

Enter and View – Visit Report

Name of establishment: Clovelly House Residential Home Ltd
81-89 Torrington Park, Finchley,
London, N12 9PN Tel: 020 8445 6775

Staff met During Visit: General Manager, Mrs F. Thorn, Joint Head of Home, Senior Members of the Care Staff and Care Staff

Date of visit: 11th May, 2016

Healthwatch authorised representatives involved: Linda Jackson, Jan Bretman, Helena Pugh, Janet Tausig

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 who are not able to attend on the day of the visit but wish to give their feedback. 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 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*

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team on that date, and those who completed and returned questionnaires relating to the visit.

General Information

Clovelly House is situated in a pleasant residential road off a main shopping area. The road has residential parking, but there are a limited number of parking spaces available on the Home's forecourt.

The Home has been converted from five houses joined together. The main entrance is in 89 Torrington Park, and access to the Home is by keypad or door bell. The door is opened by the receptionist, who is on duty in the mornings. The front hall is spacious with the receptionist's desk, a Notice Board with certificates and notices and our Healthwatch poster advertising our visit. There was also a hand gel dispenser. There was another Notice Board in a corridor displaying items of interest to residents, the activities sheet for the week, forthcoming events and the daily menu.

The Home is registered for 48 residents, but has 47 at present. Most residents have quite advanced dementia or brain injuries. In addition to that there were cases of Parkinson's, kidney problems, diabetes, and strokes. The Home offers care, but not nursing care.

The Team spoke to the Manager in a pleasant sitting room with a computer, which was used for some activities, private meetings with relatives, and could be booked by residents for private events.

Home has three main lounges and two additional smaller lounges. The three main lounges are colour coded denoting the stage of ability of the residents using the home. Most activities take place in one lounge, but residents are able to move to whichever lounge they wish. The lounges are linked by a long rather dark corridor. Two lounges are quite compact with chairs arranged around the walls and a functional dining area at the end. One lounge was larger and had a separate dining room. All the lounges had a television. There is wi-fi throughout the building. The furnishings were well used but adequate.

The Residents' rooms, except for three, had en-suite facilities consisting in the main of a shower or bath, washbasin and toilet. There are three

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assisted bathrooms on the ground floor, two on the second, and one on the top floor. Access to the residents' rooms is by staircase and two lifts. Residents may bring in pieces of furniture, pictures and personal effects.

The Team noticed, and relatives and residents agreed, that the Home was very clean with no unpleasant odours.

A new resident may bring their pet with them provided it is suitable and there is no other place for it to go. At present the Home has a dog called Lottie, who is looked after by the Head of Care staff. Many residents appreciate having an animal to pet or observe. The Home is a member of the Cinnamon Trust.

Care Planning

Before coming to the Home, potential residents are assessed for their suitability for the care the Home provides. Senior staff meet with the resident, relatives and or friends to find out personal preferences and life style choices, and whether a resident would prefer male or female staff to give care. Their mental capacity and medical care are assessed with input from their GP, social worker or hospital. Risk assessments are drawn up and the information is computerised in a Care Plan. These are updated regularly, or when someone's condition changes.

New staff get to know residents' needs at their induction training, and thereafter they are encouraged to consult individual Care Plans. The Care Plans are updated every day with the Care Staff's daily notes on the Home's computerised integrated monitoring system and reviewed by the Joint Head of Home. Care staff are encouraged to read the Care Plans every day. They also use a Communications Book to enter details that need to be remembered, such as birthdays.

Deprivation of Liberty statements have been applied for for the majority of residents, and best interest decisions are taken if necessary.

Family members to whom we spoke said they understood their family member's Care Plan, and were consulted on any changes in their relative's care such as a change of drugs or hospital appointments. They could attend review meetings.

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The Manager said that they had End of Life care plans drawn up for each resident in consultation with the resident and their family. Living Wills and resuscitation wishes were taken into account. If necessary prescribed controlled drugs were given, and anticipatory drugs could be administered to control discomfort in consultation with the GP.

Management of the Residents Health and Wellbeing

A GP is retained by the Home to check residents on a weekly basis or when needed. Most of the residents are on his list. He reviews Care Plans, medication and changes in end of life care. Medications are distributed by a trained member of staff, who will stay with the resident until the medication is taken. If medication is refused, it will be offered again a little while later. If it is continually refused the GP will be consulted. Medications are kept under appropriate conditions. Residents will tell a member of staff if they feel unwell, or staff will notice changes in the resident's condition or demeanour.

An optician checks new residents and visits every six months; a chiropodist (paid for by the resident) comes every month. A dentist will check new residents, or else they will visit his surgery close by. A hairdresser visits every week. Care Staff are responsible for the maintenance of hearing aids. This can be problematical with residents with dementia, as the hearing aids are often mislaid.

The Home now has an integrated monitoring system using a computer, laptops, and tablets. This has recently been updated. It is used to enter Care Staff's daily notes, recording any changes in a resident's condition such as bruising and skin tissue changes, using body maps, and mood changes. Pressure cushions and special mattresses are provided. The Home has no resident with pressure sores at present, but is aware of the Safeguarding issues for Grade 3 conditions. Residents are weighed every month using the MUST (Malnutrition Universal Screening Tool) scores. PRNs, or "as needed medication" are used when needed to control some behaviour patterns, for example sedation at night for some residents with dementia.

Drinks are provided throughout the day, and residents are encouraged to drink. Fluid intake charts are filled in for residents at risk.

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Staff

The Home employs Care Staff who have at least Level 2 qualifications and two years' experience. There are 8 Care Staff on duty in the mornings, plus senior management, 6 in the afternoon and 4 at night with 1 person on call. The Home uses Agency and Bank staff but try to engage people who know the routine of the Home. The Home has a turnover of some staff who will stay for a short time, gain qualifications, and then move on. Staff feel that although they are always busy, there are enough staff on duty to cope. But they said that having to answer the front door continually in the afternoon was not always convenient.

Relatives said that staff will always respond if their family member feels unwell. Relatives remarked that the staff were calm, patient and kind.

Staff Training

All training takes place once a year on a rolling basis. Generally the Home arranges for a Trainer to come in for a full day for two separate sessions. If staff miss a training session, or because they are new, arrangements are made for them to join a training programme at another Home. The training programme is monitored by the Head of Care Staff.

All staff have the mandatory training, such as Mental Health Awareness/Dementia Care, Moving and Handling, Safeguarding, Hygiene and so on. The Home has a Whistle blowing policy which is in the staff Handbook. Members of staff have attended End of Life Care training, and the Home has the Gold Standards Framework accreditation until 2018, and has support from the North London Hospice.

The Team noticed that staff were using their training with Dignity and Respect in their approach to residents, giving the residents as many choices as was possible. However we observed some staff did not have the confidence or skill to deal with challenging behaviour from a resident who did not want to get ready for a meal. A more skilled member of staff had to step in, and the resident responded to a more confident approach. A relative said that most of the staff had the right skills and experience, and that senior staff were excellent.

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Staff appraisal takes place once or twice a year, and supervision every eight weeks or so.

Staff are trained in the use of the Home's computerised integrated monitoring system for entering their daily notes, and accessing residents' Care Plans.

Activities

The Home has engaged an Activities Co-ordinator who organises a comprehensive weekly programme. This ranges from Music, and Music and Movement, Quizzes, Art Classes, Reading Aloud, Entertainers, and Walks in the Park and Shopping. The interests of the residents are consulted and efforts are made to meet them. However a relative said that although there was plenty to interest female residents, male orientated activities would be very acceptable to their family member, such as watching sport on TV. Individual Activity Boxes were sometimes provided for residents with advanced dementia containing items that would prompt the memory, or sensory items. Residents can use the Home's computer to access Skype, or the Simply Unite programme which consists of virtual reality tours of places of interest.

Some of the activities need one-to-one assistance from staff. Staff generally have time to engage in activities with residents in the late morning, afternoon, or before supper. These range from escorting residents to the shops, park or garden in good weather, singing or dancing or using the Simply Unite computer programme. The Team observed a music session with dancing. A relative said their family member would like to spend more time in the garden in fine weather, and suggested a more comfortable seating area would be appreciated. The very attractive garden is used for functions during the summer. A resident (through his relative) suggested more Cardio activities to exercise the heart.

Residents can join in the religious services at the Home. Catholic residents have services twice a week, and a Church of England vicar visits once a month. One resident is regularly visited by members of her Church. If possible residents can attend their local place of worship.

Food

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A weekly menu with pictures is displayed in the dining areas, the Residents' notice board and the kitchen. Staff ask residents for their preferences from the menu but alternatives are provided. The food looked attractive, and relatives said that their family member enjoyed the food on the whole, although one resident said it was a little repetitive.

Residents are encouraged to sit at tables to eat, but some prefer to stay in their chairs. The Team noticed that Residents who needed assistance were helped in a timely and respectful manner. Residents were encouraged to eat, but if the meal was refused, food was offered again at intervals. Note is taken of the amount consumed. A volunteer helping at mealtimes said there were enough staff available to assist residents, and all residents were fed when they required it. If a resident preferred to eat in their room, this was provided. Relatives can also help their family member at mealtimes. Drinks were available all day and at mealtimes.

Engagement with Relatives/Residents/ Carers

Residents' comments are monitored every day when senior staff do their rounds. Residents' meetings, to which relatives are invited, are held once a month. These are generally held in the morning in one of the lounges. A notice giving the place and time is displayed in advance, and residents are reminded on the day. The Manager said these are minuted and actioned, although the Team did not see an example. Some relatives said they had not attended, and the Manager confirmed that not many came. Surveys are sent out for Relatives to complete.

Families can talk to any member of the staff. A relative said that if they had concerns a senior member of staff would explain. A relative who came in every day said that although many staff did not have English as their first language, they could be understood. This relative felt that the staff were fully informed on their family member's continuing health and well-being, and the relative could contribute suggestions.

Relatives were complimentary about the relationship of the staff with their family member. One relative who said that their family member would not leave their room, was very appreciative that one Christmas staff decorated the resident's room, and provided Christmas dinner for the family in the room.

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Compliments/Complaints/Incidents

The Home's complaints procedure is included in each new resident's pack, and a copy is displayed in the front hall.

Relatives said they would contact the Manager if they had a complaint, and this was dealt with. The Team examined the Complaints Book and noted that complaints were recorded with the date that action took place. However the last entry was dated five months previously. The Manager said that the Book was in the process of being updated.

The team examined the Compliments Book which had entries from some years back but was up to date. It also had a number of entries that were minor complaints. The Manager said that the Book was going to be sorted out.

All accidents and incidents records are now computerised under the resident's Care Plans. The member of staff who witnesses or discovers the incident enters it. A decision is taken whether the resident should have outside medical treatment, or else the GP monitors it on his weekly round. The action taken is reviewed by the Head of Care Staff. The team examined a Care Plan, but did not see an accident/incident entry.

Conclusions

1. The Team liked the open and inclusive atmosphere at the Home. Relatives were informed about their family member's care and felt that they could communicate with the staff and management at any time. The Team was impressed by the number of relatives with favourable comments who contacted us by returning our relatives' questionnaires.
2. We observed that there were enough staff to deal with the residents' requirements, and although they were busy the staff did not feel themselves rushed or stressed. This added to the calm atmosphere. However the Team felt that some staff would benefit from more Dementia Care training to learn strategies for dealing with challenging behaviour.
3. The Activities programme was varied enough to interest most residents. Some relatives felt that more male orientated activities would appeal to their family members who did not join in anything

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else. A number of residents would like to spend more time in the garden.

4. Visitors and relatives would be more likely to read a streamlined and up to date Compliments Book. In order to track the progress of Complaints, the Complaints Book also needs to be updated.

Recommendations

1. Identify staff who need more Dementia Care training, with emphasis on using strategies for dealing with challenging behaviour.
2. Male orientated activities to be built into the Activities programme.
3. Identify residents who would like to spend more time in the garden, and provide staff support to enable this to happen.
4. Update the Compliments and Complaints Books.

Date: June 2016

Manager's Comments

We received the following comments from the Home Manager:

1. We consider the comment that the furnishings were 'well used but adequate' to be inaccurate and misleading. We take great pride in maintaining a continuous programme of repair, replacement and renewing of all furnishing and equipment and were, at the time of your visit, working on a major refurbishment of two ensuite rooms and all room doors.
2. Staff members would be expected to answer the door as part of their duty to greet family members when visiting and to update them on any changes.
3. We note your recommendations and thank you.