Enter and View – Visit Report

Name of establishment:	Aarandale Manor Luxury Care Home Holders Hill Circus London NW7 1LW
Staff met during visit:	Isobel Nyirenda (Acting Manager) Patricia Walden (Dementia Lead)
Number of residents and relatives met:	10
Date of visit:	22nd January 2019
Healthwatch authorised representatives involved:	Derrick Edgerton Helena Pugh Melvin Gamp Marion Kafetz

Introduction and Methodology

This was 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 homes within the London Borough of Barnet to obtain a better idea of the services 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 authorised representatives 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 Safeguarding Committee, Care Quality Commission, Barnet Council, Barnet Clinical Commissioning Group and the public via the Healthwatch website.

Enter and View – Visit Report

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.***

Summary

Aarandale Manor has capacity for 65 residents, with 32 residents currently. It provides care for residents with dementia and who have nursing needs. The Manager is currently temporary whilst a new Manager is recruited. There are two Activity Co-ordinators.

General Information

Aarandale Manor is a purpose-built care home opened in 2017 run by Abbey Healthcare, which has 16 homes across England and Scotland. It is described as being a "Luxury Care Home with nursing".

At capacity it will hold 65 residents. All rooms are en-suite and are spread over three floors, each having one double room and two adjoining rooms for the use of couples if required. These rooms are also used for "respite care". Every floor has additional bathrooms with hoists and other aids, as well as a combined dining and lounge area, with a large wall-mounted flat screen TV. The whole building is covered by Wi-Fi. The Team noticed that repairs are needed to some of the carpet joins between the corridors and bedrooms.

On the ground floor, there is seating and a coffee bar within the entrance hall, which can be used by residents and guests. There is also a piano. On the other floors there are quiet rooms available for residents. There is a hairdressing salon on the first floor.

At the rear of the building, and easily accessible, is a large contained garden, mainly lawn, where barbeques took place in the summer.
Each of the en-suite rooms is adequately furnished with "wet room" style toilet, shower and washbasin, and a "smart" TV which allows both the use of internet and skype.

Currently there are thirty-two residents. Fourteen of these have dementia and are on the 2nd floor, which is designated for residents with dementia, and is "Dementia Friendly". A further eighteen residents are on the

ground floor, and three of these have mild dementia. Two of the latter are being nursed under the NHS "Continuing Nursing Care" framework[1]. Apart from dementia medical conditions of the residents include muscle degenerative disease, diabetes, hypertension and cancer.

The CQC report of December 2017, published in February 2018, highlighted improvement required in "Effectiveness" and "Leadership". Other areas were rated as good.

Since opening the home has had three managers. The current (acting) one is a Regional Manager, but a new permanent manager is due to start late February.

Care Planning

Any potential residents will be given comprehensive information as to the facilities and services available. They will be invited to a meal at the home and if possible, will be given the opportunity to stay a week. Potential residents will be assessed to see if their needs can be met. Relatives are spoken to and the relevant GP contacted. The individual's life history is taken (if the resident is willing). An assessment of mental capacity is undertaken, and advice given about Power of Attorney. Individuals who have very challenging behavioural issues will not be accepted due to the difficulty in managing this behaviour alongside other residents. Funding advice is given to those that require it. Care plans are made and over the initial period are regularly reviewed and then every 2-3 months.

If a resident's needs change over time, then the care plan is modified to take those changes into account. This may include one to one care privately funded or provision using the NHS Continuous Care scheme.

Staff

The staff mix is made up of nurses, Care Home Authorised Practitioners (CHAPs), senior carers and carers. A nurse manages each floor during the day. In the mornings each floor has 1 nurse, 1 CHAP and 5 carers. In the afternoon on the ground floor 1 nurse and 5 carers, on the second floor 1

[1] NHS continuing healthcare is a package of care for people who are assessed as having significant ongoing healthcare needs. It is arranged and funded by the NHS. If you receive NHS continuing healthcare in a care home the NHS pays your care home fees.

CHAP and 5 carers. At night, on the ground floor 1 nurse and 2 carers. On the second floor 1 CHAP and 2 carers. There were also domestic staff, catering staff, admin staff and activity coordinators. 10 staff had been in post for more than a year.

An issue had been identified that there were insufficient staff around at bedtime, so one of the afternoon carers starts later to provide extra cover at that time.

The acting manager explained that several staff had been "let go" over the period she had been present as they were "unsuitable". Recruitment of suitable staff was ongoing but was proving challenging.

Supervision is undertaken four times a year and appraisal annually. There did seem some confusion amongst some staff spoken to about frequency! All training is done utilising e-learning, but this is backed up and reinforced by seminars and practical training (e.g. every three months there is an exercise using the fire evacuation equipment).

There is contact with the Barnet Care Quality Team and training and guidance has been provided by that team. Members of staff attend these events regularly.

We were told that some staff appeared unable to operate some of the hoists in use. This obviously affected the quality of care available.

Management of Residents' Health and Wellbeing

There are currently four a Deprivation of Liberty Safeguards assessment (DoLS) in place and a further 12 DoLs assessments outstanding with Barnet Council. Barnet Council prioritise the most immediate cases first, but not having a DOLs notice in place does place additional concerns on the staff.

The home has a regular weekly visit from a locally based GP. Concern was expressed that if another GP visits (e.g. out of hours) they are more likely to refer residents to hospital. The manager (from a nursing background) thought that as a nursing home, many such visits could be avoided. Residents, if admitted, are often sent home late in the evening at times inconvenient to the home, despite the hospitals being asked not

to. Palliative care and End of Life care is provided by the North London Hospice under the contract with the CCG.

Dentists attend the home annually; some residents are taken to their own dental practices. Podiatry is provided by the home on a regular basis. Opticians attend the home annually. Audiology is currently not provided. The home is well aware of the issue of residents misplacing/losing dentures and hearing aids and have introduced a system to try and avoid this happening.

Residents are weighed monthly or weekly if needed. Referrals are made to dieticians if needed.

Staff were aware of visits by church ministers but not a Rabbi or other faiths.

Food

All food is prepared on the premises and bought to the dining areas by lift from the basement kitchen. (This caused an issue when the lift was out of order for several days).

There is a 4-week rotating menu with alternatives always available. Menus were on display. All diets can be catered for. The meal seen by the team looked and smelt appetising and seemed to be enjoyed by the residents. We were told that residents individual likes and dislikes are met, but we were informed that although there were many Jewish residents, Jewish style food was not offered as a choice. We were told that at specific festivals, the traditional foods associated with the festival was bought in.

Recently the residents made aware to the management that the food was "too spicy". The chef adjusted his cooking style. As a result, a food survey had just been undertaken. The results were being analysed and the results will be made known and implemented.

Residents can choose to eat in their rooms, but we were told the majority eat in the dining areas. Assistance, if required, is provided.

Enter and View – Visit Report

Activities

There are currently two activity coordinators in post, and it is proposed that a third be recruited when the number of residents increases. One is on site during normal working hours, seven days a week.

There is a weekly plan of activities on display. Outside providers are utilised to provide activities. One of the coordinators highlighted the importance given to maintaining the interest of those residents who choose, or have to by physical impediment, stay in their rooms. These are visited at least once daily by a coordinator to engage in an activity. By rotation, and if they wish to, residents are taken to collect the newspapers in the mornings, make weekly visits to a local gastropub to eat lunch. Buses are also hired to visit museums or the seaside. The garden is used for barbeques etc.

Engagement with Residents

As previously stated, the residents recently raised an issue about the food which was acted upon. Most of the individuals spoken to were happy with the level of interaction with the home management on this matter. However, when asked about overall satisfaction both residents and relatives were split. Some recommended the home, others thought that for the fees, it was poor value for money.

Examples of dissatisfaction included:

- Not being able to get up when one wished.
- Not being able to choose one's own clothes to wear.
- Not being assisted to the toilet in a timely manner.
- Staff not being able to understand residents as the staff members first language was not English.
- Residents not being able to understand staff as the staff members first language was not English.

Whilst it was acknowledged that there had been an improvement over the previous couple of months, there were still current concerns unresolved.

The relatives have set up an "e-mail group" so that they can easily communicate with one another.

Enter and View – Visit Report

Compliments/Complaints/Incidents
The complaints procedure is given to every resident and their relatives as part of the "Welcome Pack". The process of investigating complaints was explained, and a monthly return about complaints is sent to the parent company.

We were shown the complaints/incident file. It had been noted that there were an unusual number of falls in the early evening when residents were getting ready for bed. As a result, an additional member of staff was rostered to be available and no further falls had occurred since then. One relative told me "I am more than satisfied with the care provide to my husband". Another said "It is improving it's getting there".

Conclusions
For a home that has only recently been opened, the team was surprised at the low occupancy. The team was also surprised at the seemingly high turnover of managers. It is hoped, with the appointment of a new permanent manager, that this individual will be able to provide the management and leadership needed, thus enabling this establishment to reach the full potential that the building itself indicates.

Recommendations for Aarandale Manor
(The responses from Aarandale Manor are shown in italics.)

1) Implement a comprehensive review of resident's fundamental requirements and needs, including the quality and frequency of personal care and use of the toilet and choice about times to get up and choice of clothes.

New care plan format is now in use. Individual choices and preferences are recorded. A summary of the information is kept in the intervention charts file to enhance carers knowledge of the residents.

2) Implement a clear process and communications with residents and relatives to show how the Home will listen to and act on the comments/complaints made by both residents and relatives, thus ensuring that the dignity and wishes of the residents are respected.

Relatives' meetings being held every three months. Minutes are made available to all relatives.

Enter and View – Visit Report

Residents meetings will be held monthly, and any issues / improvements will be acted on and feedback provided

"You said we did" board is in place to receive and communicate feedback

Satisfaction surveys are issued to relatives and residents, the most recent survey was in relation to meals

3) Look into establishing a sensory room.

Sensory stimulation is promoted within the home. The manager is researching how to further promote this.

4) Look into establishing a "craft room" where things such as painting can be done.

Crafts including painting, flower arranging and card making are held on each unit in a section of the lounge areas. There are quiet rooms which are also available for residents to use whilst participating in activities

5) Ensure staff can operate equipment available to assist in moving residents.

The Home has a moving and handling trainer on sight to train and support staff with the use of moving and handling equipment.

6) Review cultural and diversity needs of residents and take relevant actions, including staff cultural awareness training and guidance to meet the cultural needs of the current and potential future residents.

Individual cultural needs are recorded in care files and shared with staff.

The Home employs staff from different cultural backgrounds. A number of staff are bi lingual and are able to converse with residents in languages other than English, for example French

7) Review the faith needs of residents, including the current specific requirements of providing food and the provision of faith services or faith leaders visits.

Enter and View – Visit Report

Faith visits haven take place within the home. The manager is looking into enhancing contacts and arranging visits with a variety of faiths in keeping with the residents' faith needs. The provision of specific food requirements as agreed prior to admission are provided

8) Liaise with Barnet Council Adult Social Care to get their support and help with managing GP services to reduce unnecessary hospital admissions and late discharge from hospitals.

CCG staff are working with the Home and the GP service to enhance our working relationship

9) Liaise with Barnet Council Adult Social Care for guidance on how to manage the situation with residents, whilst awaiting the DoLS assessment.

The DOLs team are updated regularly of the pending outcomes and any changes are communicated e.g. Death

10) Review and provide guidance to staff on the frequency and process for staff supervisions.

Staff receive supervision in keeping with the Company policy. The policy is shared with all staff and a copy provided during induction

11) Ensure that repairs are carried out to the carpet joins between corridors and bedrooms to help keep the building safe for residents and staff.

Maintenance checks in place and any repairs identified are followed up

Recommendations for Healthwatch

1) Raise with the relevant hospital departments, Barnet Council Adult Social Care and Barnet Clinical Commissioning Group, the issue of late discharges of residents from hospital back to care homes.

2) Raise with the relevant GP service, Barnet Council Adult Social Care and Barnet Clinical Commissioning Group, the issue of inappropriate admissions from nursing homes in to hospital, especially by Out-of-Hours GPs.

3) Raise with the relevant Barnet Council Team, the issue of delays with processing DoLs and request guidance for homes who have applied for DoLs on how to manage the situation.

4) Raise with the relevant GPs, Barnet Council Adult Social Care and Barnet Clinical Commissioning Group, the issue that Out-off Hours GPs can be reluctant to visit homes sometimes delaying the issue of death certificates (of obvious concern in some religious faiths that require speedy burial).