

Enter and View – Safeguarding Visit Report

Name of establishment:	Athenaeum Residential Care Home 34-36 Athenaeum Rd, Whetstone, London N20 9AH
Stakeholders engaged for report:	Mali Hewage, Interim Manager 3 staff members 12 residents 2 relatives
Date of visit:	Tuesday 21 May, 2019
Healthwatch authorised representatives involved:	Rory Cooper Janice Tausig Jeremy Gold Sarah Ali

Introduction and Methodology

This is an announced Enter and View (E&V) visit undertaken by Healthwatch Barnet's E&V Representatives, as part of a planned set of visits reviewing safeguarding at a range of care and nursing homes within the London Borough of Barnet. 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 and staff visit the service and record their observations along with the feedback from residents, relatives, carers and staff. 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 Communities Committee, Care Quality Commission (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, residents and relatives who met members of the Enter and View team on that date.*

What we mean by safeguarding

The Social Care Institute for Excellence (SCIE) has identified key messages and types of abuse to consider when safeguarding adults (these are summarised below). We have focused on the types of abuse most relevant to care homes and

Enter and View – Safeguarding Visit Report

so this report does not necessarily include all the types of abuse mentioned below e.g. modern slavery.

Key messages

People with care and support needs, such as older people or people with disabilities, are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or to report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

Signs of abuse can often be difficult to detect. The SCIE briefing aims to help people who come into contact with people with care and support needs to identify abuse and recognise possible indicators. Many types of abuse are also criminal offences and should be treated as such.

Types of abuse: (explained in detail at: <https://www.scie.org.uk/>)

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect

General Information

Athenaeum Residential Care Home is run by Ventry Residential Care providing accommodation and care for up to 21 older people. The Home which comprises of two adjoined semidetached Edwardian houses is located close to the amenities offered by Whetstone High Road with its mixture of shops and cafes. On the ground floor a large rear extension houses the lounge and dining area and at the rear of the home is a private garden with overlooking a patio that is accessible by the residents. There are seats and a landscaped garden.

On the day of the visit there were 20 residents living in the home, 80% of whom have some form of dementia. A few of the residents have advanced dementia conditions, along with additional clinical needs. Healthwatch representatives were informed that a resident had to be moved to a nursing home recently to better suit his needs. All the residents had their own room, and there was one double room which was rarely if ever used.

Enter and View – Safeguarding Visit Report

Healthwatch Barnet has previously conducted an announced visit to Athenaeum on 31st May, 2014. The latest inspection carried out by the CQC was on 4 July, 2017 and resulted in a rating of *Good* for the home. This Healthwatch visit focused on safeguarding and the team spoke to the manager, Mali Hewage, 3 members of staff on the day and 12 residents on the day. We subsequently received 2 questionnaires from members of staff and 2 from relatives after our visit and sent by post. While we did engage with 12 residents on the morning of our visit, due to their conditions, we had limited feedback, and this was reflected in the conversations we had. We were able to get some meaningful answers to many of our questions from some of the residents and use these where we can.

Deprivation of Liberty Safeguards (DoLS)¹

At the time of the visit, 14 residents had a DoLS assessment with three further applications were awaiting processing.

Staffing information

The current interim manager had been in her post for the past three months and informed us that she has been asked to stay in her role on permanent basis. The paperwork is being processed for this. There are six to seven staff on duty during the day (including the Manager); two waking staff at night and six to seven on the weekend. The staff to resident ratio on the day of the visit was 5:1. Extra staff are booked on a particular morning or afternoon when residents are leaving the grounds. Staff turnover is low with only two staff members leaving in the past 6 months, both of whom have been replaced. A full-time activities coordinator has recently arrived in post and a mixture of care and domestic staff make up the rest of the team.

At the first visit by Healthwatch Barnet the home had two senior care staff plus a variety of other carers in place, however by 2017 when the CQC visited there was one senior carer which was also the current situation although a new deputy manager was in post by July 2019. Recruitment is done through Head office, who advertise and receive CVs which are then forwarded to Athenaeum who follow it up with an invitation to an open day. That is followed with an informal interview; and then the formal interview. References and DBS checks and inductions are completed within one week. Mandatory online training is done by the new applicant at home within 14 days. Following the training the staff is awarded the care certificate and the six-month probationary period starts. The training is refreshed annually.

Safeguarding training is done in cascading style starting with the initial mandatory online training and the Manager will provide ongoing support to the staff. There is a whistle blowing policy which is explained in the initial training and the staff are encouraged to go to the Manager, look at resources online and refer back to their training. The home also uses the significant 7² training, which is run by the Barnet council quality team, who visit once a month. The training helps prevent unnecessary hospital admissions and has provided a great deal of help to staff.

Enter and View – Safeguarding Visit Report

Safeguarding Information

When a new resident arrives, a pre-assessment, including a social services assessment, is done and a questionnaire along with a discussion with the family helps establish the care plan for new residents. The plan is kept safely in the office, and residents and relatives are welcome to see it if they wish to. It is reviewed and if needed updated monthly. The Significant 7 interventions, if and when they occur, are logged separately but the actions from these are included in the care plan. All of the information around this and many other elements is available publicly on the Ventry Care website as a downloadable resource which relatives and residents could access and we thought that this was helpful: <http://www.ventry-care.com/wp-content/uploads/Service%20User%20Guide.pdf>

Activities:

Due to the increased number of residents with dementia and Alzheimer's, activities are planned according to the day to day needs of the residents. There is an activities coordinator present three days a week (she was on leave during the HW visit) and a detailed program for the week. Healthwatch didn't find many activities going on during our tour of the home. There were some support staff playing catch with a ball with some residents, but besides that there wasn't much sign of activities that morning. The Manager mentioned many activities that take place such as music entertainers, communion at church, animal therapy, special cultural day, with traditional clothes and food for the Chinese residents and plans to have similar ones for the Indian and Caribbean residents. One resident said '*I like the activities: singing and dancing*' and another resident did confirm that '*staff take me to the church*'.

The Manager is creating a seasonal newsletter with news of activities and events at the Home which will be sent to relatives and friends. She is also looking into doing joint activities with two other homes in the Ventry Group but these had not started at the time of our visit. Some residents are taken to the garden but that would need assistance from a member of staff as, despite there being a ramp, there were steps and occasionally, as was the case during our visit, there was a garden hose to maneuver around, so supervision would be needed. One resident did tell us that '*I like the breakfast area and like to walk around outside*'. Another told us that '*I do walk down to the church when I want to*'. One relative's response to the question: is your relative able to move freely around the home? Was '*Yes, they go outside with us and sometimes with the staff*' and the other told us '*Yes, they feel this care home is their own home*'.

Safeguarding procedures for residents:

As part of the safeguarding procedure, when a concern is raised, the manager told us this is flagged with a set of organisations: e.g. social services, Barnet safeguarding, the police as well as the family and GP. She would examine all relevant reports, including those from the staff; look at photos or take them;

Enter and View – Safeguarding Visit Report

complete all documentation; fill in the complaint procedure followed by the home and would then pass this on to her line manager based in Head Office. Handovers regarding the incidents would be done either on the phone or by email.

Pressure ulcers

The staff are trained to recognise signs leading up to bedsores, especially for those patients at risk. The carers will make every effort to minimise the risk by applying creams, checking the skin regularly, checking diet etc and the handover notes will include all this information. If the bed sore has reached grade three level, protocol is to inform the relevant authorities including CQC, social services, and the family. If at this stage or something more serious, the family were not supportive of the treatment, the Manager will attempt to get a Power of Attorney for the welfare of the patient.

Cultural and faith needs

In response to how the residents' cultural and faith needs were met, the Manager informed HW that the residents' care plans have details about their preferences and the home does their best to accommodate them. Currently the home has residents from different communities and faith. However, both are not practicing, hence don't have any specific religious needs. The home arranges for an interpreter for one of the residents, whereas one of the staff mentioned to the HW representative that one of these resident's family have asked to be present in the meetings with social workers etc. to interpret for them. One foreign language speaking resident manages to communicate with the staff through some limited English, pictures and signs etc. and if needed to the staff use Google translate.

The home tries to celebrate the diversity of some residents through cultural days representing their music, food and traditional clothes. There was no mention of relatives and staff meetings which would help identify any other needs the residents might have. New residents' relatives are given a copy of the service usage contract (a 45-page document) that explains the end of life care, DNAR and similar issues. Considering how many residents suffered from Dementia, we wondered whether there might be a better way to allow relatives the ability to voice any concerns to the home directly.

In terms of managing the resident's finances at the home, HW was informed that most of the residents had £75 to £100 given by their relatives and managed by the home while residing there. They could spend it on toiletries, newspaper, taxi etc. The management would keep all the receipts as proof of expenditure, and the relatives would top up the money when needed.

Raising safeguarding concerns:

As the manager was relatively new at her post, she was unclear about any safeguarding issues that might have been raised before her time (within the last two years), however, currently she informed us that there were 2 on-going concerns. Both concerns were raised before the current manager was in post, so information about them is limited. We requested further information from the

Enter and View – Safeguarding Visit Report

manager which she helpfully retrieved for us and 6 safeguarding concerns have been raised with the council safeguarding team in the last two years in total, none of which found against the home.

Overall the manager was confident about safeguarding in the home and stated that the dedication to the welfare and safety of the residents which she iterated in her ongoing attention to everything including the environment in the home, staff training, food hygiene, infection control, mental and physical health of the residents and fire safety. In one of the responses from a relative; we were told that 'we would inform social services and the manager of the home' if they felt uncomfortable about the home in a response that was generally very positive about the home.

Response from residents:

Healthwatch representative managed to hear from 12 residents at Athenaeum Residential Care Home. However, due to most of the residents spoken to, suffering from some form of dementia, it was not possible to get detailed feedback. There was nothing alarming or concerning about the responses from the residents. In most cases they were quite happy with the care they received from the staff. Some of the comments received were "*everyone is very friendly*", "*they are all angels*", "*they're very friendly and patient and we are all like a family*". None of the residents had anything negative to say about the care they received.

Response from staff:

The response from the three senior carers received by Healthwatch highlights that they are well aware of what safeguarding meant and how to report it. All staff said they were happy working at Athenaeum and would recommend it as a safe and caring home to people. Two out of the three staff members said they would report any safeguarding incident to their manager, who would take the incident forward. One senior carer said she would call the police or an ambulance in the case of an emergency. Two carers had reported a safeguarding concern and felt that it did make a difference. The third had not reported any but felt confident that it would be taken care of professionally if she had done so.

All three staff agreed that the residents can have challenged each other at times, but due to their proper training, staff are equipped to handle these situations with patience and manage to intervene and calm down the residents by talking to them or offering them a cup of tea. The staff were fully on board with how the residents' money was used for their personal expenses with informed consent and authorization, and a copy of the receipt was submitted to finance for the record.

Even though all the clothes are labelled, if the staff find a resident wearing someone else's clothes, they calmly explain to them that they need to change out of these clothes so that they can be returned to the right owner. Similarly, if there was any aggression between the residents, the staff commented that they would use their training and follow the policy to avoid any kind of discriminatory behavior from one resident to the other.

Enter and View – Safeguarding Visit Report

The staff said even though they respected the residents' choice to opt out of activities, they felt that 'one to one interaction with the resident' through informal chat can always motivate them to participate. They refer to the care plans and notes and use the residents' hobbies and past memories to give them incentive to participate more in activities and come out of their rooms. The staff said residents are informed that they can report incidents and complaints either by walking into the office which is open 24/7 to discuss what they are concerned about; they talk about it at the resident's meetings or in person to the manager or carer so that they can act appropriately.

Recommendations for Athenaeum Care Home:

- 1. More specific training given on the latest developments in dementia and Alzheimer care.**
- 2. Consider reviewing the activities offered to ensure they are varied and stimulating enough to meet the residents' needs.**
- 3. Setting up routine meetings with relatives to keep them informed and updated on any changes in the Home.**
- 4. Ensure that there are no trip hazards for the residents, such as hosepipe etc in the garden.**

Response from Athenaeum Care Home

- 1- More specific training given on the latest developments in dementia and Alzheimer care.**

As a service we stay abreast of developments in dementia care. We provide a service where we need to understand up to date thinking on dementia related matters such as:

- Changes in behaviour
- What causes these changes
- Reducing and managing behaviour that challenges
- Agitation and restlessness
- Repetitive behaviour
- Shouting and screaming
- Sleep disturbance and waking up at night
- Sundowning
- Hiding, hoarding and losing things
- Accusing
- Trailing, following and checking
- Losing inhibitions

Enter and View – Safeguarding Visit Report

As a service we access resources provided through the national Alzheimer's Society, and local Dementia Club UK. We also attend any dementia forums / training provisions within our host borough. Through our internal training, and involvement with outside providers, our understanding of dementia care evolves and improves. As a management team we can ensure this knowledge or methods / evolving understanding / evolving language, cascades down through our staff team.

2- Consider reviewing the activities offered to ensure they are varied and stimulating enough to meet the residents' needs.

As a service we have recently engaged an Activities Coordinator to work with our service users. Kindness will be at the core of everything they do, and they are tasked to:

- Assist in organising and participating in key events held throughout the year; the summer fete, seasonal celebrations, parties, charity events and so on.
- Plan and deliver a varied activities programme, inside and outside the care home, from organised hobbies to group events, all of which will promote independence, choice and dignity for our residents.
- Motivate and inspire our residents, getting to know them as individuals, their interests and life stories.
- Support resident and relative home meetings and participation forums.
- Creatively gain feedback from residents, their families and the staff team to ensure that the activities offered are relevant and meet the residents' needs and choices.

3- Setting up routine meetings with relatives to keep them informed and updated on any changes in the Home.

As a service we want to engage with our service user's family and friends and listen to their views. We also want to tell them about what we do and any changes we are making. As well as emailing friends and family to provide information, we have a Facebook page, and a Twitter account, on which families can communicate with us.

In 2019 we are also holding 'Service User and Relative Meetings' at the service on:

- Monday 29 07 19
- Monday 07 10 19
- Monday 02 12 19

Enter and View – Safeguarding Visit Report

We are combining the meeting on the 29 07 19 with a 'Summer Party' to which all families and friends are welcome, and we are holding a 'Christmas Party' on 20 12 19 to which all are again welcome. We also have an 'open door policy' at the service, so that during office hours on any visit, a family member or friend can come to the office and speak with management.

4- Ensure that there are no trip hazards for the residents, such as hosepipe etc in the garden.

On the day of the 'Enter and View Visit', gardening and grounds maintenance was going on. The hose was being used as part of this. The hosepipe is kept rolled and stored at other times. We want our garden to be enjoyed by our service users, the garden and fountain are wonderful; tranquil spots for our service users to sit and relax. In the summer of 2018 we re-laid the entire garden looping boundary path, making sure it was wide enough to accommodate a wheelchair and level to ensure any fall risk is mitigated. We also re-laid the entire patio area, again ensuring it is level and any fall risk is mitigated. There is both step, and ramp access, off the patio to the garden path to ensure all service users can enjoy it equally.

Report published July 2019

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.

²Significant 7 tool designed to enable care home staff to identify deteriorating residents so care staff can seek appropriate assistance quickly.