

Enter and View Visit Report – Friary Lodge

Name & address of establishment:	Friary Lodge 177 Friern Barnet Lane Whetstone, London N20 0NN
Email:	info@friarylodge.com
Date & time of visit:	Monday 9th December 2019 – 10.30 a.m.
Names of Healthwatch authorised representatives involved in visit:	Sarah Ali Asmina Remtulla Tina Stanton Hannah Ward
Staff met during visit:	Mrs K Walsh (Registered Manager) Two Care Assistants (including one new agency worker)

Executive summary:

Friary Lodge is a registered care home providing support to up to 15 older people, some of whom may be living with dementia. At the time of our visit 10 people were living there. A notice advertising our visit was prominently displayed on the front door.

The Healthwatch team spoke to three members of staff, four relatives (one relative sent in their response via post) and five residents. We found that residents and relatives were very happy with the care provided and satisfied with the food on offer. Relatives felt they were listened to and the staff enjoyed working there. The rooms were all clean to a high standard and lovely personal touches were added to give them a homely feel. Some residents were not aware of their care plans and how to access them, and regular conversations need to be had about end of life care. Overall, we found Friary Lodge to be well run, with residents and relatives commenting on the excellent care - and how clean and well run this home is.

The Manager and staff are clearly very caring of the residents. We felt that residents' health and care needs are well met. Residents and relatives said they would recommend the home to friends and family

Introduction

Friary Lodge is a registered care home for fifteen older service users. It accepts referrals from both Local Authority and self-funded clients. No residents were sharing rooms when we visited, although one lady had shared a room with her husband when she came in for respite care. The Local Authority stipulate that sponsored residents should have their own rooms. Friary Lodge is a clean, comfortable, non-smoking home. Residents and relatives commented that it was '**very clean and tidy**' and '**clean and spotless**'.

The Home has been registered for residents with dementia for the last two years and there are currently three residents with mental health conditions and dementia.

We asked the manager if she was in touch with the Barnet Quality and Care Team, and she has been to some of their training, but this is difficult when it is held at Hendon because of problems with parking.

The rooms were equipped with bed and chair sensors. Residents can bring their own furniture and items to personalise their room. Only a few of the rooms had en-suite bathrooms, but all the rooms had easy access to a bathroom. There is a large garden at the back.

The Manager told us that internet access was available for residents but there are problems with the service and the provider. Only one resident currently uses the internet in the lounge and has been waiting for some time to get wifi in their room.

Management and staffing arrangements

There were three staff on duty, when we visited, for nine residents (one resident was in hospital). The Manager is a registered nurse. There are always two staff on duty at night and at the weekend. They are currently using agency staff but try to use the same person where possible. One staff member had recently left and the home is currently recruiting to fill this role. One member of staff that we spoke to had been at the home for four months, and another was from an Agency as one staff member was off sick, and another on annual leave.

Relatives and residents told us that they thought the staff had the right skills and experience. When we asked residents '*Are the staff willing to chat to you?*' one resident said '**Oh yes they are lovely and friendly**'. Another resident said '**I talk to Mrs Walsh when I have a question and she runs this home with a lot of care and commitment**'. Staff told us that they felt they were well staffed and received enough support; they were very happy working in the home.

Staff Training

Staff had completed all mandatory training which we were told is delivered in person by a dedicated nurse and is detailed on a training matrix. Other training has included training on caring for a person with diabetes, incontinence and stoma care to reflect the needs of the residents. One staff member told us that they had completed training both on-line, and in person – at this Home and in their previous job.

The Manager has an open-door policy. Group supervisions take place monthly, as it is a small team of staff, while individual supervisions are done four times a year and appraisals take place annually. There is a whistleblowing policy in place with information available in the staff room.

Meeting Residents' Health and Care Needs:

Health care

Before arrival the Manager assesses all potential residents in their own homes, this is followed by a further assessment during a 'guest day' where the resident visits the home for a day. After this there is a 28 day trial period for both parties. A care plan is drawn up for each resident and the Manager would contact the GP (with the resident's permission) to discuss background information. Staff are matched with residents during the settling in period and this staff member would then have responsibility as the resident's key worker. A handover form is filled out for all residents twice per day and there is also a walkabout verbal handover with the relevant information being transferred to the care plan.

The GP visits the home weekly and out of hours arrangements are in place, but to date they haven't needed to use this service. The GP and the local pharmacy conduct medicine reviews. There have been some issues with long waits for dental care from the community dental service as there is no longer a dentist available to visit the home. Some residents and relatives mentioned that they would like to see a dentist. The optician visits annually and the chiropodist every 6–8 weeks. The local hearing-aid service is no longer available, so staff have to take residents to Finchley Memorial which means releasing staff to accompany the residents.

There are no incidents of pressure sores at present, but the Home would work with the district nursing team if necessary. The Home works with the North London Hospice for 'end of life' care, and with residents and their relatives. Anticipatory medicines are in place, with families being kept well-informed.

Care planning

Some residents were not aware that they had a care plan, and some relatives told us that they had not discussed their relative's care plan and were not involved in planning their care. We would recommend that residents and relatives be more informed and involved in care planning. Staff were aware of care plans and described how they would safeguard a resident and respect their privacy. They were aware of different types of abuse and knew how to look for signs and would discuss any concerns with the Manager, one staff member told us **'the care home is a safe place'**.

Mental Capacity and Deprivations of Liberty Safeguard assessments (DoLS)

Friary Lodge works with the GP and social workers and completes a staged capacity test to assess if a resident has mental capacity, and they would assume that a resident has capacity until proven otherwise. At present one resident has an agreed DoLS (Deprivation of Liberty Safeguards¹), which was processed quite quickly for the initial six months but when it needed renewing, there were some delays.

Relatives told us that their relatives could choose when they got up, and residents said the same, with one resident saying **'someone comes and wakes me up and tells me what is for breakfast'**; another one said **'the carer comes in the morning about 7:30. I will tell her if I want to stay in bed a little longer...she helps me get dressed and wheels me to the dining area'**. All residents and relatives told us that the staff respected the residents' privacy.

Hospital care

There have been issues when residents are discharged from hospital with hospital-acquired infections and one resident was recently left at the door without any discharge papers. This was very concerning as a psychiatric report should have been included as to the fitness of the resident to return to the home. It also incurred the Manager in a lot of expense using taxis etc. to rectify the matter.

¹ Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Activities and residents' well-being:

General activities

Activities are managed by the staff, and individual needs are assessed as part of the care plan. There is an entertainer who comes to the home every Friday. Some residents are able to go out for activities such as art and yoga.

Staff have time to interact with the residents on a social level and as the home is small, this is easily done. Music therapy reminisce and a 'this is your life book' is available for people with dementia. One resident told us that they would like to do more walking as part of their physio. A relative told us that birthdays were celebrated in the home and their relative enjoyed singing. A local school was coming in to sing, which the residents enjoyed. One resident told us they liked armchair yoga. Another resident said they played scrabble and chess and visited a club with Dial-a-ride. A relative commented that the residents could do with a "wider selection of activities".

The home is visited by different members of the Church and Holy Communion is offered every fortnight. One resident told us that they liked to get up at 4.30 am to pray (it was in their care plan and facilitated). Another resident told us that they would like to go to Church every Sunday and could walk there with support. We wondered if the Home could arrange for some help/volunteer from the church to facilitate this.

Meeting residents' nutritional needs:

Mealtime arrangements

We were informed, by the manager, that one resident writes the menu up each day, and there is also a visual menu available. Residents are consulted about the choice of menus which are discussed at residents meeting. There are always alternative choices available. Modifications of meals are made to suit specific needs, i.e. for residents with diabetes. Residents are able to eat in their rooms and some like to have breakfast in their rooms; staff help residents if required. We observed that there was a hand sanitiser available which was used by a member of staff before giving the plate to residents.

Monitoring food and drink intake

All residents are weighed monthly and BMIs are measured, unless there are noticeable changes when they would be monitored weekly. Residents with poor appetites would be discussed and managed with the GP. Regular drinks are available, and staff monitor the residents' fluid intake. They are currently considering organising water bottles for all residents.

Residents' and Relatives' feedback on meals

Residents and their relatives told us that they were very happy with the food and residents can ask for drinks at any time of the day.

Feedback on the care provided:

An annual quality assurance survey is undertaken and monthly residents and relatives' meetings are held and well attended. One resident takes the minutes for the meeting. The winter menu and the Friday entertainer 'happy hour' were agreed at one of these meetings. One resident told us that they attend the meetings regularly and had asked for fruit to be served as dessert, which the Home provided.

A relative told us that they thought residents' meetings were just for residents and were not aware that they can attend. We would suggest that all relatives are made aware that they can attend these monthly meetings. As the home is small, visitors have the opportunity to engage with the Manager and staff when visiting.

We asked residents and relatives how they liked living in the home, and what would improve their experience at the home. We were told:

'Very nice', 'lovely, it's a good place', 'People are very friendly.'

'Its very clean and tidy', 'It's very clean', 'Clean and spotless', 'It's home from home.'

One relative told us ***'we looked at several care homes before this and decided on this one because of their caring nature'***. All of the residents and relatives, that we spoke to, would recommend this home.

Compliments/Complaints/Incidents:

There is a notice in the dining room which explains the complaints procedure that is easily accessible to residents and a book available for compliments in the reception area. We asked relatives what they would do about complaints and one said that they had never had any. Another one said they would go to the Manager or would know how to take it further if required. There was a general sense of assurance that the manager is available at all times to listen to any concerns the residents or the relatives have.

Recommendations for the Friary Lodge:

1. To ensure that wi-fi is available throughout the home as needed.
2. To ensure that resident meetings are more widely communicated, so that relatives are aware that they can attend.
3. Care plans to be explained and made more available to residents and relatives.
4. To make arrangements for residents to visit the dentist if required and for regular checks.
5. For the home to enquire whether the Church can provide any support for the resident who would like to attend Church weekly.

The recommendations below are for Healthwatch Barnet:

6. To make Barnet CCG aware about issues with the discharge of patients and handover of medical documents.
7. To make recommendations about any available dental and hearing aid service for the Home.
8. To feedback to Adult Social Care about the long delay in payments, due from Barnet council, experienced by the home.

Manager's response to Healthwatch recommendations:

1. Wi-fi booster box installed which appears to have remedied the problem. Wi-fi working without interruption.
2. Relatives have been invited to attend the Residents meetings and there is also a poster on display in the care home stating this, if they are not able to attend then relatives are advised to contact the Manager and explore other means of communication e.g. reading the minutes.
3. Care plans are going to be discussed with all residents and relatives and are being updated at present.
4. Residents who are able to visit their dentist do so independently, the care home has a dentist which will visit for those who are willing to pay. The GP refers to community dental service for those who need NHS treatment but there is a long waiting list, if a resident needs urgent treatment they have been taken to the local dentist on two occasions by the staff and was treated in a timely manner at a cost to the home, rather than having the resident in pain by having to wait to be seen by the community dental service.
5. I have enquired with the church and they do not provide this service, we do have lay members of the church who attend to give Holy Communion and pray fortnightly. The journey to our local Catholic church would be too far for the resident to walk with support due to his mobility issue, the family are aware, and they will try to take him themselves.

We want to thank you for your visit, and we appreciate all your comments about the care provided at Friary Lodge, our residents are our priority.

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.*