

Enter and View – Visit Report

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| Name of establishment: | Appletree Court Nursing Home 158 Burnt Oak Broadway, HA8 0AX |
| Staff met During Visit: | Manager, Deputy Manager, Activities Coordinator |
| Date of visit: | 7 th March 2017 |
| Healthwatch authorised representatives involved: | Derrick Edgerton (Team Leader) Tina Stanton Helena Pugh |

Introduction and Methodology

Enter and View (E&V) visits are undertaken by Healthwatch Barnet's E&V Volunteers, as part of a planned strategy to look at a range of care and nursing homes within the London Borough of Barnet to obtain a better idea of the quality of care provided. 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 visit the service and record their observations along with the feedback from residents, relatives, carers and staff. The volunteers compile a report reflecting all of this, 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 Safeguarding Committee, CQC, Barnet Council and the public via the Healthwatch website.

This announced Enter and View (E&V) re-visit was undertaken by Healthwatch Barnet's E&V Volunteers. An initial E&V visit was undertaken in November 2015 and a report and series of recommendations was published. The report is available on the Healthwatch Barnet website and includes the Manager's comments on the recommendations. Three members of the original E&V team undertook a follow-up re-visit on 7th March 2017 to assess how the recommendations have been actioned and to talk to residents and relatives.

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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.

Executive Summary

A home that is undergoing a great deal of change due to it recently being taken in to new management. Whilst these changes have been received enthusiastically by the management of the home, as they feel more supported, there are still underlying issues, namely staff levels and training. At this time of change, the opportunity should be taken to address these.

General Information

This was a follow-up visit to that carried out on 10th November 2015. In late 2016 the group of homes to which Appletree belonged was taken over by The Maria Mallaband Care Group, whose head office is in Leeds. This group now has 72 homes throughout the UK. This event happened with very little notice. As a result of this, new protocols, practices and procedures have been or are being introduced that are standard throughout the group. The home has 77 beds and at the time of the visit there were 68 residents, so 9 vacancies.

The Deputy Manager (in post for approximately 1 year) was of the opinion that the new "36 File" system being introduced with respect to administration was an improvement to what was in place. Monthly returns covering various areas (e.g. Quality, Health and Safety (H&S), Incidents) had to be made to head office. It was stated that as there was now greater support available than before as there were now dedicated Human Resources (HR), H&S, Training and Quality departments.

The manager has also been asked to put together a "wish list" of things that would improve the quality of the residents stay. On this list, currently are:

- New curtains, soft furnishings and furniture in all 77 rooms.

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- Refurbishment of kitchen areas on residential floors.
- Improvements to, and of the upkeep of, the surrounding grounds.
- Additional Activities Coordinator to provide adequate 7 day cover.
- Replacement of the floor covering in the lobby area (the rest had been replaced).

Generally on re-visits the team review the previous visit recommendations, but on this occasion as there were so many changes to the home, they reviewed the key areas of interest that the team usually explore instead.

Care Planning

This was briefly reviewed and was an area where minor changes were being introduced in line with the new organisations systems and procedures.

Management of Residents' Health and Wellbeing

The home utilises the full range of services available to it (from Barnet and Harrow) with respect to District Nurses, Physiotherapists, Chiropodists and so on. A GP from a local Health Centre attends weekly. End of Life care is available and the home had partaken of the "Significant 7" scheme. (This is a training course run by Barnet Council's Quality in Care Homes team (IQICH) to help care assistants and other staff to spot the earliest signs of deterioration and respond to them more quickly.)

A volunteer from Advocacy in Barnet attends on a weekly basis and has been doing so from 2010, working with residents who need additional advocacy support. They are particularly skilful in helping residents with dementia deal with financial issues.

Staff

There were 70+ staff on the books. Some staff had been in post for many years, at least one since the home opened in 2006. There were 2 nurses on duty and each floor had 1x Senior and 4 Carers during the day. At

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night, there was nursing cover and 2 carers per floor. Agency staff were not used, only bank

It was stated that staffing levels are constantly monitored and if required additional bank staff bought in (e.g. to assist in providing End of Life Care). Conflicting information was received about staff turnover, but we were told any vacancies were quickly advertised. It was stated that other homes in the area offer a higher hourly rate.

There is now a dedicated Human Resources team within the organisation and a representative from that team attends the home regularly. The home is now allowed to recruit to 15% over establishment. (it was not clear whether this was the case at the time of the visit).

From information that the team received, it would appear that the general impression was that the staffing levels were inadequate to provide the level of care need. There was some concern from relatives that the carers were not "caring enough"; this was perceived to be due to being overstretched and a lack of training. This may be part of the reason for some of the strained relationships that were said to exist.

Staff Training

We were told that new staff undergo an induction training period before commencing duties, although the Healthwatch team did hear differently. Since the takeover, 3 staff had received training in relevant areas (e.g. use of hoists) and were to act as trainers in situ. We were told the 40 regular staff were being encouraged to undertake care qualifications.

However much of the training was e-learning. This, apparently, was not necessarily done on the premises. E-learning, in this situation, does raise concerns. Firstly, has the individual concerned actually carried out the e-learning themselves or has someone else done it on their behalf. Secondly, whilst an individual may understand the theory, can they apply the knowledge in a real-life situation? How is their competence ascertained? The different levels of competence may also add to the tensions that were said to exist within the staff.

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We were told that “supervision sessions” had changed to “Learning and Development” sessions and were done 4 times a year. (the Healthwatch team had concerns as to whether this was frequent enough). There was also an appraisal system. These were being carried out at the time of the visit.

There were monthly management meetings and then staff meetings to disseminate information.

There had been a lot of interaction with the IQICH team from Barnet. Relevant individuals attend the courses that this team runs and these were found to be extremely useful and a good way of networking.

Activities

There are currently 2 Activity Coordinators, one during the week and another covering the weekends. As part of the “wish list”, a request for a second coordinator for during the week had been put in.

There is a comprehensive program of activities, but as they are carried out on each floor at different times, it appeared difficult to co-ordinate all of these at times. Special activities are arranged (St Valentine’s Day, St Patricks Day, Easter Bonnet) and outings do occur (RAF museum, Harvester). The home makes use of Barnet Community Transport. The cinema room is still a popular feature.

Some relatives expressed concern that there are not enough appropriate activities for the more able residents e.g. quizzes or opportunity to play scrabble.

Food

The team was not present whilst a meal was being served. We were told that the home had worked closely with IQICH on the “Dining Room Experience”. We were also told that snacks and drinks had been introduced and were available at nights for residents. Residents and relatives we spoke to said they were happy with the food.

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Engagement with Relatives/Residents/ Carers

All relatives and residents, together with the relevant authorities had been informed of the takeover. Residents and relatives had been invited to a meeting (confirmed by a relative present) to meet the managing director of the new company.

The majority of residents expressed overall satisfaction with the home, but many stressed that the staff appeared rushed and at times there were insufficient to cope. Some relatives visit more frequently than they otherwise would, to ensure the standard of care is maintained.

Resident and relative meetings were held in alternate months and points made were noted and acted on.

Compliments/Complaints/Incidents

These had now to be reported on a monthly basis, along with relevant action, to head office in Leeds.

Conclusions

The team, unfortunately, came away with mixed feelings. On the one hand, a new organisation had taken the home on, and was introducing new processes, protocols and procedures which were being seen as positive and being taken on board with enthusiasm. On the other hand, this was countered by a feeling that there were insufficient staff.

The overall effect of this was that the resident experience was not as good as it could have been.

Recommendations

- 1) Whilst we were told that staffing levels are constantly under review, there still appears to be the impression that levels are inadequate. A review of staffing is once again suggested (as in November 2015)
- 2) Whilst the value of e-learning is understood, the limitations of the technique must be recognised. Once an e-learning module has been completed, the competency of that staff member should be checked to

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ensure that the issue (e.g. safeguarding) or technique (e.g. turning a person in bed) is understood both in theory and practice.

- 3) Following the revised timescales for supervision/ learning and development sessions, we feel these should be reviewed to establish if these are sufficient after a period of say 6 months.

Response from Manager

- 1) Appletree carry out staffing level dependencies every month to review the staffing levels. Since January 2017 the deputy manager is additionally funded, and we have an additional receptionist for 7 days a week, and an additional administrator post. We are also planning to bring on-board a Clinical Lead to work with myself and the deputy manager. We also have agreement to recruit an additional 15% of the staffing compliment. Maria Mallaband Care Group have a robust Human Resources department and offer a number of benefits for their staff.
- 2) I would like to reassure Healthwatch Barnet, that e-learning is not the only learning that goes on at Appletree. Appletree works very closely with Barnet Council's Quality Team, and we carried out their Significant 7 training last year. Our staff have attended training on diabetes and asthma which has been provided by the General Practitioners and Barnet Quality team. We are part of the Care Home Research Network and we carry out research for residents who live with dementia. I also take the students from the University of Hertfordshire and together we have a caring rich learning environment.
- 3) Maria Mallaband Care Group (MMCG) have a Head of Nursing and a large training and development department, so all staff have to complete their professional development portfolio with a review every 3 months.

We are finding it is a pleasure to work with MMCG as they have robust HR, Health and Safety and Quality procedures in place

Thank you once again for their visit and all recommendations are valued and acted upon.

Report date: March 2017