

Enter and View – Visit Report

Name of establishment:	Carlton Court Care Home (TLC Group (Rockley Dene Homes Limited)) 112, Bells Hill, Barnet, EN5 2SQ Tel: 020 8447 4790
Staff met During Visit:	Manager, Kim Brown, Deputy Manager, Jenny Downs, Community Development Manager, Members of staff
Date of visit:	24 th February, 2016
Healthwatch authorised representatives involved:	Linda Jackson, Alison Wright, Janice Tausig, Helena Pugh

Introduction and Methodology

This is an unannounced 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 who are not able to attend on the day of the visit but wish to give their feedback. These are returned directly to Healthwatch.

The team then 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

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Overview and Scrutiny Committee/Adults and 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

Carlton Court is a modern purpose-built care home set back from a steep, narrow side road. Parking is difficult in the side road, as it is either residents' parking or pay by phone. The home does have parking places, but there were few available owing to building works.

Entry is by intercom/door bell. We were buzzed into a lobby with comfortable seating and a table by a Receptionist. The reception area had displays of a recent CQC Report, the Activities programme for that week, and large photographs of what the reception area would like after renovation. Also displayed was a poster of the home's 18 Champions for Dementia, Induction, Tissue Viability, Health and Safety, Hospitality and Health and Safety, Equality and Diversity, and Falls, with their photographs but without any dates of their appointment. We were unable to ascertain what training the Champions had and if the Champions shown were still in post. The Team signed the signing in book, and examined a large undated compliments book, containing letters and cards of appreciation from relatives. There was a hand gel dispenser on the desk. Although questionnaires for relatives were given to the home in advance of our visit, we did not receive any completed questionnaires back.

On this visit the Team confined their interviews and observations to the Dementia care floor, and the nursing care floor. The Team were shown around the home by the Community Development Manager, who was also a Dementia Champion. She told us that she is also working with the local community and businesses to raise awareness of aspects of living with dementia. The home is built in a U-shape into the side of a hill, and has four floors. Floor -1 contains the reception area, the kitchen and administrative offices. Floor 0 accommodates the residents with

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dementia, and opens out onto an attractive enclosed garden at the back. Floor 1 is nursing care, and Floor 2 is for residential residents, with one respite room. Two talking lifts go up to the floors (one large enough to take a bed). Key pads on the upper floors provide security. All the floors are divided into two units, each with their own lounge and dining room. Each unit also has a bathroom with a hoist. All the bedrooms have an en-suite bathroom with toilet and a shower.

The home is in the middle of extensive renovations, although the environment throughout was clean and uncluttered. However the Team noticed a smell of urine in certain areas on Floors 0 and 1. The newly redecorated rooms and bathrooms were attractive, with good quality furnishings and curtains. Each room has a flat screen television provided and telephone points. At present Wi-fi is not available in all parts of the building. New residents may take in personal items such as pictures and photographs, a favourite chair or piece of furniture, bedcovers and so on. The rooms have the name of the resident and a photo on each door.

The dining rooms have newly fitted open plan kitchenettes where residents can prepare a drink or snack for themselves, under supervision if necessary. Floor 0 has Dementia friendly fireplaces in the lounges and through lounges with glass doors.

Residents may smoke under shelter in the garden, accompanied by staff.

At present the home has 57 residents with 71 rooms available. This will rise to 84 after building works, with 1 respite room.

Care Planning

The Deputy Manager whom we interviewed, told the Team that a potential resident is assessed before coming to the home by a risk assessment nurse, and senior management. The home also contacts the GP, social worker, and talks to carers and relatives. Mental capacity is assessed by a senior Manager. They also find out interests, hobbies and occupation, food requirements and what is preferred for personal care. This is put into an individual Care Plan, which is changed and updated monthly. For example, food and fluid intake charts are filled in and kept in the resident's bedroom. When these are full they go into the Care Plan. The Care Plan is used by the staff to inform themselves about a new resident,

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and regularly referred to. Social workers and next of kin also have access to it. A nurse said that she requires new staff to read the Care Plans of the residents with whom they will be dealing. The Team were unable to see an anonymised copy of the Care Plan as the Deputy Manager was not expecting us and had not prepared one. Some relatives were aware that their relative had a Care Plan, and they were consulted about them, others did not understand the term, but said the staff involved them in decisions about their relatives.

Management of residents' health and well being

The home arranges for a GP to do a round once a week to check on residents, and all residents are on the list of that practice. We were unable to check whether any Residents kept their previous GPs. Care staff make notes on any changes in a resident's condition, and these are handed over to the nurses twice a day.

Palliative care is provided by Barnet Hospital and North London Hospice. Residents needing palliative care are accommodated near the nursing stations. The Rapid Response team attends when necessary. We were unable to ascertain whether the Home used Barndoc, the 111 service, or depended on A&E at Barnet Hospital. We were told that residents are weighed monthly, or weekly if they are losing weight. Residents were provided with drinks and every two hours, and encouraged to drink.

Residents have to visit a dental practice for treatment, but an Optician and Chiropodist visit. A hairdresser visits once a week. Hearing tests can take place in the home, but there is no hearing Loop system.

Incidences of pressure sores are kept in Wound Care Plans Documents with Tissue Viability Nurse involvement. We were unable to ascertain whether the Home has any incidences of Pressure Sores at the moment.

Staff

Floors 0 and 1 are divided into two units with 2 nurses on duty, one for each unit. We were informed that altogether 10 staff were on duty during the day, the night and weekends. We were unable to ascertain staff ratios day and night and numbers of bank/agency staff used. There was a turnover of 25% in staff numbers in the past year

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The staff spoke to care workers, nurses, and residents about the care given to the residents. The staff said that they liked working in the home, and there was good support from the Management and each other. The Team noticed the relaxed and friendly atmosphere in the units. There were good relations between the staff, and friendly interaction with all the residents, with hugs and gentle physical contact. A nurse said that there was a really good working environment but sometimes it was difficult dealing with relatives when there was a conflict of views on what was possible or best for the resident. But a relative said “some of the carers go above and beyond what could be expected of them”.

Staff said at the moment there was a dependence on Agency staff to cover absences. They did not feel this was helpful, as Agency staff did not know the routine or the requirements of the residents.

Staff meetings are held every Friday, and Heads of Departments have ‘stand up’ meetings twice a day. All staff attend the handover meetings in the units themselves with the whole team going round the unit. Each room is entered and inspected by the nurse and lead carer, so all are involved in the most up to date news.

Staff said “I like it here – I know the residents well”. When asked what they liked best about their job a staff member said “definitely the residents – they have different personalities and make the day”. When asked if any improvements could be made their response was “It’s a pretty good place, well run, people do the best they can, it’s not perfect there’s always human error!”

A friend of a resident said “they are absolutely lovely to him”. Relatives said “lovely friendly staff” and “key carer is very caring and very friendly”.

Staff Training

We were informed that all staff have training in Food Hygiene, Mental Health Awareness/Dementia Care, Moving and Handling. In addition staff were offered training on Nutrition and Pressure Care. Staff are supervised every six months, and have yearly appraisals. The home has a Whistle blowing policy, and the staff are trained accordingly.

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The Team spoke to a nurse who said she had had all the mandatory training, with revision every six months. During the last year she received training in Phlebotomy, PEG, and Syringe Driver Training. She had also been on a 3 day Dementia Training course, and was now a Dementia Trainer herself. A care worker said she had had training on Dementia, Moving and Handling and Safeguarding. Staff were able to say what they understood by Safeguarding with some prompts on aspects covered by it.

The Team noticed that staff were putting their training into effect in their interactions with the residents, such as Moving and Handling, and Dementia Care. We saw staff using an intervention strategy with a resident with dementia who repeatedly said she wanted to go and could not. She was allowed to walk around the garden accompanied, and seemed calmer out there. Staff also used intervention strategies with residents who had become frustrated and distressed by singing to them, or calmly talking to them.

Activities

An activity programme for the week is displayed in the reception area and one on each floor. There were two full time activity co-ordinators and one who visits weekly on a Wednesday.

Activities include Zumba sitting exercises, singing, watching old films, music, dancing and painting. Residents are taken into the garden, especially in the summer when there are barbeques, tea and even lunch outside. Trips to the park or pub lunches take place using a hired mini-bus.

The Team noticed a sensory activity on Floor 0, with the co-ordinator blowing soap bubbles at the residents. They appeared to be enjoying this. Another activity had been taking place on Floor 1 which appeared well attended. The Team noticed quite a few Residents on their way back to the dining room for lunch. A relative said that staff tried different activities with their relative like painting their nails, which they liked, and taking them out in to the garden. They also joined in the singing and dancing. In general the relative thought the activities were very good.

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A relative said his relative could have people from their church to come and pray with them, and this was appreciated by the resident.

Food

All food is cooked on the premises and different diets are catered for, for example pureed meals, soft food meals and diabetic.

The chef will ask each resident (if they are able to articulate) for their choice from the menu for that day. There are choices from 2 starters, 3 main courses and 2 desserts. The food is brought to the units in a heated trolley already plated, and the residents are shown examples of the meals. It was attractively presented, and smelt pleasant, including the pureed food. If they change their minds they can have an alternative. Residents can have their meals in their rooms if they wish. Staff helped those residents who needed it. It was noticed that some residents who did not have 1:1 care had to wait a while to be helped, and in one case a resident's soup became so cold after half an hour, fresh soup was brought in. Other non care staff, for example the Activity Co-ordinator and domestic staff, do get called in at busy times but we noticed a shortage of staff at the mealtime we observed. The staff were very patient. One resident with dementia took about an hour to be fed, but he did eat all his food with encouragement. Another resident wanted to leave without eating, but a staff member sat beside them and encouraged them to eat.

The Team did not see a tea time but cakes and chopped fruit are served.

Drinks are served with meals, and brought round about every two hours, but the Team did not see drinks beside the residents in the lounges. We did not see staff actively encourage residents to drink. One resident said that she did not like the choice of drinks, but would be happy with something different if offered.

A relative said that the food was brilliant and gets a meal himself when staff are feeding his relative. Another relative said the food was good, but they keep a fridge in their relative's room stocked up with favourite foods, which the staff will heat up. Another relative praised the chef at a residents' meeting.

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The dining room on Floor 1 had been newly renovated with a kitchenette. The tables were attractively laid with mats and linen napkins

Engagement with Relatives/Residents/ Carers

We were told that residents'/relatives' meetings take place regularly. A resident who attended one thought they lasted too long, and got bogged down on small issues, and that other relatives agreed with him.

In general the relative was pleased with the care his relative received. "The staff are friendly, caring and polite. There is a good atmosphere in the home. It is just little things now and then that I have to raise." Another relative said "It's like a hotel here –it doesn't look like an old people's home. The staff act like this and treat people like guests."

Some relatives complained about lack of communication. One relative said that the home failed to tell her when they moved the relative's room and another did not know that the relative' room was to be redecorated. Another said there was lack of communication between the home and hospital on the personal requirements and treatment of their relative.

Compliments/Complaints/Incidents

We were unable to see the complaints book, so we do not know how complaints are recorded and tracked.

The compliments book on the lobby was full of letters and cards of appreciation, but with no dates.

In general relatives were full of praise for the care given. "They are absolutely lovely to him". "My Mum is very happy here; I've never seen any resident in distress."

A relative said that if they had a complaint she would tell her daughter, who would take it up with the Manager. It was always dealt with. Some relatives complained that incontinence pads were not changed as often as they should have been. They were changed as soon as the matter was brought to the attention of the staff, but it did leave relatives wondering what would have happened if they had not been there.

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Conclusions

Carlton is a well run home in spite of the considerable disruption of the building work. The Team were particularly impressed by the friendly and inclusive atmosphere to visitors and residents, and the good relationship between the staff. The Manager and Deputy Manager have only been in post for a few weeks, but were well regarded by staff, relatives and residents.

The activities programme is varied and extensive, and judging by the activities taking place on the day of our visit, well attended by the residents.

The Team commend the quality of care and dedication of the staff which was appreciated by the relatives. However there did seem to be a concern over the infrequent changing of incontinence pads.

There was concern about coverage for staff shortages and absences. The home depended on Agency staff to cover these to the detriment of the smooth running of the units, especially at meal times.

Residents might be able to increase their fluid intake if they were offered a drink they liked.

Healthwatch has found the process of communication with the Management of Carlton Court difficult. Our e-mails, phone calls and requests for information and clarification have not been responded to. We appreciate the Home is going through a period of change, and are very busy, but nonetheless Healthwatch is a statutory body representing the views of users of health and social services, with links to the CQC, Barnet Council's Health Overview and Scrutiny Committee/Adults and Safeguarding Committee, Barnet Council Adult Services and the public.

Relatives would also appreciate better communication between the home and themselves on what was happening to their relatives. Some relatives felt that the home could improve communication over a relative's treatment.

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The Team felt that mealtimes could be less stressful for the staff if more staff could be relied upon to assist at those times

Recommendations

1. Look into ways of reducing the Home's dependence on Agency workers.
2. Improve the speed of communication with relatives and other agencies on matters that concern residents.
3. Notice the need to change incontinence pads and change them more frequently.
4. Ask residents which flavour of fluid they would prefer, and provide a wider choice of drinks.
5. Provide more staff at mealtimes.

Date: April 2016

Comments from the Home Management

There was a delay in getting a response from the home, but they have apologised for this and provided us with the following comments:

'We feel the visit report was very good and have been looking into the recommendations and have been working hard to make improvements at Carlton Court Care Home.

1. Agency Staff. With regards to the number of agency used at Carlton Court, this has started to be reduced and we have taken on more permanent staff. Our goal is to be agency free within the coming months.
2. Communication. This has begun to show improvement. Kim(manager) and myself (deputy manager) have an open door where relatives, staff and residents can come and talk to us without having to make an appointment. Also myself and Kim stay late every Tuesday night so relatives who are working and cannot make it in the day can come and see us with any concerns. Staff are improving with communication and providing better verbal

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handovers with staff, relatives and other agencies. Also we have introduced new handover books so the written communication is better documented.

3. Incontinence Pads. At staff meeting it was highlighted to staff the importance of regularly changing resident incontinent pads. Staff have been made aware of how important it is to respect their dignity at all times.
4. Fluids. Staff have also been reminded how important it is to offer residents a choice of drinks and the kitchen have been informed to give a wider choice of juice on the floors.
5. Staffing at Mealtimes. With regards to more staffing at meal times we have implemented that staff breaks now finish earlier to ensure all staff are on the floor at meal times, making it more organised.

The building work is still continuing and should be finished by June so the building work is slowing down and there are not so many builders on site now.'