

Enter and View Visit Report - Catherine Lodge Ltd

Name & address of establishment:	Catherine Lodge Ltd 38-42 Woodside Park Rd, London N12 8RP
Website:	http://www.catherinelodge.co.uk/
Date & time of visit:	Thursday 5 th December 2019 10:30 am – 13:00 pm
Names of Healthwatch authorised representatives involved in visit	Helena Pugh Stewart Block Melvin Gamp Janice Tausig
Staff met during visit:	Ms N Stimpson (Owner / Registered Manager), Manager, Deputy Manager, Activities' Co-ordinator, Care Assistant

Executive summary:

Catherine Lodge provides residential care for 39 older people with a variety of care needs. The Healthwatch Team found it to be clean and well kept. The building has recently been updated to comply with new fire regulations. During the visit we spoke to five members of staff, five residents and seven relatives. We found that there is a robust approach to care planning and that residents are well supported by a local GP. The residents and relatives were very happy with the care provided, satisfied with the food on offer and the many activities taking place. The Team felt that Catherine Lodge could be made more dementia friendly and the delivery of most staff training unmonitored/off premises in their own time was of concern. Recommendations to address these issues have been made.

We were worried that the Home is experiencing very long delays and a lack of communication about applications for Deprivation of Liberty Safeguards assessments (DoLS) from Barnet Adult Social Care Services. In addition, we were troubled by the reports of delays concerning admission to (i.e. unsatisfactory response to 999 and 111 calls) and discharge from hospital (i.e. discharges late in the day and without a discharge letter). Recommendations have been made for these to be discussed with Barnet Council and Barnet Clinical Commissioning Group (CCG). Overall, we found Catherine Lodge to be well run, providing high quality care for older people.

Introduction

A full description of Catherine Lodge can be found by clicking the website link above. The Home was full on the day of the visit with 39 residents, aged 70-95 years, many of whom had been living there for six to eight years. Between 12-14 residents have some form of dementia without challenging behaviour. Thirty of the current residents fund their own care. The majority come from Barnet with two from other boroughs. In addition to talking to the staff listed at the beginning of this report, we spoke to five residents and two relatives. We also received five self-completed relatives' questionnaires. A notice advertising our visit was prominently displayed on the front door. Internet is available and some residents use Skype to keep in touch with loved ones. We were told that the building has recently been updated to comply with new fire regulations introduced following the Grenfell Tower fire at a cost of £30,000. It would be helpful if Barnet Council would signpost any upcoming changes to allow care homes to plan for these.

We found Catherine Lodge to be a clean, well kept, non-smoking home with a garden with a ramp for wheelchair users. The Team noted that whilst the building was well decorated, the decoration and signage was not dementia friendly. There was no colour differentiation between doors and walls and no pictures on doors to show each room's purpose.

Management and staffing arrangements

Catherine Lodge is fully staffed by an owner/registered manager (originally a registered nurse), manager, night manager, four deputy managers (one of whom has administrative responsibilities), two senior care managers and care assistants. In addition, there are two chefs, a laundry assistant, a finance manager and two part time activities' co-ordinators. The Owner's son (who has NVQ level 5 in management) is responsible for weekly quality assurance audits. At the time of the visit there were eight staff on duty (not including the Owner).

The Home does not use agency staff. As many care staff work part time there is a pool of known staff available to provide cover. The average staff to resident ratio is 1:6 with seven care staff on duty in the morning, six in the afternoon and three at night and one additional person sleeping in. There is one active volunteer who takes residents out locally and helps out with odd jobs. Staff turnover is low with many staff having been in post for 20 years.

The Owner is clearly very dedicated to her job. Staff appeared to be very approachable, caring and respectful of residents' needs and wishes saying they had time to talk to residents individually and with **one** member of staff saying, 'I do it from my heart'; 'It's a hard job but I love all of it'. In addition, they commented that staffing is always sufficient with a 'floater' and the Owner always available. Feedback from residents and relatives showed they felt that the staff are very good, get to know the residents well and are very friendly.

Staff supervision

Staff have supervision every two months and an appraisal every December. We were shown a comprehensive list of who had completed which training which covered all the compulsory courses; this is updated on an annual basis.

Staff training

There is contact with the Barnet Care Quality Team which has provided training for staff including on the NHS Significant Seven (which helps care home staff identify residents with deteriorating health and to respond quickly and appropriately), and the [Red Bag](#) scheme (which helps to provide a better care experience for care home residents when they are admitted to hospital). Residents felt that the staff have the right skills and experience with one commenting 'but it's hard for them sometimes'.

Some staff training is delivered face to face by an outside trainer who delivers the sessions in the **H**ome including first aid, moving and handling, dementia, Significant 7 and end of life care training. Staff are paid for the hours they are attending training sessions.

Other training is undertaken through e-learning and is supervised by one of the deputy managers who is a qualified trainer. She takes them through the subject and then staff complete online questionnaires often in their own homes; these are then uploaded to the website and marked. The Team was concerned that the e-learning is unpaid and although it is monitored by a qualified trainer, there are still concerns about how staff with English as a second language are supported during the training.

Meeting residents' health and care needs

Primary health care

Catherine Lodge has a GP contract with Speedwell Practice ensuring the GP visits for four/ five hours each week, as well as coming for out of hours visits as necessary. The Home is very pleased with the GP support received. Flu jabs are offered to all residents. An optician and chiropodist visit Catherine Lodge regularly. Residents are taken to the Jewish Deaf Society for support with hearing aids and to local NHS and private dentists as there is no longer a dentist available to visit. There are currently no incidents of pressure sores; when these do occur (usually amongst residents receiving palliative care), staff work closely with district nurses. The Home has the Gold Standards Framework accreditation for end of life care (a nationally recognised model of good practice). Catherine Lodge feels well supported by the district nursing service who provide effective support including with pain management.

Care Planning

Before arrival, residents are assessed in their own homes or in hospital and if possible are encouraged to visit for a day before moving in. Each resident is assigned a key worker and is seen by the GP when they arrive. Relatives/friends are closely involved (as far as possible) in the development of plans for their loved one's care. They help the key worker and other staff draw up a care plan which includes building a short picture of the resident's life history as well as practical details such as when residents want to get up and go to bed. Each care plan is reviewed monthly. Daily notes are kept and discussed during staff handovers. These are accessible to the residents and their relatives/friends at care plan reviews. A few relatives confirmed that they were involved in their loved one's care plan. One resident commented that she 'hadn't seen it recently'. We were shown a file with completed care plans and chose one to review which was very comprehensive and had been signed by the resident. It was noted that the Home will take residents with dementia but not those exhibiting challenging behaviour. If a resident with dementia develops aggressive behaviour, checks for infections are carried out by the GP and a referral sent to the Psychiatric team in Barnet, which usually visits the resident within a week to review their medication if necessary. The Home regards Catherine Lodge as 'a home for life' for all residents and very rarely have residents had to be moved; support is provided with the help of visiting professionals.

Mental Capacity and Deprivations of Liberty Safeguard assessments (DoLS)

Catherine Lodge works with the local GP and a psychiatrist to assess if a resident has mental capacity and needs a DoLS assessment. At present six residents have an agreed DoLS assessment and 11 applications are pending. We were told that there is long wait for Barnet Council to respond to DoLS applications. We were very concerned about this, as at present there is one application dating back to February 2018 and three to April 2018.

Hospital care

We were also concerned to hear from the Owner that they have experienced delays in residents being admitted to hospital due to a reportedly slow and unhelpful response from 999 and 111 staff. In addition, the Home felt that residents are sometimes discharged rather quickly without having a 'mini MOT'. The Owner says they would never leave residents in hospital once they are stabilised, however, residents frequently have to wait all day for an ambulance so are discharged late in the day at times which can be very disruptive for the individuals and staff.

A concern was raised at the high rate of people (up to 50%) discharged from Barnet Hospital without discharge letters. This means it is extremely difficult for staff and the GP to ensure continuity of appropriate care especially if different medication has been prescribed during the

hospital stay. Management has made efforts to contact the hospital about this and continues to wait for information about how it will be prevented in the future.

Activities and residents' wellbeing

General activities

Activities take place seven days a week led by two part time activities' co-ordinators who arrange a wide range of things to do including exercise, quizzes, crosswords, I-Spy, bingo, art classes, dancing, and reminiscence sessions (relatives are asked to bring in familiar items if they can). In addition, there are concerts, poetry readings, singing sessions, school children visiting, and birthday celebrations. There is a Christian service once a week. There are currently no residents who wish to attend the local catholic church or synagogues, however previous residents have been helped to do so.

Catherine Lodge has a resident cat and one resident is visited daily by her dog. A hairdresser comes weekly which residents pay for. A laundry service is included in the fees. We were very pleased to hear there were no complaints recorded. Four newspapers are available daily; if a resident wants their own paper, they have to pay for it. Care assistants take some residents to the shops, and a few are able to go out unaccompanied. Overall residents and relatives were very happy with the activities on offer; one resident commented 'they keep us occupied!'

Dementia friendly activities

A few sensory activities are on offer for residents with dementia. However, we felt that in order to meet their needs in the future, it would be helpful to expand the range of activities on offer for those with dementia. We suggest creating a sensory room to be used for art and crafts.

Meeting residents' nutritional needs

Mealtime arrangements

Breakfast is taken in residents' rooms, lunch and dinner communally. There is a three-week rolling menu with meat, fish and vegetarian options and fresh fruit salad on offer at each meal. A weekly menu is on display with alternatives and specialist food always available on request e.g. smoked salmon and Caribbean food. Drinks are available all day and jugs of water are placed in residents' rooms at night. On the day of our visit there were many staff supporting residents over lunchtime; five residents need help eating. Several residents have difficulty swallowing and are served pureed food without the use of food moulds. The Team felt moulds would improve the appearance of meals whilst making digestion easy for residents. The Manager told us that to ensure there are enough staff during mealtimes it is "all hands-on deck". This was confirmed by one of the deputy managers.

Monitoring food and drink intake

Residents' weight is closely monitored with food and drink intake recorded regularly, including at night. Some residents have been identified as needing food supplements, which we were told are sometimes hard to obtain. Whilst they are waiting for supplements, the Chef uses full fat milk, cream and yogurt to raise the calorie content in these residents' meals. The Owner was pleased to say they have successfully helped some residents to put on weight and one to lose weight significantly improving their quality of life. It was also reported that improvements in some residents' overall health have been noted following their move into the Home.

Satisfaction with meals

We were told that a staff member asks for resident feedback at every meal which is fed back to the chefs. Although a couple of relatives mentioned their loved ones would like greater food choices, residents and relatives overall were happy with the food on offer with one commenting that it is 'usually very tasty'.

Satisfaction with the care provided

The residents are regularly asked for their views through questionnaires and meetings being held on a monthly basis; the results are included in the annual quality assurance document. We were told that there are no relatives'/friends' meetings as individuals are spoken to on a 1:1 basis. This was confirmed by some relatives: 'I visit regularly and there is a continual dialogue'; 'There is on-going regular discussion between the home and the family'.

Residents' satisfaction

The Team received the following comments from residents: 'I feel safe with [the carer]'; 'I chose to come here'; and 'Staff respect my privacy'.

Relatives'/friends' satisfaction

Relatives comments included: 'The carers are very kind and good'; 'Overall, a very good place'; 'Been well looked after'; 'She settled in very well and is very happy at the home'; One relative summed up their feelings in this way: 'It is a genuine warm caring environment where staff are carefully selected and dedicated to giving care. Everything that matters and is important to their wellbeing and care is done well'.

Compliments/ complaints/ incidents and their outcomes

There is a compliments/complaints policy and procedure which is given to all residents on arrival as part of their service user file which is then kept in their rooms. Copies of these are available in the front office. The Team were shown the record of compliments, complaints and incidents and were satisfied that they and the outcomes were well documented.

None of the residents or relatives we had contact with had any complaints and all said they would recommend Catherine Lodge to their friends and family. One member of staff also said they 'would bring a loved one here'. Staff reported they are aware of the whistle blowing policy and knew how to raise a concern and that they would be willing to do so if one arose.

Conclusion and recommendation

Overall, we found that Catherine Lodge provides a homely place for people to live. The Owner is clearly very dedicated to her job and is very caring of the residents. We felt that residents' health and care needs are well met. The residents and relatives, we spoke to were happy with the care provided and would recommend the Home to friends and family. We found Catherine Lodge to be well run, providing high quality care for older people. We have made recommendations below for the Home and Healthwatch relating to the findings in this report.

For Catherine Lodge:

1. Implement dementia friendly care home guidelines such as:
 - redecorating the building using dementia friendly colours
 - putting up dementia friendly pictures on doors and walls where appropriate
 - ensuring tables are laid out in dementia friendly colours
 - developing more dementia friendly activities
 - creating a sensory room for art and crafts

2. Introduce the use of food moulds to improve the presentation of food for residents who have difficulty swallowing
3. Review practice to allow the effectiveness of staff e-learning to be monitored and evaluated.

For Healthwatch:

4. Raise the long delays and lack of communication about DoLS applications with Barnet Council and provide guidance on how to manage the situation with residents, whilst awaiting the outcome of DoLS assessments.
5. Liaise with Barnet Council and Barnet CCG to reduce unnecessary late discharge from all hospitals Barnet residents use and ensure that discharge letters are routinely issued.
6. Raise with Barnet CCG the reported poor response received to 999 and 111 calls.
7. Discuss with Barnet Council if they would signpost any upcoming legislation changes to allow care homes time to plan for their implementation.

The owner of Catherine Lodge responded to the report and recommendations as follows: *"We are pleased at the positive and complimentary nature of the report which reflects our mission to make the residents' lives secure, well nourished, comfortable and enjoyable."*

1. Dementia measures:

- *Unlike corporate care homes these measures are not appropriate for Catherine Lodge, which is a small, family owned, boutique, residential care home. The home does not operate as a dementia unit and the residents are taken to and from their rooms by the staff. They are not required to seek out their rooms or tables unaccompanied, navigating by colour, art or table layout.*
- *The furnishings and decor reflect the bijoux and friendly nature of the home and is much commented on by residents and their visitors.*
- *Art, crafts and activities are chosen with all residents in mind and appeal to all, but we will look into this further.*
- *Creating a sensory room for arts and crafts is neither proportional nor economic as it would involve building work with planning permission. We have identified an area which we will fit out for sensory activities.*

2. Food moulds will be purchased.

3. I need more time to fully evaluate our training programmes, but I have to say e-learning is much better than a 2 hour training session. The staff like it and get plenty of support before they complete the work.

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.*