



Name of establishment:	Elmstead House 171 Park Road, Hendon NW4 3TH
Staff met During Visit:	Registered Manager – Milanda Coelho 7 other members of staff 4 relatives (plus 1 questionnaire received) 4 residents
Date of visit:	31 October 2017
Healthwatch authorised representatives involved:	Tina Stanton Helena Pugh Monica Shackman Alan Shackman

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. The volunteers compile a report reflecting all of these, and make 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 (Care Quality Commission), 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.

Executive Summary

The Healthwatch team found this home to be clean and the Manager and staff were welcoming and caring, and were trying hard to support the residents to the best of their abilities. We noted several positive changes since the July 2017 CQC report which identified the need to improve the way the service is led and to make it more effective. These were the appointment of a permanent manager and the focus on recording of information as well as a focus on hydration for residents and the addition of other the available snacks.

This care would be greatly enhanced by additional permanent staff, particularly in the mornings and at the weekends. Most of the relatives who we spoke to felt that staff were doing the best that they could to look after the residents, in difficult circumstances. We thought that targeted dementia-based activities offered on a one-to-one basis would be beneficial to residents.

General Information

Elmstead House is part of the Care UK Group, a large independent provider of health and social care services in the UK. The home provides care for up to 50 people and is divided into two units; one for people living with dementia and the other for people with a mental health diagnosis. Access between the two units is via key pads, and key pads were used on many of the doors.

At the time of our visit there were 21 residents in the dementia unit and 15 in the mental health unit and this was largely due to the fact that there had been an embargo on accepting new residents by the local authority, which had just been lifted following the recent CQC visit. All rooms contained an ensuite toilet and a sink, with two to three bathrooms for 9 rooms. All of the rooms had the residents name on them with a photograph of the resident. The bathrooms and toilet were all marked, but we thought a picture on these doors might further help to identify them for the residents.

The Healthwatch team tries to engage with as many residents and relatives as possible when conducting an Enter and View visit. The managers are sent copies of the 'residents/relatives questionnaires' to distribute to relatives in advance of the visit; stamped addressed envelopes are provided, addressed to Healthwatch Barnet, so that these are received directly and not returned to the Home. Information from these questionnaires and comments from

interviews held with residents, relatives and staff during the visit, are included in this report. Unfortunately only one such questionnaire was returned to Healthwatch on this occasion.

The property was well maintained from the outside with an area for parking at the front and a garden with pots at the back. The reception area had a signing in book and we saw the notice announcing our visit displayed in at least two places, and there was a notice about the Halloween party planned for that afternoon. There were CQC notices and certificates on the wall, but many of the light bulbs were not working. There was a disabled toilet which could be used for visitors in the entrance area which was clean but rather bare. There were flowers in the entrance.

The menu for the day was on display with photographs of the food. There was a radio in the entrance hall, with a couple of armchairs, where tea and coffee was available. We noticed hand gel around the home. Residents could personalise their rooms by bringing in their own furniture as appropriate.

The home seemed very clean with large bright artwork on the walls depicting various sights of London such as a London bus, taxi, telephone box as well as a picture of the Queen. One of the people we spoke to on the day told us that these were to be painted over, which we thought would be a great shame. Redecorating was underway, with plans to update some of the bathrooms and turn two offices into activity rooms. Internet access is not currently available for residents, but it is planned to introduce this shortly. When we asked residents **what they thought of cleanliness around the home**, people all said that the home is very clean.

We were shown the sensory room where three residents had been left seated. Whilst there was music playing and low lighting, it did not appear that the environment had been set up to meet the needs of these particular residents, with one making a loud noise which could have been distracting for the others. Whilst we recognise that these residents' dementia was quite advanced, and it's difficult to judge how beneficial these sessions might be to them, we feel that it would be helpful to review the practice around use of the sensory room to ensure that each resident gets benefit from spending time in it.

Care Planning

The Registered Manager and/or Clinical Lead who are both registered nurses would assess any potential new residents in their

own homes or in hospital. They would then liaise with family members and other health professionals before making a decision about potential resident's suitability for admission.

The care plan would include details about their medication, continence, nutrition and the likes and dislikes of the resident. The care plans were stored on computer with a hard copy held in the office. Care plans would be updated monthly or more frequently if needed. Staff get to know residents ongoing needs following daily handovers and family were invited to attend when care plans were being re-evaluated. Staff also focused on a 'resident of the day', where one resident was focused on. The team saw a hard copy of a Care Plan which had been updated recently.

Residents and relatives were asked '**do you understand your relative's care plan – are you regularly involved in planning their care?**'

- 'Our other relative is involved with the care plan, staff respect privacy'
- 'Had meetings about care plan – very open – not had update recently'
- 'Don't always get enough information'
- 'Had glitch with constipation – care staff know our relative well and were brilliant but agency staff didn't know what to do'
- 'Yes. I have been consulted about my relative'

Mental Capacity

Residents were assessed for mental capacity by the GP or the psychiatrist involved. DoLs (Deprivation of Liberty Safeguards¹) were held for 34 residents with some of these having been resubmitted for re-assessment.

Discharge from Hospital

The home had experienced some difficulties with documentation not having been received when residents were discharged from hospital. They asked that residents were not discharged after 18.00.

End of Life Care

Advance care planning is arranged with families, with many holding 'power of attorney'. The home would liaise with the community palliative team based in Barnet; Care UK had their own guidelines.

¹ 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.

Management of Residents' Health and Wellbeing

The local GP, who was new, was liked by the relatives and visits each week or when needed. He was at the home on the day of our visit. Out of hours they would use Barndoc, 111 and the rapid response team. We noticed that quite a few of the residents were in bed during the day of our visit.

An optician visits once a year and residents would be taken to the local dentist; a chiropodist visits every 6/8 weeks and was there on the day of our visit; residents with diabetes could be seen by NHS Podiatry. One resident told us that they went out to their own dentist and chiropodist. Residents were checked for skin integrity, and immediate action taken if there was any redness to prevent pressure sores. We were told that no residents had a pressure sore at the time of our visit. A hairdresser visits each week.

We were told that none of the residents had hearing aids, but one relative told us: 'our relative had hearing aids but don't know where they are now – have asked'.

When we asked: **do you feel the staff respond when you tell them you are feeling unwell/ have you been weighed,** residents/relatives responded:

- 'Pleased with new GP who respects residents' privacy and understands that relatives know their loved ones and have power of attorney for health issues'
- 'Staff good, dealt with bed sores quickly - only lasted a week – turned every two hours'
- 'GP good – no problems'
- 'Relatives can tell when our relative is unhappy – if fidgety – could be in pain. Asked GP to come and give a mild sedative. (Felt they should not have had to remind the carer)'
- 'Our relative was given a pressure chair as well as mattress'
- 'Tried to organise a dentist but our relative won't comply'
- 'Needs nails cutting'

Management of weight

Residents are weighed once a month, or weekly, if there are any concerns.

The home is in touch with Barnet Council's Care Quality Team,² and attend the training days that are provided.

²The Care Quality Team at Barnet Council support care homes in maintaining quality at local care homes.

Staff

All of the staff, were wearing name tags.

We were told that on the Dementia side there are 8 care staff in the morning and afternoon, and 4 care staff in the evening. There is always also a nurse on duty at all times.(ie 24 hours) There are also 2 residents who have 1-1 care.

On the Mental Health side 4 carers during the day and 4 at night and again there is always one nurse on duty at all times.(ie 24 hours) In addition, the Manager and Clinical Lead can help out if needed.

Although the Manager and Clinical Lead work Monday – Friday the Manager told us that they try to pop in over the weekend to check things out. We thought it would be better if rotas could be re-arranged so that a Manager was also there over the weekend. Agency staff are used, but from one agency to ensure familiarity with the residents. Agency staff would receive an induction if it was the first time they came to the home. There were also a couple of volunteers that helped out from time to time.

Staff training

We were shown the staff training matrix which detailed the mandatory training, which was mainly carried out by e-learning. When she showed us this matrix the Manager said that further training needed to be carried out to fill in the gaps.

We were told that staff could undertake the e-learning on the premises if there was time, but some staff told us that they had to complete the e-learning at home as there wasn't time during their working day.

Manual handling training was carried out in house and other training was provided from Head Office. Other training included venepuncture for senior care staff, and catheterisation for nurses.

We were told that staff supervision is carried out every two months with annual appraisals. A whistleblowing policy is in place.

Staff that we spoke to told us that they were encouraged to do NVQ2 and NVQ3 and received in-house training from Head Office.

We asked staff: **How much time do you get to talk to and sit with residents? Is this planned into your day; do you get involved in activities with residents?**

- The Manager and some staff mentioned 'protected engagement time' – one member of staff told us: "I try and keep to personal time when there are no visitors and don't answer the phone for an hour"
- One member of staff said 'time is an issue, I try to interact with residents'.
- Not planned into the day - most days will try to interact with residents – time is an issue
- Unable to spend more than five minutes to just chat to residents, time used more for those needing specific care

Engagement with Relatives/Residents/ Carers

The manager told us that she had an open door policy and tried to speak to the residents every day. Satisfaction is monitored by meetings with families and questionnaires. There was a relatives meeting in March and one is planned for November. Relatives are involved and asked their opinions of refurbishment etc.

When relatives were asked '**if staff had the right skills and experience**':

- 'Staff have right training and experience'
- 'Staff are amazing – good relationship between permanent staff and residents'
- 'There are not enough staff who knew the residents'
- 'Staff disappear'
- 'Refurbishing the place but the money could be spent on staff (training and support)'
- 'Some staff very good and others aren't - like today – carer today should have known what steps to take when our relative was upset '
- 'Staff could do with more training to give them confidence so they can speak up especially the carers – don't think they have a voice and are scared to talk'

We asked staff: **Are there enough staff here, is there a big turnover, do you get enough support to do your job:** and were told:

- 'I get enough support to do my job'
- 'Close teamwork, in Mental Health Unit, seems like family'
- 'Big turnover in staff in dementia unit. Not enough staff'.

- 'Absenteeism is a problem, a vicious circle. Pressure leads to absenteeism leads to more pressure etc. Staff need to be motivated'
- 'Needs another nurse for dementia unit and 4 HCAs'
- 'There needs to be 4 staff, working in twos on each corridor of 9 beds in the morning as there is not enough time to get residents ready before having to help with breakfast'
- 'If there were more staff then the home would run a lot better'
- 'Dementia side "is a challenge" not least because of staff shortages. Need an extra nurse during the day'

Some staff who said they would speak to us later, did not get the time to do so.

Activities

We were told that one of the activities coordinators had recently left and they were now recruiting two more. There was an activities schedule on the wall which we were told was changed weekly, but on the day of our visit there was no sign of the activities posted for that morning, other than a religious service carried out by 2 volunteers from local church (which occurs once a fortnight). There were details of a Halloween party taking place that afternoon, and we were told that birthdays and national events were celebrated.

We saw the Care UK daily newsletter 'Daily Sparkle' and one of the activities on the schedule was 'reminiscing to Daily Sparkle'; this colourful newsletter included Halloween, train spotters and an easy quiz.

The home held a 'Friday cinema' and provided snacks for the residents.

When we asked 'which activities are available here, which activities are your relative involved in?'

- 'Can't do anything but relatives have asked that their relative be taken out in a wheelchair to get fresh air everyday'
- 'Think our relative would like music therapy but not taken to it'
- 'Have brought in CDs and TV for their relative to listen to music'
- 'No sign of activities going on –sometimes singing and barbeque in the summer'
- 'Never seen any activities, not sure what would our relative could do – hard as they are hard of hearing'
- 'Suggest a white board and pen to draw and write with – our relative recently wrote their name after I encouraged them to'
- 'Our relative can't participate – needs 1:1 input'

- 'Can say a few words or a sentence – needs brain stimulation to keep the brain lively but sometimes doesn't cooperate'
- 'Needs to walk more – have asked that staff walk with our relative twice a day – don't know if it happens'

One resident who had some difficulties with recall had been there for a few years and is very happy. They told us that they are able to go out and return as they please and find the staff very supportive and the nurse confirmed this.

One relative told us their relative would like more walks.

Religious/Spiritual needs

On the day of our visit a Church service was taking place and we were told that other church services were also provided, as well as other ministers visiting from time to time.

Food and Drinks

The menu was displayed in reception and where the food was served and contained pictures showing the food to be served. Residents would be presented with a choice of two meals, already plated up, so that they could choose which one they wanted and the chef told us that alternative menus are also available. All of the food is provided by the resident chef on site, who also provides pureed food and any specialist diets. This chef works Monday to Friday. An agency chef works at weekends.

We observed that during lunch time the tables were laid with tablecloths which were easily soiled and one of the relatives suggested it would be easier if they had clear plastic over them.

We observed that residents who needed help and or encouragement to eat were looked after by relatives or carers. Some residents were sitting at tables and others had tray tables. There were drinks on the table and residents were prompted to drink, the staff seemed very busy.

One member of staff told us that they would report to the nurse if a resident was not eating and they would complete a food record for all of the residents, a nutrition chart is used for poor eaters.

We did not notice residents being given the opportunity to clean their hands prior to eating. Residents could eat in their rooms, but this was not encouraged. We noticed that fruit and snacks were on display in the lounge dining areas.

We asked: '**What do you/your relative think of the food here?**'

- 'Food is good, Chef tries'

- 'Lots of drinks offered, staff are told to clean up mess straight away but this is difficult with table cloths so suggest putting clear plastic over them so looks nice but easy to clean'
- 'Food is adequate – but quality of ingredients especially the meat is poor'
- 'Relative brings in extra food that their relative likes'

Drinks

We were told that drinks were offered to residents regularly and juices and water was left on the tables and residents encouraged by the staff to drink; this was a priority for the home, and Head Office did spot checks to ensure that this was the case.

When we asked relatives: '**Can residents always get access to a drink if they want one?**' Everyone who completed a questionnaire, or who we spoke to said;

- 'Yes, always offered'
- 'Yes, the staff are vigilant with all clients/residents'

Laundry

We were told that the Laundry service was very efficient and on the whole seemed to be managed well.

When we asked: **How does your relative find living here? What do they like, what do they like least?**

What do you/they like?

- 'All on one level like a bungalow – likes to walk around and is less likely to fall'
- 'Garden, open and bright rooms'
- 'Staff care - are very good, the home is very clean'
- 'No concerns '
- 'Delighted with the home'
- 'Everything is fine at Elmstead House'
- 'I'm very happy at the moment'

What do you/they like least?

- 'Relative had arrived and found that their relative had been sick and clothes and bedding had not been changed'
- 'Had to mention personal hygiene to the carer on duty'
- 'High staff turnover'
- 'Sometimes short staffed and agency staff not always aware of how to care for my relative'

- 'Lack of staff – although ratio is correct there are not enough for the needs of the residents'
- 'Old manager was more accessible – very capable and had open door policy – not happening now'
- 'Period of turbulence with management – 'staff left in droves' now trying to recruit'
- 'Current staff seem pressured – the staff haven't said anything directly'
- 'There seems to be so much paperwork and less time for caring'
- 'There is a high turnover of staff – they are undervalued with low pay – same in all care homes'

When we asked: **'Do you attend residents/relatives meetings regularly and see any follow-up?'**

- 'My other relative attends meetings'
- 'Yes attend meetings but there are not very many – maybe once a quarter – not had one for ages'
- 'There are always a few people who speak out and others who do not'
- 'Staff do speak to the relatives a bit but are 'frightened to speak really – they're not allowed to'
- 'My relative goes to the meetings – sometimes there is a lot of waffle with the same people always talking – needs to be chaired better'
- 'Could inform relatives more about what's going on re: staff e.g. deputy manager left two months ago and nobody said – no chance to say goodbye and thank you – it's important for relatives to have the chance to show their appreciation'
- 'I see home and relatives as a joint venture so communication is important'

Compliments/Complaints/Incidents

There was a compliments and complaints book available in reception or a form could be sent to residents. We saw the file with compliments and some cards received from grateful relatives. Incident/accident forms were completed as and when, and all information was kept on the computer.

When we asked relatives who we spoke to or who completed questionnaires: **'What would improve your relative's experience here?'**

- 'Can't think of any improvements'
- 'I don't want to cause trouble for the staff by complaining'
- 'Receptionist left after 20 years and staff are still leaving'
- 'I have raised a complaint which was dealt with well recently'

- 'Needs to be more people-centred'
- 'More staff are needed – staff do their best'
- 'Don't want criticism of staffing to come back to the staff'
- 'More training to keep staff and support them to stay'

Would you recommend this home to a friend/relative needing care? All of the residents and all of the staff that we spoke to said that they would.

- 'Recommend the home frequently'
- 'I would recommend the home'
- 'I would try other ones first'
- 'I do not want the home to close as feel it's the best place for my relative'
- 'Yes I would'

Conclusions

This was a clean home, with caring staff, with a current focus on ensuring that the home is effective and well led. Relatives who we spoke to were aware of the measures in the recent CQC reports and were concerned that the home might be closed, and did not want this. They felt that the staff were doing a good job, but were just too stretched to offer the service to their residents that they would like to.

We thought that staff were very pressurised, particularly in the mornings.

We thought that more appropriate activities for these client groups with a focus on 1:1 activities would be of benefit.

Recommendations for Elmstead House

- 1) To urgently review the overall staffing, particularly in the morning.
- 2) To look at ways of retaining staff.
- 3) To look at the management rotas to provide cover seven days per week.
- 4) To allow time for the carers to complete core training during working hours.
- 5) To review the practice around use of the sensory room to ensure that each resident gets benefit from spending quality time in it.
- 6) To introduce more planned dementia specific activities.
- 7) To consider adding pictures on the bathroom and toilet doors.
- 8) To provide hand-wipes for residents to use prior to eating.

Responses from Elmstead House

There has been a change in manager at the home and a slight delay in getting a response to the report.

- 1) The recruitment embargo has been lifted and a recruitment drive is underway and new staff will be starting at the beginning of March.
- 2) The activities are being reviewed and two new activity co-ordinators have been recruited.
- 3) Staff training is being monitored and staff receive e-learning as well as face to face training for moving and assisting residents, safeguarding residents, Mental Capacity Act and DoLS, pressure care and prevention, dementia, and dysphagia.

Recommendation for Healthwatch

The Manager asked if we could do anything to assist with the delays occurring when there are new residents 'with challenging behaviour'. The home generally request an urgent review from either Barnet Social Services or Barnet Clinical Commissioning Group, but it is taking too long and delays them getting the help and support that is needed.

Response from Barnet CCG

The CCG are not aware of any particular delays in this area but will make sure that the new manager has the correct contact details to access additional support in a timely manner, should the situation occur again.

Date: November 2017
