

## Virtual Visit Report - Cedars Care Centre

### Background

Healthwatch has a legal power to visit local health and social care services to see them in operation. This power, known as ‘Enter and View’ provides a way for Healthwatch to identify what is working well with services and where they could be improved. However, since the beginning of the COVID-19 pandemic, all local Healthwatch organisations have followed government guidance and stopped face to face engagement with the public, including Enter and View visits.

### What is a Virtual Visit?

The purpose of a virtual visit is to follow the ethos and scope of an Enter and View visit where feasibly possible. It is a powerful engagement tool to capture the experiences of people using the service by talking directly to residents, relatives, and staff about their experiences; and to observe services in action where possible.

Name & address of service:	Cedars Care Centre 12-18 Richmond Rd, New Barnet, Barnet EN5 1SB
Website:	<a href="https://www.foresthc.com/our-care-centres/cedars-care-centre">https://www.foresthc.com/our-care-centres/cedars-care-centre</a>
Name of provider:	Forest Healthcare
Date & time of visit:	Thursday 27 May 2021 1.00 - 17:00 pm
Names of Healthwatch Barnet Team authorised representatives involved in visit:	Nitish Lakhman, Helena Pugh, Yasmin Rahman, Andrea Reece, Tina Stanton, Janice Tausig
Staff met during the visit:	Manager (Fran Walsh) Deputy Manager (Ahmad Sookheea) Chief Operating Officer (Rosamunde Willis-Read)  And 6 frontline staff who broadly represent the multi-disciplinary team and different seniorities.

### Executive summary

Cedars provides care for frail older people with a variety of care needs including people living with dementia, those needing nursing care and those who are approaching the end of their lives. On the day of the virtual visit Cedars had 39 residents the majority of whom are living with dementia. During the visit, the Healthwatch Barnet team in total spoke to 8 staff members, 3 residents, and 12 relatives after the visit.

Overall, we found that Cedars are providing good quality care for residents that meets residents’ care needs and the service is well managed.

- The residents and relatives we spoke to were happy with the care provided and would recommend Cedars to friends and family.
- Residents were satisfied with the food on offer and the choices provided.
- Residents were well supported by a local GP.
- There are many activities taking place at Cedars on a daily basis.
- Recent recruitment for more permanent staff has been successful and largely made staff workload balanced.
- Staff undergo a comprehensive ongoing training programme.

## Recommendations

1. Restart the resident and relative satisfaction survey.
2. Ensure care staff have more time for 1-2-1 interaction with residents.
3. Ensure staff supervision and appraisals are carried out on a regular basis.
4. Ensure relatives understand the role of a care plan and a copy is available on request, where appropriate.

## 1. Introduction

This virtual visit to Cedars Care Centre involved interviews with staff and residents using Zoom. The focus of the visit was on how the care home has been operating since the start of the pandemic. Due to the virtual nature of the visit, we are unable to comment on the accessibility, condition of the building and if the decoration and signage are dementia-friendly. An observation period was set up towards the end of lunch and the beginning of afternoon activities, although there were limitations as it was being conducted virtually. Relatives' views were collected by telephone in the week following the visit.

A full description of Cedars can be found by clicking [here](#). Cedars was almost full on the day of the visit with 39 out of a possible 41 residents. They have a variety of needs including 8 frail residents with full capacity, 23 living with dementia and 6 receiving end of life care. Of the current residents, 22 are funded by local authorities with 20 funded by Barnet and 1 each by Camden and Haringey. The remaining 17 residents are privately funded. Some residents have lived at Cedars for several years and others have moved in recently.

There are 35 single rooms and 3 double rooms, all with en-suite toilets. 2 of the double rooms are occupied by residents who do not want to be alone and 1 by a couple. Residents and their families are encouraged to personalise their rooms and residents are given the opportunity to choose a colour scheme. Internet is available around the home, which occasionally has interruptions. After we sent our draft report, Cedars informed us this is because of BT Infinity and they are working on upgrading the wifi. A laundry service is provided. Cedars allows small dogs, cats for other visiting pets for residents.

**DISCLAIMER:** *This report only relates to the information collected from staff and resident interviews of the day of the visit; information sent to the team by the manager before and after the visit; and telephone interviews with relatives in the following week of the visit. After sending our draft report to Cedars, they provided additional information which is reflected in this report.*

## 2. Management and staffing arrangements

### *Staffing levels*

On the day of the visit the following staff were on duty: 10 Carers, 2 Nurses, 1 Administrator, 1 Maintenance Operative, 1 Chef, 1 Kitchen Assistant, 1 Laundry Assistant, 2 Housekeeping staff, the Deputy Manager and Manager. The Chief Operating Officer was also present during the virtual visit. In addition, there are 2 core activity co-ordinators and 2 additional activity co-ordinators on Wednesday afternoons. We were told this is the usual day staffing ratio. Whilst agency staff are not used to cover vacancies, on the day of the visit there were 2 planned agency staff to care for a resident who needs 1-2-1 care. Staffing at night consists of 2 nurses and 5 carers.

At the start of the pandemic, the Manager reported that during the last year she was required to shield but worked remotely. There were also some vacancies related to COVID, staff returning to their home countries, and some went on maternity leave. In response, Cedars together with support from a recruitment agency engaged by Head Office carried out a successful recruitment drive to fill the gaps. This was confirmed by members of staff who reported during the previous year being short-staffed, either due to a positive COVID test or vacancies and relying on agency staff, but in the last 3 months all vacancies have been filled.

Some staff told us they felt more staff were needed on shift and others reported they felt there was sufficient staff on shift. *“We’re never full of carers so we always need more, we’re always looking for more carers.”* *“Sometimes yes there is sufficient staff, and sometimes no when staff don’t turn up. The last 3 months have been very good.”* One relative told us that there are fewer staff on duty at weekends, and it would be good to have more staff available then. A resident informed us he felt that there are not enough staff to help them with his/her physiotherapy exercises. We were informed by some staff that sometimes night staff do not have time to finish their tasks before leaving, which resulted in on occasion residents’ grooming (fully shaving, showering, dressing, hair brushing etc) not always being completed.

### *Staff supervision and appraisals*

We were told by the Manager that staff have supervision every 6 to 8 weeks (dependent on contracted hours) and an appraisal every year. This differs from what staff told us. A common theme from staff was that they did not receive supervision every 6 weeks and waited significantly longer than expected. However, they felt management was approachable and they felt able to ask to talk to someone if there were an issue.

### *Staff wellbeing*

Staff are asked how they are at meetings and on a day-to-day basis. Cedars and Forest Healthcare said they have an open-door policy with the CEO only a phone call away for all staff. Staff are asked about any issues and anxieties, which also included support for extended families. The Manager found Head Office very supportive; it holds virtual meetings each month for Managers and staff to say thank you. This is done by giving a ‘shout out’ on the Cedars Hall of Fame, providing hampers, badges and postcards for staff. There is also a ‘recovery champion programme’ in place to enable Managers to support staff in the home.

A staff member confirmed that support is available from Cedars as they had to take a lot of time off last year. They were offered flexible work including reduced hours to help

manage their own physical and mental wellbeing. One member of staff said they would recommend friends to come to work for Cedars. All the staff we spoke to said that they liked working at Cedars: *“It feels fabulous like one big family, we work as a team, and support each other.”* Indeed in 2019, two staff who got married held their wedding reception in the garden and invited all the residents.

### ***Staff training***

A comprehensive staff training programme is in place with all new staff completing the Care Certificate. This covers all mandatory training including safeguarding vulnerable adults, and Deprivation of Liberty Safeguards (DoLS). The weeklong training is undertaken at a sister home in Hertfordshire. Staff then shadow a senior member of staff as part of their induction. All staff have regular online refresher training on the Medex learning platform. Training is evaluated by workbooks, quizzes, and observation by the Manager and Deputy Manager. Some staff prefer to do their training in their own time whilst other staff do it on a work computer. The Manager reported that only 5% of staff were not up to date with training and that this was due to maternity leave and long-term sickness.

After the visit, Cedars sent us a training completion log. It showed almost all training courses had a completion rate, on average, of over 90%. Although, moving and handling had a completion of 56%, catheterisation at 50% and venepuncture at 50%. After we sent our draft report to Cedars, they informed us that there was an error in recording in Medex and catheterisation and venepuncture has a completion rate of 100% and moving and handling was 76% at the time of sending their response (30<sup>th</sup> June).

All nurses have continual professional development as part of updating skills, including face to face training on e.g. safe use of syringe drivers, catheterisation etc. All nurses ensure they complete their re-validation with the Nursing and Midwifery Council before the anniversary of the expiry date of their Nursing and Midwifery Council PIN number. The Manager felt very supported by the Clinical Commissioning Group and Trusted Assessors with regards to training of staff. Staff reported feeling confident and able to respond if a safeguarding issue arose.

## **3. Meeting residents’ health and care needs**

### ***Primary health care***

Cedars has a GP contract with Addington Medical Centre, in New Barnet. Due to COVID, the weekly clinical assessment is done virtually with a GP and onsite nurses. The same applies if a resident becomes unwell outside of the weekly consultations. Residents can keep their GP if they wish but all choose Addington. There were a few hiccups with virtual appointments, but the Manager was able to resolve the issues. Cedars is supported by a community matron, a tissue viability nurse specialist, a dietician, and a community mental health matron. All residents who require end of life care are referred by the GP to the North London Hospice palliative care team. There were few comments from residents and relatives about primary care. One relative told us that his father’s records have been transferred to the GP practice and that he has spoken to the GP about end of life care for his father and is receiving support from a dementia group and North London Hospice.

Residents with private dental plans have been able to visit for emergency dental care during COVID. We were told that other residents visit Vale Drive Community Dental Practice, although, as for much of the population, this has not been possible during COVID except in an emergency; several relatives reported that their loved one had not seen a dentist. Optical Care visits annually by appointment and by arrangement for new residents

if they need an assessment. Some residents prefer to see their own optician, and this is organised to accommodate the needs of the resident. Some residents and relatives told us they had recently seen an optician. Some residents/relatives reported that their glasses, hearing aids or teeth had been lost/mislaid and new ones had to be ordered.

There is a retained chiropodist who visits every six weeks and is available for a call out for any new resident who may need chiropody care before the next routine visit. Some residents/relatives confirmed they had seen a chiropodist; one said their father urgently needed to see a chiropodist as he has diabetes. Cedars informed us after we sent our draft report that the resident has been referred for chiropody through the NHS.

Cedars has retained a physiotherapy practice and a physiotherapist visits once a week for group exercise. Some residents also organise physiotherapy privately. However, one resident said they had received two physiotherapist visits but continuing with their physiotherapy was not possible as they were not sent the relevant exercise sheets. Another resident commented:

*“I’d like them to walk with me a bit more, they say there needs to be two staff in case I fall, but a lot aren’t strong enough to walk me if I fall. At Edgware [Community Hospital], there were staff to walk with me, they were very good to get you back to normal. .... I can walk by myself, .... I think the governor knows but there never is enough staff.”*

One resident told us that prior to coming into a residential home she had seen an osteopath for her back, and she would have liked to have seen someone at Cedars, but this had not been possible. It might be worth Cedars looking into whether it is possible to offer osteopathy and other alternatives to residents. Cedars informed us after we sent our draft report “this resident has been referred by the GP to the Occupational Therapist, rather than an Osteopath, who provided equipment that they could not tolerate. Recliner chair has been sourced, which is helping. We can ask for a referral via the GP but recognise that as NHS supplied this likely to involve a long wait.”

Cedars ensures that residents’ skin is well cared for and currently, there is no home acquired pressure sores. One resident has a pressure sore following discharge from Finchley Memorial Hospital, which the family were not aware of. Cedars informed us after we sent our draft report that ‘staff at the home raised a safeguarding referral regarding the hospital care and informed CQC and the family.’ Concern was raised by the Manager that assessments for pressure sores are now carried out online as opposed to in person, making it is more difficult to identify pressure sores.

### **Care Planning**

When a resident arrives, a Nurse and Trusted Assessor sits with them and undertakes a full assessment covering personal care (including all oral health care needs), and their life history. Residents are encouraged to contribute along with their relatives, who take part virtually due to the pandemic. As needs are often complex all new residents have a 72-hour care plan which is updated in the first week and thereafter monthly or of a person’s needs change. A DoLS assessment is carried out if required (see below). Some relatives said they had been involved in the care planning including the annual review process and others had not. One relative said he discussed his father’s care in detail when his father moved into the care home. Another relative said they were not involved in the development of their loved one’s care plan. Staff said that they ensured that the care they deliver is personalised and respects residents’ privacy and dignity. There is a named nurse scheme in place at the home.

Daily records are kept electronically and discussed during staff handovers. The system allows staff to get an immediate update relating to caring for a resident. Staff reported that they like the monitoring system for residents, which checks how they are doing. All staff use a handheld device for recording episodes of care and support and accessing residents' care plans whenever they need to. In principle, care plans are accessible to the residents and their relatives if they have power of attorney, however staff told us there is no printed out copy so access could be difficult. The Team felt that printed care plans should be available on request to residents and relatives with power of attorney.

### ***Mental Capacity and Deprivation of Liberty Safeguard assessments (DoLS)***

Due to COVID, DoLS assessments are undertaken virtually. At present seven residents have an agreed DoLS assessment, and 24 applications are pending. Each assessment takes 2 to 3 hours of nurses' time to complete. Up until the last two months, the process took anything from 6 months to years for an application to get approved by local authorities, however, this has recently speeded up with 4 being completed in April 2021. The Manager noted that local authorities are working more slowly as they have fewer people yet care homes have more to do. Cedars reported they had to increase their staffing levels partly due to the increased volume of administration of scanning documents to be sent to local authorities.

Residents and their relatives said they felt safe and cared for. One relative commented that he feels that his father is safe and appreciates that Cedars immediately inform him if his father has hurt himself. He stressed that his father is not being mistreated, but he can knock himself due to his condition.

### ***Hospital care***

In general, when a resident is admitted to hospital, Cedars is kept fully updated on their progress by the Trusted Assessors. One relative told us that their loved one regularly goes to hospital to have the catheter checked including during COVID. During the pandemic, only one resident has been discharged from hospital (North Middlesex) back to Cedars.

The Team was told that sometimes Cedars experiences difficulties getting residents to hospital appointments. This has happened as some residents have been told they do not meet the criteria for hospital transport or because Cedars is not allowed to send a carer on the transport. We are unable to confirm if this is because of the hospital transport scheme or COVID rules. After we send our draft report to Cedars, they informed us 'Cedars cannot provide carer support to hospital appointments because this would leave 39 other people at risk but do engage relatives to establish if they can support their loved one, where possible. Alternatively, they are supported by qualified healthcare staff from the NHS. Taxis can be used but relatives and residents would have to pay for this as not covered by our contract.'

## **4. Activities and residents' wellbeing**

### ***General activities***

The activity coordinators use OOMPH which provides 'training for staff in promoting activities with ideas and ensuring engagement with residents regardless of a resident's ability to reminisce and enhance the quality of their life.' The activities calendar we were sent was dated March 2021. We were told that all residents are involved including those who are unable to leave their rooms. As outside visits could not take place during COVID, Cedars increased the hours of the activity coordinator, allowing activities to take place

every day, in both the morning and afternoon. These include bingo, quizzes, drama, spelling, sing-along, reminiscence, cooking, gardening, flower arranging, exercise to music, and meditation with YouTube in the background. One activity involved residents dressing up and converting their Zimmer frames into Harley Davidson Motorbikes and wearing full safety wear including helmets, whilst others made ball gowns out of their Zimmer frames putting on wigs and jewellery.

Whilst we were told there were 2 core activity coordinators, residents and relatives only mentioned the full-time activity coordinator. A resident said every morning she's [activity coordinator] was on duty, she goes from room to room spending time talking to residents. This was confirmed by another relative. *"Fantastic with mum. Her role is vital because she provides 1-2-1 stimulation for mum which ordinary care staff do not have the time to do."* However, another relative said that their loved one had been living in the home for about 2 months and there had not been a conversation about what activities they would like to do. Other staff said that they would like to spend more time with residents socially. *"If all staff are on duty, we can make time, but sometimes it's a rush."* There was a feeling that there is a need for more recreational staff to meet the need for more 1-2-1 activities when residents remain in their rooms.

During our observation there were 10 residents in the lounge, there was music playing and some residents were reading newspapers. The activity coordinator kept residents engaged by going over to them and dancing with them. She was very tactile with residents holding hands. 3 residents seemed to be engaged and the rest were not. Nurses were present in the lounge and sitting with some residents whilst wearing masks; they used screens for privacy when checking on a resident.

### ***Dementia-friendly activities***

On the day of the visit, the Team heard no evidence of dementia specific/friendly activities from staff/residents. However, the home has an OOMPH programme and due to the nature of a virtual visit we were unable to see the programme in action and therefore unable to comment.

### ***Other activities***

All birthdays are celebrated with a homemade birthday cake. Ministers of different religions visit residents on request. A hairdresser has begun visiting Cedars as lockdown has eased.

## **5. Meeting residents' nutritional needs**

### ***Mealtime arrangements***

The Team briefly observed lunchtime using Zoom which meant the whole dining room was not fully in view for the session. We were told there are 2 options available at each meal and that staff are aware of residents' dietary needs and specialist diets (including halal, kosher, vegetarian, pescatarian, diabetic, gluten-free, cultural, soft and pureed food which are detailed in residents' care plans. Following the visit, Cedars sent us a detailed 4-week menu. After we sent our draft report, Cedars also sent us a photo menu.

We were told meals for residents who require soft and pureed diets are presented in an appetising and appealing way and with an explanation if the resident does not understand. We were informed after we send our draft report that all food is currently prepared in-house.

There is a selection of fruits and snacks available throughout the day in the lounge and dining area. When asked about the use of food moulds the Manager said they will shortly be investigating choices for the presentation of food. After we sent our draft report, Cedars informed us “food moulds are available and were tried but because the food requires freezing feedback from residents was that it changed the taste. Tasting sessions have been completed, with positive feedback.” Cedars is currently preparing to transfer to Appetito - a company that delivers meals and trains in-house staff in storing, preparing, and serving all meals

One staff member reported that residents are supported if they need help with eating; however, as we were not able to see the whole lunch, we are unable to confirm how well residents’ independence was being promoted. Any issues are flagged with the Nurses who then monitor the situation. During the meal, we noticed that staff wore aprons and face masks. We observed that sometimes residents were waiting a long time for care staff to help them from the dining room after they have finished their meal even while floors were being swept and tables were being cleaned by housekeeping staff.

### ***Monitoring food and drink intake***

Drinks including squash are readily available and tea and coffee are offered after mealtimes. Residents are encouraged to drink several times a day and evening. Jugs of water are placed in residents’ rooms. Each meal is monitored and a debrief is conducted at the end of the shift on each resident. All food and fluid intake is recorded electronically.

### ***Satisfaction with meals***

Overall, relatives said their loved ones were happy with the food on offer with one commenting that the “*food is good*”, another also said it was good having eaten there himself and another that they had “*no complaints*”. “*They know both my parents are Hindu, so they make sure the menu caters for them. They get a choice.*”

However, one relative was concerned about the lack of choice and the large number of high sugar drinks available. Another resident gave the food 6 or 7 out of ten. They seemed a bit confused about the menu and how easy it was to swap dishes from across the menus i.e. to ask for items labelled vegetarian if also eat meat. “*I’m not vegetarian, I’ve only got one menu to choose from.*” There was a request for Yorkshire pudding!

After we sent out draft report, the Manager informed us that dining experience audits are completed on a monthly basis and that swift and responsive actions can be made when suggestions are received.

## **6. Satisfaction with the care provided**

To ascertain resident satisfaction with the care they receive, staff said they used observation and conversation with residents during their regular walkabout in the home. On the day of the visit, staff informed us there was not an overall survey to monitor resident satisfaction. After sending our draft report to Cedars, they informed us a system is in place but ‘as a company we paused the survey because of the massively increased workload of staff caused by the pandemic, government PPE guidelines and the need to support remote access to residents via families and multiple agencies.’ A summary of the comments we received is shown below.



### ***Residents' and relatives' satisfaction***

Most comments we received were from relatives rather than residents. However, one resident said she felt the staff had the right skills and experience and said the staff were willing to chat and that she felt safe and secure in the home because people were around all the time and she would ring the bell if needed.

Feedback from relatives showed they are happy with the care provided by Cedars.

- *“Delighted with it.”*
- *“Staff are very caring and friendly.”*
- *“The care home manager was very knowledgeable, and she introduced herself to us and said we could call any time of day. The Nurses call me if they want to discuss anything.”*
- *“He looks happy, the staff know him, fed well.”*
- *“Staff seem very competent ... trying to engage his father who is a difficult customer, No complaints at all.”*
- *“My mum is happy there and my mum isn't shy so she would tell us so I'm confident they're doing a good job.”*
- *“The only thing is it would be nice if he could be outside a bit more I know when my mum is there they'll be sat outside, and they said he needs a reclining chair, and they won't let him outside because they're worried he'll fall out, but when the weather's nice it's good for him to get some fresh air.”*

Some relatives felt the building was well maintained and always clean: *“Cedars is very well maintained; there is a permanent man on the site to do repairs and anything that is at all necessary is dealt with very fast”*. Others felt it *“Looks old and shabby. Don't think the furniture is nice. The care is good, just needs modernising.”* *“The only thing they could do is modernise a lot of the home, but the facilities are fit for purpose so I can't complain but if they had a big cash injection that would be good.”* *“I've been in once and it could do with modernising, but it was nice.”* It was mentioned that the lift breaks down at times. Cedars assured us that it is always repaired promptly.

## **7. Responding to COVID-19 pandemic**

### ***COVID policy and COVID cases***

The Manager told us that all policies and procedures relating to infection control including COVID are kept up to date and renewed in line with changing guidelines for infection control. Staff reported knowing about them. The Manager outlined to us the small number of COVID cases within staff and residents at the home. After we sent our draft report, Cedars informed us the figures will be reported by CQC in July and they have always been open with relatives about any outbreaks.

### ***PPE and testing***

Cedars has had access to sufficient and appropriate PPE throughout the pandemic. There have been no issues getting tests for staff and residents although early on there were some delays in receiving the results, which Healthwatch Barnet also found across most care homes in a project it carried out last year. The report can be viewed [here](#). Currently, residents are tested every 28 days and staff receive a weekly PCR test and twice weekly lateral flow tests. Some residents find staff or visitors wearing masks difficult. One relative commented: *“She struggles with people's accents with masks because she's a bit deaf.”*

Another said that “staff only wear masks, not visors and gowns and I think they should be wearing that too.” Some relatives commented that their loved ones do not always recognise them when they are wearing a face mask and one wondered if it were necessary as both they and the person they were visiting had been fully vaccinated. After we sent our draft report to Cedars, they assured us they will comply with the Government guidance from August to allow this to happen.

### **COVID vaccines**

Approximately 86% of staff have been fully vaccinated; a number of staff did not want the vaccination but following conversations with the Manager, a further 3 have booked to have it. Since our virtual visit, the Secretary of State for Health and Social Care has announced COVID vaccinations are to become compulsory for staff in care homes in England. The Manager told us that staff who have not been vaccinated wear a visor as well as a facemask. Cedars informed us 97% of residents have had both vaccines. A few relatives told us their loved ones were waiting for their second vaccination. One relative told us that although they have had both vaccines their loved one had only had one. *“I keep asking the care home when my relative will receive the second vaccine.”*

### **Video and phone contact with relatives and loved ones**

During the pandemic, the Manager told us residents have been able to keep in contact with their relatives via tablets and phones (supported where necessary). This was confirmed by one relative who said that the Activities Co-ordinator arranged contact via WhatsApp. One relative told us that if they can't get through on the phone or via WhatsApp to their loved one directly, they find the Manager and Deputy Manager are very helpful. Others did not have video calls. One relative said that they had phoned a lot, as it had not been possible to speak on video. *“I can call my wife whenever I want, I use the home's phone. My wife phones at 2:30. I don't use Zoom; we don't use this iPad or whatever you call it. I don't think the staff would help, I'm happy to talk to her on the phone. I can't even use a mobile phone.”* When asked if they have regular contact with their loved one another relative said *“Not directly, home keep in touch.”* One relative said he was able to chat to his mother on the phone, his dad's not able to cope with that, then he saw them through a screen, now he can sit in the garden with them.

### **Face to face visits**

An essential visitor policy was implemented for residents at the end of their life throughout the pandemic. In summer 2020 in line with government guidelines, relative visits in the garden were introduced. Relatives confirmed that they were given PPE and observed a two metres distance. Since government changes in March 2021 visitors must take a lateral flow test when they arrive and wait in isolation for 30 minutes for the result. Following a negative test, visitors are only allowed to go to their loved ones' rooms (not the communal areas) with surgical masks and PPE which is provided. They can also meet by appointment on the patio/in the garden. No food or drinks are allowed during visits to reduce the risk of COVID transmission.

### **Trips out**

Aside from hospital appointments, only one resident has been out of the home since May 2021 (a 96 year old with capacity went for coffee with her daughter and is looking forward to visiting her in her new home). A few residents have been out for medical appointments etc such as a trip to the dentist. Several comments stressed the importance of going out on

trips and hoped they would be reinstated. We too would welcome, where appropriate, facilitating trips out for residents.

## 8. Compliments/complaints incidents

There was no evidence of residents and relatives being given a compliments/complaints policy and procedure. After we sent our draft report to Cedars, they informed us these are posted in several areas throughout the home. One relative, who had no complaints, told us they had not received the complaints policy but would be confident to find out what to do if necessary; most people said they would go to the Manager if they had an issue. The Team were shown many examples of compliments as well as a complaints log. We are unable to confirm the dates within the log. After we sent our draft report to Cedars, they informed us they are all required to be reported to Head office every month, along with any lessons learned. None of the residents or relatives we had contact with had any complaints and all said they would recommend Cedars to their friends and family.

The Manager told us that during the pandemic Forest Healthcare had set up an email address to make it easier for relatives to contact them if they had any concerns, but it had not been used. One relative told us about some difficulties they had had with the finance department and that they had asked the Manager to help them rectify the issue. The Team noted that there are very good reviews of Cedars on [www.carehome.co.uk](http://www.carehome.co.uk) and that there is a waiting list to come to Cedars. In addition, the staff we spoke to said they would recommend Cedars to their loved ones. *“Yes, I would, I’m so proud to tell you with the pandemic we know so many Nursing homes are closing because they don’t have residents, but we still have a long waiting list of people waiting to come here.”*

## 9. Conclusion

Overall, we found Cedars to be providing good quality care for residents. Cedars has built a good relationship with a local GP practice and staff always have access to care plans. At the start of the pandemic there was a successful staff recruitment initiative, however, some staff said they felt there were occasional shortages. All staff undergo a comprehensive ongoing training programme. Staff said do not always receive regular supervision and appraisals. There is a full programme of activities which was increased during COVID as trips out were not permitted due to the pandemic, allowing activities to take place every day. Residents and relatives, we spoke to were happy with the care provided and would recommend Cedars to friends and family, however, the overall resident satisfaction survey was on pause. We also noted that residents were largely satisfied with the food on offer.

Finally, Healthwatch Barnet is concerned about the online procedure for identifying pressure sores and worried about the long wait for approval of DoLS from Barnet Adult Social Care Services.

## 10. Recommendations

The Team has the following recommendations for improvement relating to the detailed findings in this report.

1. Restart the resident and relative satisfaction survey.
2. Ensure care staff have more time for 1-2-1 interaction with residents.
3. Ensure staff supervision and appraisals are carried out on a regular basis.
4. Ensure relatives understand the role of a care plan and a copy is available on request, where appropriate.

## 11. Acknowledgements

The project team would like to thank Cedars for their tremendous support in enabling us to speak with staff, residents and relatives. We appreciate the effort and flexibility Fran and Ahmad put into a new model of engagement to enable this virtual visit.

Healthwatch Barnet would like to thank the Enter and View volunteers on the project team - Helena Pugh, Janice Tausig and Tina Stanton - in the planning, delivery and evaluation of this virtual visit.

## 12. Service Manager Response

Recommendation two:

“We can confirm that our home is consistently staffed across each shift in accordance with the individual dependencies of our residents. Dependency reviews are undertaken by the Home Manager and team, to ensure staffing is consistently deployed and flexed, where required. As with all care providers, we will experience unplanned staffing absences, particularly during a global pandemic; although we do have contingencies in place to ensure consistent levels of staffing, to ensure people are supported in all areas of their care and support, at all times. This may include engaging bank staff first and foremost, and as a last resort, agency staff may be utilised. This contingency should be seen positively as we have always ensured consistent and safe levels of staffing throughout.

During the challenging times of continuing pandemic, we have worked tirelessly to ensure consistently deployed staffing to ensure residents safety, ensuring swift action when colleagues have been absent. There is no reflection of the positive work we have undertaken, to ensure the consistency of staffing within this report and again no reflection of our staffing numbers remaining consistent.

We did request the removal of recommendation two, as to the reader, this indicates we do not always deploy a full care staff team at all times, which is inaccurate. “

Recommendation three:

“We did request the removal of recommendation. The recommendation states we are required to carry out supervision on a ‘regular’ basis which in itself is ambiguous and immeasurable. We can confirm that we undertake a planned schedule of supervisions and appraisals in line with our policy requirements, and we endeavour to ensure planned supervision and appraisal are provided during the continued pandemic.

Where any delays with the provision of formal supervisions during the continuing pandemic, colleagues have continually been supported by the HM/DHM via informal openings and meetings each day. Colleagues have reported to have informal arrangements very supportive and a useful addition to the already embedded formal arrangements. Again, there is no reflection of this positive practice within the report.”