Enter and View – Safeguarding Visit Report

Name of establishment:	Acacia Lodge Care Home, 37-39 Torrington Park, London N12 9TB
Staff met During Visit:	Fay Khodaverdy, Home Manager Mrs J Bethuel, Home Owner 5 other members of staff
Date of visit:	Friday 12 April 2019
Healthwatch authorised representatives involved:	Helena Pugh Rory Cooper Marion Kafetz Maureen Lobatto

Introduction and Methodology

This is an announced Enter and View (E&V) visit undertaken by Healthwatch Barnet's E&V Representatives, as part of a planned set of visits **reviewing safeguarding** at a range of care and nursing homes within the London Borough of Barnet. Healthwatch E&V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.

The team of trained volunteers and staff visit the service and record their observations along with the feedback from residents, relatives, carers and staff. They compile a report reflecting these and making some recommendations. The report is sent to the manager of the facility visited for validation/correction of facts, and for their response to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Health Overview and Scrutiny Committee/Adults and Communities Committee, Care Quality Commission (CQC), Barnet Council and the public via the Healthwatch website.

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

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The Social Care Institute for Excellence (SCIE) has identified key messages and types of abuse to consider when safeguarding adults[1] (these are summarised below). We have focused on the types of abuse most relevant to care homes and so this report does not necessarily include all the types of abuse mentioned below e.g. modern slavery.

Key messages

People with care and support needs, such as older people or people with disabilities, are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

Signs of abuse can often be difficult to detect. The SCIE briefing aims to help people who come into contact with people with care and support needs to identify abuse and recognise possible indicators. Many types of abuse are also criminal offences and should be treated as such.

Types of abuse: (explained in detail at: https://www.scie.org.uk/)

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

General Information

Acacia Lodge is a privately run residential home for up to 32 older people (or 28 - as there are some shared rooms). It is located in a quiet residential area of North Finchley, close to shops and restaurants. On the day of the visit, there were 26 residents living at the home, 25 of whom have some form of dementia, some of whom have challenging behaviour. The home also provides a respite service, with one new resident arriving on the day of the visit. The residents come from a range of neighbouring boroughs as well as Barnet.

[1] https://www.scie.org.uk/safeguarding/adults/introduction/types-and-indicators-of-abuse

On the day of the visit, the Healthwatch Team met the owner and spoke at length with the manager of the home. In addition, the team spoke to five members of the care staff including the activities lead, eight residents and three relatives. One further questionnaire was received by post from relatives who were not present at the visit and the information that they provided has been provided included in this report.

This 'safeguarding' visit follows a previous more in depth Healthwatch Barnet Enter and View visit carried out in in April 2017. The earlier report[2] which includes more detailed information about the home can be viewed on the Healthwatch Barnet website using the link below.

Deprivation of Liberty Safeguards (DoLS)[3]

Most of the current residents (23) have a current DoLS assessment, with one further application currently being processed. The manager stated that it is not a blanket policy to apply for a DoLS. Two applications were not granted in the last year. The manager told us there is a risk of residents 'absconding' and tells us that there is a locked door policy, therefore even if residents were able, they would still need permission to leave the home.

The length of time taken for a DoLS to be assessed varied, with the process inevitably taking longer if the resident comes from outside Barnet as an application has to be made via another borough. The most recent application was processed within a week and the doctor's visit was within three weeks. Sometimes the manager has to chase the local authority to finish the process.

Staffing information

The current manager started work at Acacia Lodge in February 2018 and then in February 2019 she was appointed to the post of Manager on a permanent basis. At the time of writing, her registration is in process. There is no deputy manager post. The manager speaks to the owner for their supervision.

There are four to five staff on duty during the day depending on the number of residents and two to three staff on duty at night; there is no difference in staffing at the weekends. There is always a senior healthcare assistant on duty. The staff to resident ratio on the day of the visit was 1: 5. When the manager is on leave the owner covers her post.

Staff turnover is low, with two members of staff having left during the previous six months. Some staff have worked at Acacia Lodge a long time including three members who have been in post eight years, 12 years and 23 years respectively.

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[2] https://www.healthwatchbarnet.co.uk/sites/default/files/uploads/acacia_lodge_ev_report_may_2017.pdf

[3] 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.

The manager told us that the staff recruitment practice includes contacting a recruitment agency such as Indeed, and then after reading through CVs potential staff are invited for an initial interview. They are required to provide photographic ID (passport or driving license), their National Insurance (NI) number, two proof of address checks and then if appropriate, they are invited to have a second interview. Two references have to be provided before new staff are able to start work and a DBS[4] check is carried out. Sometimes new staff start work before the second part of DBS has been completed.

Staff induction covers all the mandatory training (e.g. safeguarding, first aid, moving and handling etc) and dementia training which is provided by Learning Curve. Some staff have pharmacy/ medication training and others are trained fire marshals. Refresher training is provided on an annual basis both face-to-face by the manager and through e-learning. New staff are observed over a three-month probation period which is extended by a further three months' probation if necessary, therefore staff are made permanent after three or six months.

The manager told us that as some of the residents do not have English as their first language, efforts are made to find interpreters if necessary. At present staff members speak Albanian, Greek, Iranian, Italian, Farsi, Latvian and Ukrainian. Nearly all residents would be able to be spoken to in a language they understand. One example is a new Russian resident who speaks no English but some of the Eastern European staff have some Russian and can communicate with her. The manager is in the process of employing a Russian speaking healthcare assistant who would be able to help. The manager said they would use interpreters or translation services if required but this is not currently the case.

The manager mentioned that she had experienced one of the council advocates (who was visiting on behalf a new resident) as patronising; she asked the person to leave and reported the incident to the relevant council.

Staff are told about the 'Whistleblowing' policy which is included in the general folder of policies and procedures. Staff have to read it but do not currently have to sign a copy, nor is it emailed or given to them to keep their own copy. It is kept with all the other policies in a large file. However, all policies are currently being updated by the manager, and we were pleased to hear that once complete each member of staff will have to sign to say they have read and understood the policies.

One staff member mentioned that there had been a complaint about another member of staff some time ago and that the member of staff concerned had now left.

[4] A DBS or Disclosure and Barring Service check, helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people, including children.

Overall staff said they worked well together and appeared very supportive of each other. Those interviewed said they like working in the home and that it is a pleasant environment.

We asked staff: *'Do you have time to get to know what individuals' likes and interests are?'* Overall the staff on the floor seemed to give time to and know the residents but some felt that they would like more 1:1 time with each resident so they could more easily respond to individuals' needs.

Care planning and case recording

On our visit we saw copies of care plans, risk assessments as well as daily notes. The manager told us that she carries out all risk assessments for new residents and develops a care plan for them. Staff get to know residents' needs by reading care plans which are evaluated each month and reviewed every three months, and more frequently as necessary. Relatives are invited to participate in the development and review of care plans. The staff also involve advocates and interpreters if needed. Some residents have challenging behaviour and if this becomes too great, they receive an assessment by the mental health team, and may have to be re-located to another residence.

There are two handovers each day in the morning and evening. Twice daily progress notes are kept, and we saw charts of hourly checks (including through the night) on the location/activity/wellbeing of each resident. Food and fluid charts are completed for those residents at risk.

We suggest it would be beneficial if the responsibility for carrying out assessments and writing care plans currently undertaken solely by the manager, could be shared with another member of staff, such as the senior healthcare assistants. This recommendation was also made after our visit in 2017 and we were told that other staff would be trained to write care plans and risk assessments; however, this change is not in place.

We noticed that the care plans and all daily notes are held on paper with only the manager using a computer, we feel that these would be more quickly updated and more easily accessible to all staff if they were held electronically and this would potentially be a more secure way of keeping records.

Residents' personal finances

Acacia Lodge has a finance officer to manage residents' personal finances. Residents who have a lasting power of attorney have this documented in their care plan. Each resident has a separate 'account' in the home and the money is put in envelopes for each resident by the Finance Officer and stored in the safe. Receipts are kept on each person's file and they are audited regularly. Residents usually have a small amount of cash to cover hairdressing, podiatry, toiletries, newspapers and other personal items. If needed care staff escort residents to the bank as they cannot go by themselves. They are encouraged not to keep cash in their rooms and most kept their money in the office. Some families buy clothes and other personal items for their loved ones on a regular basis.

No issues were mentioned by residents or relatives with regard to personal finances.

Activities and events

There is an activities' co-ordinator who organises a range of activities taking place at Acacia Lodge including seated yoga, seated netball, films, garden barbeques and music on Fridays. There are also monthly violin and cello recitals. Support workers take residents out to the local shops, for a coffee and something to eat out if they wish. Some residents / relatives said residents rarely go out, except to visit their GP.

We were told by relatives that there are residents' meetings every six months which some residents said they liked.

During our visit a hula hoop session was underway run by the Activities Lead; we observed about eight of the 16 residents in the lounge taking part; the others were asleep or just watching. There is a small number of residents who never participate in group activities who welcomed the fact that they are not pressured to do so.

We asked how residents' preferences for activities are taken on board, this is particularly important as people with dementia may not be able to participate in group activities. The manager explained that residents' preferences including their hobbies and interests are discussed with them and their relatives when they arrive at Acacia Lodge as part of their initial assessment. A short life history which includes some details about their past life such as where they grew up, occupation, hobbies and interests is compiled for each resident which is then included in their care plan. Much of this sort of information comes from family and friends as so many of the residents have dementia.

Efforts are made to meet residents' interests such as regularly buying relevant magazines for residents' interests e.g. about racing cars. Other interests which residents have expressed are listening to music and political debates.

A few of the residents like to take part in religious activities. A catholic priest comes once a week and five people take communion with him, a Greek orthodox priest visits occasionally and nearby Jesus House arranges transport for residents to take part in services approximately every two to three months. The majority of current residents do not wish to take part in any religious activities.

We asked staff:
'How do you approach residents who choose not to come out of their room, not socialise, not take part in activities?' 'How do you balance their right to choose with the possible benefits of them engaging more?'

Staff said they spent time encouraging their more isolated residents to join in downstairs in the lounge and dining room. Staff also told us that it was of prime importance that residents have the right to choose if they wish to take part in activities. We observed staff encouraging residents to move from the lounge into the dining room at teatime. The manager told us that staff relied on intuition and

observation to meet the needs of residents without many visiting family and friends.

We noticed that a few of the residents, those with mild or no dementia, seemed to find the activities unsuitable or boring and so often remain in their rooms. We wondered if it would be possible to encourage the use of volunteers to allow greater opportunities for relevant stimulating activities and conversation.

In addition we wondered if the creation of sensory room would be beneficial given the high number of residents with advanced dementia. (A sensory room combines gentle light, movement, music and tactile objects designed to either calm or stimulate people with dementia.)

Understanding safeguarding issues

The manager talks to all residents and their relatives about safeguarding when they arrive at Acacia Lodge. As between 15-20 residents are non-verbal or have limited speech, pictures are used to help people understand the issues. A detailed flow chart (see Appendix 1) reminding all staff and visitors how to raise a safeguarding concern was visible on the noticeboard in the lounge and in the staff room. The manager told us that and all safeguarding issues would be reported to her and she would talk to staff and residents to see what the issue might be and raise it with Barnet Council and notify CQC if necessary.

We observed that the residents seemed to know and trust the staff, who seemed to be quite available to them. Staff worked quietly and gently with the residents. The staff we spoke to understand their role in relation to safeguarding. They worked in a person-centred way and seemed familiar with how to motivate and encourage the residents. Residents we spoke to feel the staff are patient and would help if they were physically or psychologically abused.

We asked staff: *'Do you know how to report a safeguarding concern?'*
Staff had received safeguarding awareness training and updates and were able to explain what safeguarding means and knew how to report incidences understanding the role of CQC and the local authority. Two staff interviewed said they had not witnessed any safeguarding issues at the home and were not aware of any having occurred. Staff reported that they know how to manage challenging behaviour identifying that they follow best practice.

Overall, staff were very aware of safeguarding issues and the manager stated that she is reassured that residents are safe as she felt confident in the training staff received and the robust care planning and risk assessments (including the hourly observations in place).

Safeguarding concerns

Since the manager has been in post there has been one safeguarding concern raised with the council, regarding financial abuse by a relative which has now been closed. The process involved contacting the resident's home borough of Islington, which then sent it to Barnet Council. After three weeks the manager

had to chase for a response; it took a further 10 days to close the case which was confirmed by email.

We asked the manager: '*Do you get feedback from the Safeguarding Adults Team after you have made a referral? How do you feel that the safeguarding process works in Barnet? Please tell us what you feel works well and what does not.'*

Following a safeguarding referral, the manager gets a phone call and then an email formally closing the case. The manager felt that although Barnet Council can sometimes be a little heavy handed when dealing with safeguarding concerns, it was quite good overall. She mentioned that whilst a turnaround time of three weeks is perhaps acceptable for investigating financial abuse, she felt it would be unacceptable in cases of physical or sexual abuse.

Sometimes it is very difficult to get in touch with the relevant staff at the council. The manager also mentioned that sometimes she has had to chase the council for the financial allowances that residents are entitled to. She cited one example where a resident had to wait six months. The team thought an updated council structure chart listing key contacts would be helpful.

The manager felt supported by Barnet Care and Quality Team and would welcome some help with in-house safeguarding training, as it is hard for a small home to send staff out for training.

We also asked about the incidence of pressure sores. We were told that one resident had come back from hospital with a pressure sore on their ankle and that the manager has recently made two referrals about possible pressure sores to the district nursing team concerning residents who had arrived in the last week. We were told that district nurses provided a very quick response usually within 24 hours and sometimes the same day.

Nobody else (residents, relatives or staff) mentioned any other safeguarding concerns to us and neither did the team observe any.

Residents' and relatives' views about the home

All the residents (and their relatives) who we spoke to said they felt satisfied with the home and that staff gave them choices including about their personal care. They felt safe and secure living at Acacia Lodge.

One resident commented '*You can be yourself here'*, and a recurring comment was that residents are free to choose how to spend their day. One new resident said '*I'd rather not be here';* Healthwatch representatives recognised this statement as not uncommon amongst people who have recently moved into residential care.

One relative who visited regularly said they liked the small homely atmosphere where staff *'were caring'* could keep a *'finger on'* the residents; they *'were observant, not intrusive'*. The manager was seen as approachable if they

needed to talk to her about their relative's care. *'It's an ideal place for her, as she isn't be able to continue living at home'.*

We also asked: *'Do you think your relative gets enough to eat and drink?'* Most relatives said the residents felt that the food was good, and that the chef talks to each person to get their individual preferences.

We asked relatives: *'How do you find the staff here'?* Most relatives had a high opinion of staff and praised the home saying staff are friendly, gentle and kind when meeting residents' needs. One relative said staff were '*fantastic*'. Others felt staff were either *'good enough', 'looked after everything'*, or they had *'no complaints'*.

We asked relatives: *'Do the staff always communicate in an appropriate manner with you and your relative?'* One Italian speaking resident often lapsed into her native tongue and appreciated the Italian speaking care worker.

Finally, residents and relatives were asked: *'Would you recommend this home to family and friends?'* Those we spoke to said they would be were happy to recommend Acacia as a place to live.

Conclusions

The team felt that Acacia Lodge provides a homely, person centred place for people to live. There was a gentle culture allowing residents the freedom to be their own person. The manager is clearly very dedicated to her job and is very protective of residents; it would be helpful to review if some of the responsibility for assessment and care planning could be shared. Whilst we can see benefits to moving to electronic record keeping in the future, we recognised that everyone living at the home felt safe. In order to meet as many of the residents' needs as possible, it would be helpful to expand the type of activities on offer. Residents and relatives who we spoke to were happy with the home would recommend it to friends and family. We came away with the feeling that the home appears to operate in a manner that provides a safe and secure welcoming environment.

Recommendations for Acacia Care Home

1. Review the manager's sole responsibility for assessments and care plans; we wondered if this responsibility could be shared with the senior healthcare staff.

2. Consider moving to a digital/electronic records system to allow greater and easier access to understanding residents' care needs.

3. Consider creating a sensory room to enable more residents to get the benefit of taking part in activities.

4. Consider ways to increase the 1:1 time with residents such as by creating a pool of volunteers to provide befriending to residents who would like

more opportunities for stimulating activities and conversation.

5. Develop activities for more able residents to encourage them to leave their rooms and to also participate in activity outside the home.

Response from Acacia Care Home Manager

1. As the Manager I initially inscribe the Risk assessments and care plans, I am in process of training some of the staff to have the opportunity to do the care plans also.

2. The system that is currently been used is efficacious, however, we are open to utilise the electronic method if you can recommend a simple one, we will be grateful.

3. We are considering this.

4. Staff do interact with residents on 1 to 1 during personal care. The activity coordinator interacts with residents including the one in the bedrooms, apart from a few who wish to do their own activities including one goes out with their family regularly, however, when we have in house regalement they take part if they are in, most residents do participate in daily activities.

External organisations will be researched and arranged by the activity co-ordinator.

5. We invite residents to go out in the garden during the good weather, some have their lunch, and some have their afternoon tea in the garden when there is a nice weather and staff spent time to interact on 1-1 basis

We don't have any residents that are perpetually in their bedrooms, they do sometimes emerge depending on their wishes, however all like to join others in the dining area for their meals. Some of the residents with advanced dementia, relish music and relish to dance with staff members or like staff dancing for them. This is always offered to them. Residents with circumscribed communication are still interacted with in different ways by our experienced staff and show/expound to staff so they are not left behind and the activity co-ordinator focuses on those so they can benefit from activities and felicitous activities are chosen for them such as music, reminiscence, sitting netball and exercise.

Date: 5th July 2019

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Appendix 1

ACACIA LODGE
SENIOR CARE

SAFEGUARDING ADULTS FROM ABUSE
FLOWCHART

Incident OR Suspected Abuse

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Implement an immediate protection plan

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Inform Manager, Senior, Inform Social Worker (details in case file)
Police 101 or 999, Family (case file), CQC 0300 0616161
Refer to LBB Social Services Safeguarding Team on

- Tel: 020 8359 5000 (9am- 5pm, Mon to Fri), or 020 8359 2000 (out of hours) Email: socialcaredirect@barnet.gov.uk

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Record on Incident Forms

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Document in progress report

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Complete correct notification to CQC
Send all relevant paperwork to Social Worker, Safeguarding and CQC (including referral form)

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If required, arrange appointments with GP, Psychiatrist or any other professional required

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Implement a long-term protection plan (if required)

Remember we all have a responsibility to protect the people that use our service. Failure to follow above procedures will result in disciplinary action and could result in loss of employment.