

Enter and View – Visit Report

Name of establishment: The Arkley Nursing Home
140 Barnet Road
Herts EN5 3LJ

Staff met During Visit: Manager: Ruta Starkute-Nahani
Deputy Manager
Head housekeeper
Catering Manager
Some staff
Some relatives

Date of visit: Friday 12th May 2017

Healthwatch authorised representatives involved: Mr Derrick Edgerton
Mr Melvin Gamp
Mrs Linda Jackson
Mrs Marion Kafetz

Introduction and Methodology

This is an announced Enter and View (E&V) visit 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. Questionnaires are provided for relatives/carers/friends who are not able to attend on the day of the visit, but wish to provide some feedback. These are returned directly to Healthwatch. 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

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Safeguarding Committee, 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, 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.*

General Information

This home was purpose built in the mid-1990s and is part of the BUPA UK group. The accommodation is spread over two floors with corridors that lead off of an octagonal central enclosed atrium. In the centre of this atrium is a flower bed (maintained by specialist gardeners) which in turn is surrounded by armchairs and sofas for use of the residents. A balcony runs around the whole atrium at first floor level. There are 21 rooms on the ground floor and 30 on the first floor.

Surrounding the building was a well-maintained garden accessible through several doors. The garden is not enclosed, and has access to the road. Ample parking spaces were available.

Access to the Home is by keypad or intercom. Visitors enter a lobby with a reception office at the side. There was a hand gel dispenser and notice boards displaying items of interest to the residents and our flyer announcing our visit. Entry to the Home was through another locked door operated by the receptionist.

The layout on both floors was similar with small lounges (including one set up as a tea room), a hairdressing room and an open plan dining area on the ground floor and a dining room, small lounge, the Manager's Office and Nurses' stations on the first. The residents' rooms were situated in corridors off the main atrium. All residents' rooms were en-suite with either a shower or bath, and there was an additional bathroom and toilet on each floor (although these were equipped with mobility accessories, they were little used). There are television, wifi and telephone connections in each room, and televisions are supplied by the home. Sky can be installed if the individual requests. Residents can bring in personal effects or their own pieces of furniture. The rooms seen by the team were well maintained and furnished appropriately.

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There is a lift (access controlled) and one of the staircases has a chair lift. There were ample fire extinguishers around plus additional equipment to aid in moving residents in case of emergency. We were told staff were regularly trained in the use of this equipment.

This visit was done as a follow-up to that carried out by HealthWatch Barnet in November 2015. The team were also aware of the CQC report carried out in January 2017 and published in March 2017 which rated the home as "Requiring Improvement".

At the time of the visit there were 43 residents, the capacity being 51.

Care Planning

Residents are subjected to careful pre-assessment before being allowed to take up residency. The Management may have reports from the Social Worker and Multidisciplinary Team, and will interview relatives and residents to ascertain medical and care needs, and also to find out the resident's life history and personal preferences. An assessment is made as to the suitability of the potential resident and if the home can provide for their needs. The home does not specialise in dementia care but individuals living with dementia are admitted if their medical needs are such as they outweigh the dementia needs, and the decision about this is based on the pre-admission assessment. (it was noted during the visit that much of the building is not particularly dementia friendly, (such as the colour scheme and floor coverings), with the exception of the tea-room . Mental capacity assessments are made and that if the resident lacks capacity, an application for DoLs are now immediately completed and sent off to the local authority. At present the home has 17 residents with DoLs (Deprivation of Liberty safeguards). It was stated that the home had to deal with several local authorities, but that Barnet was slow in processing DoLs.

Care staff take notes throughout the day of their interactions with residents and these are collated and entered into the residents file by the nursing staff. Care plans are reviewed monthly.

At least 3 residents were being funded for continuing care.

End of Life plans are put into place at an appropriate time taking into consideration the needs of the resident and the whole family. One resident Receiving end of life care and had a personalised plan in place which they seemed contented with.

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Management of Residents' Health and Wellbeing

All new residents are assessed by a GP (this was happening on the day of the visit). Residents can keep their own GPs if this is agreeable. Out of hours NHS services are used (Barndoc/NHS111).

There are daily monitoring of residents health and weekly clinical reviews. There are several residents who are bedridden. Residents are weighed monthly or weekly if indicated.

Speech and language therapy is undertaken by visiting therapists. Visits made as required by Tissue Viability Nurse and Dietician.

A chiropodist visits regularly and a dentist is available when required. Fluid intake is monitored and frequent drinks are available. Each room had a water jug although not always within reach from the bed. While it was noted that some residents are unable to help themselves to water staff should ensure that those who can, have the water jug and glass within their reach. It should be identified on the care plan whether or not residents can help themselves to water.

Individual residents can attend church etc, and priests do attend residents in the home.

Several residents were in wheel chairs and we also saw a room containing several motorised wheelchairs and mobility scooters on charge.

There was some concern expressed about the time taken to answer call bells, but there was also an understanding that a call bell could not, on its own, indicate how urgent the situation was.

Staff

The nursing staff manage the care staff. There are 3 nurses and 9 carers on duty during the day and 2 nurses and 4 care staff at night. In addition, there is a housekeeping team that is separately managed, a maintenance person, catering and administrative staff. There is also an activities coordinator who arranges general activities, but also spends time with residents on a one-to-one basis.

Staffing levels are assessed to deal with resident numbers and their needs and are currently stated to be more than adequate. Some residents

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and relatives did mention that the staff sometimes appeared “rushed” but appreciated that more staff, whilst welcome, might not necessarily be the answer.

Agency staff are used, but we were told that specified individuals are asked for from the agency.

We were told that staff turnover had reduced. Several staff had been at the home for long periods, one for 23 years.

There is a daily management meeting at 2pm attended by the nurses, heads of areas and senior carers. This is the time when information is passed on and issues discussed.

All staff seen were friendly and polite.

Staff Training

This was done using a combination of e-learning and taught. There is a training room on the second floor. Since our last visit the organization has introduced internal competency assessments. Senior staff also take the opportunity on their rounds to challenge staff on their understanding of policies and procedures.

Supervision occurs 6 times a year and there is an annual appraisal.

Activities

The activities coordinator organises group activities, but also offers one to one time/activities for those residents confined to their rooms and for those not wishing to participate in the group activities. Outings to the seaside occurred last year and are planned to happen again this year. There have also been shopping trips, visits to a garden centre, Kew Gardens, Whipsnade. Also, a visit is lined up for St.Albans Xmas market, and a pantomime (Snow White) at Radlett’.

Visits to a local pub also occur. Resident’s birthdays are also celebrated.

Food

All meals are produced in house. There is a rolling menu but alternatives are always available. The chef that was spoken to, knew the likes and dislikes of individual residents and these were catered for. The main meal is served at lunch time. The meal we saw appeared appetising.

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Special diets are catered for. One resident was tube fed. Where required, residents were helped with eating.

There were drinks, cake and snacks available throughout the day in the kitchenettes on both floors and also in the “tea lounge” on the ground floor for residents and relatives (which was pleasantly decorated).

Engagement with Relatives/Residents/ Carers

Resident meetings are held quarterly. The last one had been in April after the publication of the CQC report. (relatives who had attended this meeting were present at our visit and we spoke to them).

3 relative questionnaires were returned, all stating overall satisfaction with the home.

Relatives stated that the home contacted them with updates when required.

Compliments/Complaints/Incidents

We were told of a couple of incidents/complaints whose resolution was still outstanding as outside agencies were involved. We were satisfied that all relevant action had been taken and that a resolution would be achieved shortly.

The residents and relatives spoken to appeared to be satisfied overall with the conditions and environment in the home. Some praised the staff, some the food and others the activities.

Conclusions

Arkley was visited by HealthWatch Barnet in November 2015. After that visit, an Action Plan was put in place following the recommendations then made (this plan is attached to the Nov 15 report on our website www.healthwatchbarnet.co.uk). A point that appears to be still outstanding is response times to call bells. Several individuals we spoke to on this visit stated that the response time was very variable ranging from immediate to having to wait up to 30 minutes.

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During our visit, we were told that an internal inspection/audit by BUPA staff had rated the home at “Amber”. This surprised us as it would have been hoped that the inspection and audit procedures of the parent organisation would be robust enough to prevent a component of that organisation from falling below an acceptable standard. The audit covers different areas and we were told it may not provide a total reflection on the home as it looks at operational essentials as a whole. There has been an apparent turnover of managers over the past 3 – 4 years, which has not helped with maintaining standards.

The current manager had only been in place from early/mid-April. She has, however, made her presence felt. We were told by staff that she had introduced a “clear line of management”, was “visible, supportive and organised”. This we felt was a good sign and bodes well for the future. It is hoped that the current manager be given sufficient time to bring the home up to the required standard and to put in place safeguards to prevent standards slipping. It is also hoped that this will be assisted by a more robust internal auditing and inspection regime.

All the staff we saw appeared content and were polite. Morale appeared at a reasonable level.

Recommendations for Arkley:

1. Make sure that all residents are able to access a drink at all times.
2. Answer all call bells promptly to ascertain the urgency of the call. If not urgent and staff are busy, the resident should be told that their call has been noted, and will be attended to.
3. Inform residents and relatives regularly of the existence of a Care Plan, how it relates to the care given, and how they can access them if they wish. Involve all staff in the formulation of care plans.

Response from Arkley (Home Manager)

1. Drinks served at the home throughout day and night.

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- 2.** A new visual monitoring system was installed last year and continues to be monitored daily by management. (This is a display unit in each corridor which enables everyone to see call bells. Previously display units were not in place and call bells could only be monitored through pager.)
- 3.** Care Plan reviews are planned with residents and relatives as part of resident of the day.

Recommendations for Barnet Council:

Investigate why there is a delay in processing DoLs applications.

Response from Barnet Council (Assistant Director, Adults and Communities)

Throughout 2016-17 Barnet has continued to receive an extremely high volume of Dols applications. All requests are screened and prioritised accordingly using ADASS guidance (Association of Directors of Adult Social Services). The Dols Team are working directly with homes in relation to any delays and we are currently reviewing our processes and systems to identify further improvements.

Report Date June 2017