriers, for example a resident is hard of hearing, this should be discussed with the resident and wherever possible a mutually agreed plan put in place.

Response from care home: *the home implements a privacy policy and staff are aware of knocking and waiting for a response before entering the resident's room. Where there are practical barriers, for example, a resident who is hard of hearing, staff make sure that she/he wears her hearing aid, and uses sign language if needed. Staff have constantly been reminded about this policy during handover, staff meetings, and supervision.*

For effective communication, we will put in place this agreed plan to be acknowledged and signed by the staff.

4. Environment and routine: the home considers discussing with residents whether they would like a raised bed to grow plants; and considers offering a few breaks between activities for residents to chat.

Response from care home: *we will bring up this issue in our next resident meeting this July 2024.*

3 Our approach to Enter and View

3.1 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. The report outlines good practice observed during our visit and gives recommendations on what could be improved. All reports are available to view on our website.

3.2 Safeguarding

If safeguarding concerns arise during a visit, we will report them in accordance with our safeguarding policies. In advance of the visit, our 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.

3.3 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.

3.4 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.

4 About the visit

4.1 Catherine Lodge Care Home

On 12th December 2023 we visited Catherine Lodge Care Home, a residential care home in Barnet.

Catherine Lodge is a privately-owned care home, providing residential care for adults aged 65 and over. The home also provides specialist care for dementia, mental health conditions and sensory impairments. At the time of our visit Catherine Lodge had 38 residents; the home can accommodate up to 39 residents, and has 33 staff.

4.2 Care Quality Commission (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.

Catherine Lodge was last inspected by the CQC in January 2021. The inspection report gave a rating of 'Good' overall, with individual ratings of 'Good' for all five criteria (effective, caring, responsive, safe and well-led).³

4.3 Purpose of the visit

Enter and View visits enable Healthwatch Barnet to form an impartial view of how a service is operated and how it is experienced by residents, and to produce a report.

5 Environment and observations

5.1 General environment

- Our authorised representatives noted that the home has a large garden, which appeared well-kept. The conservatory was warm, with chairs facing each other - allowing for socialising and communality.
- There was a photo of each resident on the door to their bedroom – we understand this has been done to help residents with dementia to navigate the home.
- We visited two residents' rooms, and both contained few personal items.
- On safety, we noted that emergency pull-chords and intercom stations had been installed.
- The main door was locked, and required key-code entry. The manager told us that residents with capacity have the code.

³ CQC, 25 February 2021, 'Catherine Lodge Care Home Inspection Report' [cqc.org.uk/location/1-109581159](https://www.cqc.org.uk/location/1-109581159) accessed 10 July 2024.

5.2 Mealtimes

- One of our authorised representatives observed during lunchtime, and noted that residents were given a choice of food, and the chef offered alternatives where necessary.
- During this meal, the deputy manager told us that if food was left on the plate, staff would offer encouragement for residents to eat a little more.
- In the course of the lunch we observed, two or three staff members assisted residents, in some cases giving them help with eating.
- The menu noticeboard had large, accessible lettering.
- A few of the residents received lunch in their rooms - staff advised us that this was the choice of the residents.

5.3 Observation: activity session

- At around 11am our authorised representatives observed the activity lounge and communal space. On entering this area they felt there was a pleasant atmosphere, it was busy and jolly, yet also had quiet spaces and relatives visiting.
- There was an exercise session, attended by 14 residents, with others sitting at the back of the room. The Activity Co-ordinator threw balloons into the circle of residents, who used their hands or feet to send the balloons back. Residents seemed to be enjoying themselves and there were smiles.
- Later on, a small group of students from a local secondary school came and joined in the activities, and chatted to the residents. Staff advised us that these children visit on a weekly basis.

6 Interviews with residents, relatives and friends

During our visit we carried out interviews with five residents, and six relatives and visitors.

6.1 Staffing

Many of the residents, relatives and friends we spoke to described care staff as friendly, responsive and kind. Relatives told us that they found the home to be welcoming and accommodating, with good levels of support for visiting.

Selected Comments

Residents: positives

"The staff are friendly and responsive. Nice people."

"I've never been treated badly, or mistreated by staff - that sort of thing does not happen here."

Family and friends: positives

"They're so attentive to what people need. All I see is patience and kindness and respect. Don't hesitate if you are offered a place here!"

"It's great here, we know all of the staff. We can visit any time - day or evening, there's lots of us visiting and they're very welcoming and accommodating."

6.2 Personal care

In relation to personal care, three residents mentioned areas where they were able to exercise choice – two talked about getting up when they wanted, and another said that staff listened to their preferences about whether they wanted to eat in their room or the dining hall on a given day. One resident commented that 'the care is very good' and another said '[staff] gave me a beautiful cake on my birthday yesterday'.

Relatives and friends also praised the care which residents received, with one interviewee saying 'my [relative] is well cared for', and another commenting 'nothing is too much trouble'.

Several relatives, friends and residents commented on their involvement in care planning, with one relative reporting that 'we are always notified what is going on'. Another person told us 'it's not a routine thing that we would be asked for input, but if we raise something.. a plan of treatment does get set up'. A third interviewee said that they weren't aware of the contents of the care plan, and were waiting for a discussion about it.

Selected Comments

Residents: positives

"I like to get up very early and the staff facilitate it. Privacy is respected – staff will knock on the door and wait for an answer."

"They gave me a beautiful cake on my birthday yesterday. The staff agree with you, they might say 'why don't you join for dinner' but they will listen."

Family and friends: positives

"The staff spend time with my [relative], whenever I come there are people with them. Yes, I received the care plan."

"The staff really make it here. The place is not luxurious but it is cosy and homely. It's a bit jumbly but the level of care since my [relative] moved in has been superb. Nothing is too much trouble - they care for each individual and it is very personalised. Care planning - we are always notified what is going on and we are liaising with them. I have financial power of attorney."

“The home is marvellous and I can sleep peacefully at night, knowing that my [relative] is well cared for.”

“With the care plan, it’s not a routine thing that we would be asked for input, but if we raise something – my [relative] had a [health issue] - a plan of treatment does get set up.”

Family and friends: negatives

“My [relative] would like to chat more with the staff.”

6.3 Clinical care

The majority of interviewees said that they were confident about being able to report medical issues, and that appropriate treatment and care would be received. One resident commented that they had been supported to put on weight, and another that they were receiving help with adapted exercises.

Two interviewees said that their relatives’ mental health had improved since moving into the home; one of these said that their relative was experiencing less anxiety in relation to their dementia. On the whole, we heard that communication about healthcare between the home, residents and relatives is good. One relative said that previously they were not being informed about hospital updates by the home, but since they raised this issue with staff they are now being kept in the loop.

We note that there are currently national challenges with access to primary care.⁴ In our interviews with relatives and residents, one interviewee said that while phone consultations take place with the GP, it has not been possible to arrange an in person meeting, despite requesting this. Another interviewee said that their relative had to go to Accident and Emergency (A&E) and wait for a long period to be seen, but received no diagnosis. They felt that if in person visits from the GP were available, this might have been avoided.

Two interviewees highlighted difficulties with arranging to see a dentist, and in one of these cases this was linked to the challenges of arranging an outside trip for a resident with limited mobility.

Selected Comments

Residents: positives

“If I felt unwell I’d tell my [relative] and they would tell staff. There are no issues with medical appointments – all taken care of. Since I moved in, they’ve balanced my medication better and I’ve put on a bit of weight, they’re monitoring it.”

“I do my leg movements and I have a long rubber sponge to help with my legs. I do special press ups.”

⁴ See, for example, British Medical Association June 2024 ‘Pressures in general practice data analysis’ <https://shorturl.at/ElguG> accessed 10 July 2024.

Family and friends: positives

“Here they have healthcare access in no time from doctors and nurses. With the other home - my [relative] was there for two months and no one saw them. We couldn't get a doctor. Since being here, my [relative] has gone from pureed to solid foods. I really think my [relative] has mentally turned a corner.”

“The staff are really good and keep us updated about medication changes.. I think the GP here is good.”

“Before coming here, my [relative] was experiencing a lot of anxiety related to their dementia, but since being here their condition is much improved.. residents get weighed regularly.”

Family and friends: negatives

“There are phone calls with the GP when health issues come up. My [relative] hasn't been able to meet the GP [in person], but we asked for this.”

6.4 Diet, activities and religious needs

Several interviewees made positive comments about the food provided, and we did not receive any negative feedback on this.

A number of relatives praised the activities on offer at the home. Activities mentioned included games and general socialising, in-house faith services and visits from schoolchildren. Several interviewees commented on the positive effect of the home's sociable atmosphere. One resident told us 'I've made many friends here'. Another interviewee said 'I think the stimulus of other people has hugely improved my [relative's] health situation'.

As noted above, the Covid-19 pandemic made it challenging for care homes to arrange outside trips, and as a result homes may be in the process of restarting outside activities. While we received very positive feedback about the activities on offer in the home, some interviewees commented that there were limited opportunities to leave the home for outside trips, and for residents with limited mobility to use the garden. While one resident gave us positive feedback about staff supporting them to go outside the home, another interviewee said that, unless they intervened, it was not always easy to arrange for staff to assist their relative with going out of the home, and that they felt the school visits could be more effective.

Two people said that there was restricted space in the communal areas, and this can limit participation in exercise based activities, but this concern was not raised by any of our other interviewees. Another interviewee commented that while the busy rota of activities was a positive thing, it would be nice to have a little more time without scheduled activities, to allow people to just sit around and chat to fellow residents.

Selected Comments

Residents: positives

"I spend a lot of time with the other residents – I've made many friends here. Family also visit often. I go out about once a week with friends (to lunch etc.) and staff are happy to help get me prepared. They're co-operative.. when the weather's nice they also help me into the garden."

"They don't make me eat baked beans!"

"I think they might do some stuff in the shed in the garden - I might get involved.... on the religious side, the church comes in and does a service, it's a Catholic service every Wednesday. They cater for other religions too."

Family and friends: positives

"There are a lot of activities that appeal to different people. Loads to do! My [relative] benefits greatly from being in the lounge with people around them, there is a good balance of engagement."

"Before we'd come and play dominos in the evening and meet the other residents, there's a lot of characters here. St. Michael's school comes in and there's lots of activities."

"I really think they have brought my [relative] back from disengagement. They really respect privacy. I thought my [relative] would want to stay in their room and not socialise. They lived alone for many years were very isolated. Now my [relative] has gotten used to the environment with other people. I think the stimulus of other people has hugely improved my [relative's] health situation. There is busyness going on around them like a big family. This has rubbed off on them. Recently the rugby was on and we asked my [relative] if they wanted to watch it in their room to make sure they weren't disturbed – my [relative] said they preferred to be downstairs watching the rugby even if they ended up missing it. Now my [relative] seems really happy."

Family and friends: negatives

"I think residents could be supported more to use the garden, there's a reluctance from staff to help the residents with mobility issues with more challenging moves."

"I'd like to have more help from the staff in arranging for my [relative] to get out, which is not always made easy, but staff are generally helpful when prompted... there are volunteers (school children) coming from a nearby Catholic school, the care home could be making a better use of them, engaging them more with residents."

6.5 General environment

Interviewees described Catherine Lodge as warm, homely and well-maintained. Two interviewees mentioned that the home is very clean.

One relative said that, in their opinion, due to accessibility issues, certain communal areas such as the green lounge cannot be used by many residents. We discussed this point with the manager, and they advised that most residents prefer to spend time in the conservatory and other lounges rather than the green lounge. The manager went on to say that the green lounge is mainly used by residents for reviews and meetings with official visitors, and is accessible for all residents including five wheelchair users, who are supported by staff to enter the room via a ramp.

Selected Comments

Family and friends: positives

“They have done well within the confines of an old building like this. It is always spotlessly clean and they're always cleaning as they go. It's really been a warm welcome and amazing.”

“There are chairs in my [relative's] room, we can sit with them when we visit. It's very nice here and it's very homely, it's not a sterile or cold environment. It's well maintained, there's a new carpet and now they're painting and replacing blinds.”

“This home is better maintained than the previous one that my [relative] was in.”

Family and friends: negatives

“Because of the access issues, some parts of the home, like the green lounge aren't really being used. There might be ramps, but I don't feel there is enough help for residents with bad mobility.”

6.6 Feedback and complaints

Several relatives told us that they were aware of the complaints process, and that they would feel comfortable to speak to staff or the manager about any concerns. Another interviewee complimented the home's quarterly newsletter.

Selected Comments

Family and friends: positives

“We have a catch up and [staff] are always available to speak to. If I had a concern I would immediately speak to the manager and staff at the home.”

“There's a quarterly newsletter and it's full of pictures of the residents' activities – it's a nice touch.. if I have any issues or complaints I'm comfortable in talking to the acting manager. Yes, they've told me about the complaints process, I've got the paperwork.”

7. Management interview

We interviewed the care home manager, who had been in post for 44 years at the time of our visit. The following section is a summary of what was reported to us during this interview, with additional information from a pre-visit questionnaire.

7.1 Referrals

- The manager advised us that many of the referrals the home receives are for people who are in hospital. After receiving these referrals, the home gets in touch with the hospital and does an assessment.

7.2 Staffing

- The manager told us that most staff training takes place online, but bed-care and manual handling training is done in person. Carers complete a care certificate.
- 75% of staff were DBS checked within the last 36 months.
- There is a staff flat at the top of the building.
- The home informs the local authority about any staff leaving or joining.

7.3 Volunteering

- The manager advised that the home does make use of volunteers, and has connections with schools in the area which go back years. Children from a local secondary school, St. Michael's, come on group visits where they provide companionship to the residents and also help with mealtimes. Sometimes the children perform concerts in the home.
- The home also receives visits from a local primary school, North Side, a toddler group, and a mothers' and daughters' group.

7.4 Personal care

- The manager told us that when a new resident is admitted, the home creates a care plan for them, which is then formally updated on a monthly basis.
- A mini care plan, including a report from that day, is left out for night staff each evening. The home will move to electronic care plans in early 2024, a digitisation project is underway.
- We viewed one sample care plan file, in which the latest entry was two months (rather than a month) old. The manager advised us that this was an isolated instance where the information had been updated but hadn't yet been printed.
- Once residents are admitted, they tend to stay in the home rather than moving, including at end of life.
- Staff assist residents with toileting on a two hourly basis, to ensure this is done very regularly.
- All residents' rooms have chairs, some are reclining and some have a straight back. Bedrooms are also equipped with buffers on bedside rails and grab rails.
- In relation to residents' religious needs, there are regular Christian services, one or two Jewish people from the synagogue visit Jewish residents, and the home has links to a community connectors scheme.

- The programme of activities includes sensory sessions with residents.

7.5 Clinical care

- The manager reported that the home only has six members of staff who handle medication, and they are all highly trained, as the home does not wish to take any risks in this area.
- Staff take hygiene very seriously, and the home did not have any resident deaths due to Covid-19 during the pandemic.
- The manager said that very good support is provided to the home by the One Care Home Team and the Rapid Response Team, both of which are part of Central London Community Healthcare NHS Trust.
- Any incidents and accidents are logged in the incident book. Staff receive training on the process of recording incidents, but do require reminders on this, which the home provides.
- The manager advised that Catherine Lodge has been given a Platinum Award for end of life care.

7.6 Primary care

- The manager advised that, prior to the Covid-19 pandemic, Catherine Lodge had a private contract with a GP who visited the home on a weekly basis, but this arrangement came to an end.
- The home's residents are now all registered with the Speedwell GP Practice, but weekly visits no longer take place. The home has a named GP allocated however in reality residents can see anyone at the practice.

7.7 Hospital discharge and care

- The manager said that, when residents are being discharged from a hospital to the care home, some hospitals have a trusted assessor who liaises with the home.
- In some cases, the home receives inaccurate information from hospitals about prospective residents, including about the patient's dementia. As a result, there have been instances where patients have been discharged to the home and have had to return to the hospital, as the home was not able to cater to their needs.
- The manager advised that none of the home's residents have pressure sores, but this is something staff check for when residents return from hospital, as there have been instances of patients returning from hospital with pressure sores.
- The manager gave an example of one resident who was eating solid food when they went into hospital. When this person was transferred back from hospital to the home they were unable to eat solid food and had a pressure sore.

7.8 Deprivation of Liberty Safeguards (DoLS)

- The manager advised us that the home only applies for DoLS authorisations when there are specific reasons to do so.
- At the time of our visit, 14 of the home's residents had DoLS authorisations.
- After the home submits applications for DoLS authorisation, there are often extended delays of several months before they receive a response. This is

problematic from the perspective of resident care, and also means that the home cannot receive certain payments until the DoLS issue is resolved.

- Residents who do not have DoLS authorisations, and therefore have capacity, are given the code for the front door keypad. One or two residents go out shopping.
- DoLS information is included in residents' care plans.

8. Staff interview

During our visit, we interviewed one member of staff, who told us that:

- They really enjoy their job, staff work well as a team and support one another - there are sufficient staff numbers, and the atmosphere is good - so it doesn't really feel like work.
- Staff turnover is very low with several staff having worked at the home for many years, and few agency staff.
- There is time to talk to residents; when the Activity Co-ordinator isn't available, the staff member we interviewed or other colleagues lead activities with residents.
- Staff receive regular ongoing training and supervisions.
- Senior carers administer medication, and this is overseen by a registered nurse.
- The keyworkers are involved in drawing up the care plans, and at handover meetings all staff on duty are informed of any changes and current issues.

9. Distribution and 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, NW9 4BR

 020 3475 1308

 info@healthwatchbarnet.co.uk

 healthwatchbarnet.co.uk



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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