

Enter and View – Safeguarding Visit Report

Name of establishment:	Arkley Nursing Home, 140 Barnet Rd, Barnet EN5 3LJ
Staff met During Visit:	Sarah Mair, Home Manager 5 other members of staff
Date of visit:	Monday 21 January 2019
Healthwatch authorised representatives involved:	Sara Ali Ellen Collins Helena Pugh Tina Stanton

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 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, 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.*

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What we mean by safeguarding

The Social Care Institute for Excellence describes the following key messages and types and indicators of abuse. We have focused on the types of abuse most relevant to this nursing home and so this report does not 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. This 'at a glance' 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

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General Information

Arkley Nursing Home was purpose built in the mid-1990s and is part of the BUPA UK group. This Healthwatch visit focussed on safeguarding and the team spoke to the Home Manager - Sarah Mair and five other members of staff; 7 residents and two relatives (of one resident). Three further questionnaires were received by post from relatives who were not present at the visit and the information that they provided has been provided included in this report.

This 'safeguarding' visit follows a previous more in depth Healthwatch Barnet Enter and View visit carried out in May 2017; and a more recent visit in March 2018 focusing on mealtimes. The team were pleased to note that recommendations made by Healthwatch had been followed up following the recent meal time visit, with more residents eating in the dining room and hand wipes being available and used with the residents. The earlier reports¹ can be viewed on the Healthwatch Barnet website using the links below.

There were 49 residents (out of a possible 52 – or 54 - as there are two double rooms) living at the home on the day of the visit. One double room had been turned into a suite with a sofa and TV, primarily used for respite care which can be used for single people or couples. The Home Manager was previously the Care Manager and is actively present with staff and residents, around and about the Home every day.

We asked how residents' preferences for activities are taken on board, particularly activities for people with dementia who may not be able to participate in group activities. The Manager explained that residents' preferences for activities are discussed with the activities co-ordinator and at residents' and relatives' meetings which are now held quarterly on Friday evenings from 6-9pm with cheese and wine which has helped to increase attendance. The Home has recently received an increased budget for activities and is taking on an additional member of staff to help with activities for 33 hours per week.

Since the previous visit there is a new sensory room which is used for art and crafts. Staff and residents are working with Barnet College Art and Design students to design a wall mural. We thought that this room was excellent and that the three residents using it seemed very happy but noted that it was rather small. We wondered if it might be possible or practical to designate a larger room for these activities so that more residents could participate.

¹ http://www.healthwatchbarnet.co.uk/sites/default/files/uploads/arkley_report_july_2017.pdf
http://www.healthwatchbarnet.co.uk/sites/default/files/uploads/mealtime_visit_arkley_nursing_home_april_2018.pdf

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We asked the Manager about residents with specialist conditions and she told us that they had frail residents, some with Parkinson's, some who had suffered a stroke, some receiving end of life care, and some residents were being peg fed. They do not take residents with a primary diagnosis of dementia but have residents who have developed this since living at the home.

Five residents have had a Deprivation of Liberty Safeguards assessment (DoLS), two have been extended and there are six pending over the last 8-9 months, although the process seems to be speeding up with one applied for 3-4 weeks ago being assessed the next day.

We asked the manager:

Do you get feedback from the Safeguarding Adults Team after you have made a referral? How do you feel that the safeguarding process works in Barnet? Please tell us what you feel works well and what does not.

The Manager said that she understood how busy the adult safeguarding team are, but when they sent them a referral it would be good to have a response by telephone or email, before the annual review.

Staffing information

There are 10 staff on duty during the day – 6 upstairs (where the residents have higher needs) and four downstairs including three nurses (plus the unit manager). There are 7 staff on duty at night – two night nurses and five carers, senior care staff are trained in medication and the Care Manager who helps out in addition to these staff. The staff to resident ratio on the day of the visit was 1: 3.76.

Staff turnover during the previous six months included 8 leavers; one member of the kitchen staff, one nurse and six carers – three of who were bank staff who the Manager had asked to leave as they rarely took shifts. One staff member had left as it was too far to travel, one had got a job at a higher level elsewhere and one had left for personal reasons. A deputy manager has recently been appointed.

The Manager told us that BUPA are looking at increasing pay and recruitment practice. The application process for new staff is an initial interview, production of photographic evidence, an address check and a DBS check (which had to be completed prior to a new member of staff's induction). Two references had to be provided before new staff could start work. Their induction included four day training in safeguarding by a BUPA trainer both face-to-face and by e-learning. There are yearly refreshers for everyone including a 'knowledge questionnaire' which is

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completed either online or printed out for them. The 'Whistleblowing' policy known as the "Speak up policy" is discussed on induction training. Staff told us they received good support from the Manager and colleagues to do their job and they liked working at the home.

We asked relatives **'how do you find the staff here'?**

Relatives told us:

"Caring and compassionate, friendly and approachable".

"Caring supportive, keen to ensure all residents are well looked after and kept as well as is possible. Any problems they will keep me informed of all changes no matter how small".

Safeguarding information

The Manager told us that she carries out all the assessments for new residents, and we wondered if it would be beneficial if this responsibility could be shared with the incoming deputy manager. Staff get to know residents' needs by reading care plans which are known as 'my day, my life, my portrait' these are reviewed and updated each month. A daily meeting (known as '10 at 10') is held with all care staff to discuss information on residents' needs. Each day there is a focus on one 'resident of the day' on each floor which includes looking at housekeeping, dietary needs and medication checks. Relatives are invited to participate in the review.

The Manager told us that as most residents have capacity, if an individual had a safeguarding concern such as unexplained bruising, weight loss, missing hearing aids etc., she would discuss this with them. If there is any bruising, the GP would be contacted so they could check if this was caused by medication; any incident would be added to the care plans; this would also be reported to the council as necessary. The Manager told us that she has an 'open door policy' with staff, residents and relatives – and is available at any time and gives all new residents and relatives a business card with her contact details.

When we asked staff: **'Do you know how to report a safeguarding concern'?** All of the staff we spoke to were aware of the procedure to follow, they would feel comfortable speaking to the manager as *"her door is always open, she listens, and is very supportive, so I feel confident to be open with her"*.

All staff spoke knowledgeably about safeguarding. They told us that it meant

- *"protection of residents; need to report pressure sores, abuse (verbal, physical, financial)"*

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- *"looking after each resident and meeting all their needs, keeping them safe and raising concerns when necessary"*
- *"the aim is to deal with concern as soon as possible in the home otherwise report to council"*
- *"It's about looking after the safety and wellbeing of our residents"*

Two out of the three relatives who had completed the questionnaires knew what safeguarding was, though one did not.

The Manager explained that weight was monitored on a monthly basis and that food and drink charts are kept. If residents need to be encouraged to put on weight, thickeners such as powdered milk, butter and cream are used, and these residents would be weighed weekly and referred to the dietician as appropriate. When one of the Healthwatch team was speaking to a staff member the dietician came in to see her. A concern had been raised about a resident who had a very poor appetite and was losing weight. The home asked the dietician to come in and provide advice and support.

The Manager explained that any pressure sores, were managed by the nurses and GPs, and following reddening of the skin an immediate intervention would be implemented to turn the patient every 2-4 hours and use a pressure mattress. If a pressure sore reached grade 3 it was reported as a safeguarding issue. We were told that a resident had come back to the home with a pressure sore following a stay in hospital. This was quickly dealt with following their standard procedure.

We were told that four safeguarding concerns (alerts) had been raised with Barnet Council since October 2018 when the new manager took up post. This included two grade 3 pressure sores, which had been acquired in hospital, and two other incidents which had been resolved.

In the case of lost hearing aids, moulds are kept of these so that replacements can be obtained quickly.

Physical abuse

The majority of residents said they were free to move about in the home and praised the staff for being gentle and very caring.

One resident said: "They always tell me to wait for them in the morning to help me and I have to wait till there are two of them. They are mostly nice but I feel there aren't many staff at night. Otherwise they are mostly nice".

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We asked relatives if residents were able to move freely around the home – one relative said: *"as much as they are physically capable"*
"Yes that's not a problem at all. Everyone helps me if I need help moving around"

According to the staff that we spoke to there are no issues with aggressive residents but if a problem arises, the resident, family and staff would all work together to resolve the issue.

We asked are staff gentle with the residents and were told
"Very professional and caring, although my relative is not always the most cooperative"

Psychological or emotional abuse

We asked residents **'Are the staff kind to you?**

One resident said 'yes, always. They are helpful and always kind. When you say you want something, they get it for you. I like to do gardening in the summer and puzzles in the winter and they help me do that. I can do what I want'.

We asked relatives **"Do the staff always communicate in an appropriate manner with you and your relative"**... and were told

"yes, pleasure to work with them, they tend to err on the over communication to the family"

The Manager told us that for residents and relatives whose first language was not English, staff would communicate with other family members and use a translator or interpreter if required.

Financial or material abuse

The Home has a finance team to manage residents' personal finances. With residents who have a lasting power of attorney this is documented in the care plan. Each resident keeps a personal allowance (usually around £50-£100) to cover hairdressers, chiropodists, newspaper and other personal items which is managed through the Finance Team.

Residents told us that they are encouraged not to keep cash in their rooms and mostly kept money in the office. Each resident has an account and money is taken out when needed for newspapers, books, etc.

One relative told us that their relative spent their own money in Care Home fees and was not supported by Barnet Council. We asked if they had any concerns about this and they said their relative's money had run

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out and there was no contact from Barnet Council and no direct means of contact or from the Social Worker contact.

When we asked if they had any concerns about their relative's belongings; they had minor concerns over missing or misplaced clothing and other fabrics such as personal blankets.

One relative told us: *"there is no means of making payment by Bank card, credit card bank transfer. These are reasonably secure in this day and age and enable money to be paid quickly"*

Discriminatory abuse

The residents told us that the language used by all members of staff was caring and appropriate, and that staff were kind to them.

One member of staff said she noticed discriminatory language being used by a resident. She spoke to him and calmly but firmly explained that this language was inappropriate and upsetting. She said that this was understood, and it has not occurred again. All staff members said they would be able to deal with this type of problem and look at underlying issues which may complicate the situation.

One resident mentioned that another resident made an unpleasant remark to her. A staff member heard and told her that the resident has dementia and that sometimes this happens, and she accepted this.

Two out of the three relatives who had completed the questionnaires when asked 'Have you experienced any discriminatory behaviour at the home – either towards your relative or others?' said no, and one said *"just a little"*?

Neglect or acts of omission

We asked residents if they had a choice of a shower or bath and if hygiene needs are fully met. We were told that they all had showers regularly and seemed happy with this. A few problems with laundry had occurred in the past but these were soon rectified by explaining to the resident that they had on someone else's clothes and they were given the option of changing their clothes or waiting until the evening to take the clothes off. The clothes were then checked for appropriate name labels.

We also asked **'Do you think your relative gets enough to eat and drink?'** Some residents said that the food was just ok but one complained that it was too soft and mushy.

Another resident commented that they always mixed her vegetables and she didn't like that. She would then use her hands to separate them.

One of the relatives commented:

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"Overall, yes but snacks or nibbles in ready supply might be useful as they sometimes like a bite between meals i.e. gap between evening meal and breakfast. Currently supplied by relatives".

Another relative said "we all consider she does not drink enough, despite all the effort of the support staff to provide many options at all times of the day for my relative to drink – short of force feeding which is not appropriate"

Self Neglect

Whilst staff actively encourage residents to take part in the activities on offer, they mentioned two residents who were not keen to participate in any activities until they were encouraged to 'have a go'.

We asked staff:

'How do you approach residents who choose not to come out of their room, not socialise, not take part in activities?'

'How do you balance their right to choose with the possible benefits of them engaging more?'

Staff told us: *"I always respect residents' choices but I will try and see what they like to do especially from their past life to make them happy. I would involve the activity co-ordinator".*

"I ask them, will you go if I come with you? And they say yes, so I take them myself and stay with them while they do the activity"

We asked: **'Do you have time to get to know what individuals' likes and interests are?'**

"Yes – with a lot of trust"

We were told by a resident *"The staff take time to really get to know each and every resident, their likes, dislikes, background and characteristics".*

One staff member we spoke to said *"That's what care plans are good for as they give us a good idea of the background of the resident and their likes and dislikes. I also like to talk to the residents get to know their stories and history."*

We also spoke to one of these residents in the sensory room who proudly showed us his artistic efforts. The activities' coordinator is extremely well liked by both staff and all of the residents we spoke to, and she is able to motivate them with her smile and sense of humour.

Staff told us that they are busy but make time to chat and listen so that they really get to know the residents.

"Sometimes residents prefer one carer to another so would ask them to talk to encourage the resident to take part".

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"We can talk to residents whenever we see them – during personal care and when giving medication even if only 5 mins"

Residents' and relatives' views about the home

Three residents told us that they liked being in the home, although one, who had been there only six months, said *'she'd prefer to live in her own home'*. They all said the staff were lovely and all felt well looked after.

When asked what do you like about the home, one lady smiled and said *"everything"*. All residents felt safe and secure.

One resident said: 'I enjoy being here. They are nice staff'.

When asked **'Do you feel your relative is safe here; Are you happy with your relative living here?'**

One of the relatives replied *"Yes, no other choice, as they are unable to live at home or alone, which is why Barnet Social Services placed them there. The only concerns are the cost, an average pensioner cannot sustain the expense"*.

Would you recommend this home to family and friends? *"Yes, if they can afford it"*.

We asked do you feel your relative is safe here, "Yes very safe, double locked doors to get in, and nothing is too much trouble

'Are you happy with your relative living here?' *"Yes with a high need level of nursing the present situation is ideal"*

"yes, having seen seven different Nursing Homes Arkley stood out by a long way"

Conclusions

The team felt that this home was doing an excellent job with regards to safeguarding. The new manager is liked by all and a good leader of her staff, caring about the residents and constantly looking at improving the service she offers. Since our last visit our recommendations have been taken on board and more residents were eating together in the dining room. All of the staff and residents that we spoke to would recommend the home to friends and family. In addition a staff member commented *"I would definitely recommend this home to anyone. Sarah (the manager) has made this a lovely place to be"*.

We came away with the feeling that the manager had made a very positive impact on the home, and staff liked and supported her, and the manager supported her staff. We also felt that attitude of the manager

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towards the residents was to make them feel “at home”. We were left with the impression of a well-run, caring environment.

Recommendations for Arkley Nursing Home (Responses from Arkley Care Home are in italics.)

Consider whether it is possible to use a slightly larger sensory room to enable more residents to get the benefit of taking part in these activities.

We looked in the home and there is nowhere possible to make the sensory room any bigger without inflicting on other important space for residents, however we have more able-bodied residents now and activities usually take place in the downstairs lounge. We also have a new activity co-ordinator so we are doing more meaningful activities, both one to one and group.

Review the Manager’s sole responsibility for assessments; we wondered if this responsibility could be shared with the incoming deputy manager.

The new care manager is now confident with assessments and the responsibility is shared but it is the Manager’s duty to make a decision on the placement.

Provide snacks, between meals; or if these are available ensure that residents know how to access them.

Night time snacks are available and this is being evidenced in care records. The chef now makes smoothies, fresh cakes daily, chocolates, crisps and fruit cocktails etc. Residents are aware of the snacks in between meals.

Ensure that when residents’ needs change, they and their relatives are informed of potential financial support from Barnet Council or the NHS. (We wondered if this might be included when a resident is the focus of the day.)

We have now implemented a Resident of the day system in which the family received a personalised letter with a specific time and date of each month when a meeting is held with the family, residents, nursing team etc and all care plans are reviewed. Finance and end of life conversations take place with advanced care plans put in place. The administrator is supportive to families and their finance queries.

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Recommendations for Healthwatch

1. Raise the long delays and lack of communication about applications for DoLS with Barnet Council.
2. Ask Barnet Council to clarify how care home residents and their relatives can contact social work staff if their needs change.

Date 14 February 2019