

Enter and View – Visit Report

Name of establishment: Heathgrove Lodge
837 Finchley Road NW11 8NA

Staff met During Visit: Ronniel Alarilla,
Regional Support Manager Delivery
Joanna Duke (newly appointed manager)

Date of visit: 18th July 2017

Healthwatch authorised representatives involved: Mr Derrick Edgerton
Mr Jeremy Gold
Mr Alan Shackman
Mrs Janice 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/friends who are not able to attend on the day of the visit, but wish to provide some feedback. These are returned directly to Healthwatch. The volunteers compile a report reflecting all of this, 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*

Enter and View – Visit Report

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.

General Information

Heathgrove Lodge is a purpose built (to the standards applicable at the time of building) care home that provides nursing care for up to 33 residents. At the time of the visit there were 31 in residence.

The building is spread over four floors, with the majority of rooms being on the ground, first and second floors. There is a large lift connecting all floors, and staircases. There was also a small dumb waiter style lift between all the floors. The corridors, whilst of an acceptable width at the time of building, would be considered narrow today. This, we were told, creates difficulties when moving residents in wheelchairs or using aids. We observed a number of fire extinguisher and alarm points throughout.

At the front of the house is a parking area for several cars. Entry is via an electronically controlled door in to a reception area where there was a hand gel dispenser. All visitors have to sign in and out. In this area were notice boards with information prominently displayed about complaints, insurance and ratings.

The rear garden is reached via a slope from a patio area accessed from the basement. The patio had a magnificent display of colourful and fragrant plants in pots and planters, which is attended to by the Maintenance team. There were several tables and chairs (very heavy), with umbrellas, on the patio. In the centre of the garden, which was mainly well-maintained lawn, was a circular fountain surrounded by more plants. It was noted that the door from the building to the patio had quite a high lintel and the two drains on the patio were recessed creating a trip hazard.

The basement area housed the main sitting area, dining area (with no natural light), kitchen, laundry and two residential rooms. The ground floor housed the administrative offices, nursing office and residential rooms. The first and second floors were mainly residential rooms, with the second floor having an additional lounge. Each room was ensuite with a toilet and most with a walk-in shower. Each room had a call system,

Enter and View – Visit Report

which we were told could be moved to make it easily accessible for the resident. Additional bathrooms and toilets were also available. The fabric of the building appeared well maintained and in reasonable condition.

Heathgrove Lodge has had several managers in the previous year and for the 3 months preceding this visit, had been overseen by the Regional Support Manager. A permanent manager has now been appointed and had taken up the post the day before the visit.

Care Planning

Care planning follows standard BUPA procedure and consists of a detailed assessment of the individual prior to them becoming a resident. This would involve talking to medical professionals, social workers, relatives and the individual concerned. The wishes of the individual are important and this was stressed to us by Mr Alarilla. Many of the residents were bed-bound or stayed in their rooms. Many were utilising special mattresses to prevent pressure sores. End of life care was carefully planned, with the wishes of the individual and relatives taken into account. There was liaison with the North London Hospice.

Management of Residents' Health and Wellbeing

On entering the home, the team were surprised to see no residents in the lounge nor using the garden, on what was a very sunny day. We were told that this was normal and that the majority of residents have breakfast in their rooms and that many do not come to the lounge, (if at all) until after lunch. We were with the manager when staff asked a resident if she wished to go to the lounge and was told "You know I never go to the lounge until after lunch".

The team noted a seemingly active lady still in bed at noon. We were told that if she was up, she needed constant watching or she would wander and fall. The team was concerned, therefore, that there was insufficient staff to provide this level of supervision.

All the residents we saw who were up, were well dressed, although some staff and residents commented that on the occasions a resident is going out, it takes longer to get them ready and this has a knock on effect in getting the remaining residents washed and dressed.

Enter and View – Visit Report

A local GP attends the home on a fortnightly basis or as required. Use is also made of Tissue Viability Nurses. A dietitian is consulted if a resident is found to be losing weight. An optician, dentist and chiropodist visit regularly. A hairdresser also visits weekly and cuts/washes residents' hair in their rooms.

The home is also participating in the pilot scheme of Barnet's Clinical Commissioning Group called Care Homes Enhanced Support Services (CHESS). This is a team of healthcare professionals headed by a Consultant Geriatrician and including therapists and nurses whose role is to lower the rate of hospital admissions and ensure that medication is appropriate.

Residents' weight is monitored monthly or more frequently as required. There are daily meetings to discuss concerns, and care plans are reviewed monthly. The manager also does a daily walk round to overview things.

There was a system in place for monitoring and applying for and the renewal of DoLs. There were problems (time delays) in getting DoLs renewed after the application had been submitted.

Staff

Staffing levels are based on the Care Need Assessment model utilised throughout BUPA. Data concerning all the resident's conditions and needs are entered into the "Electronic Care Banding Tool" and this calculates the hours of care and nursing required. At the time of our visit this translated into 2 nurses and 6 carers during the day, and at night 1 nurse and 3 care staff. We were told, that if required and the manager approved, additional staff could be brought in to support residents with specific needs without referral to a higher authority. At the time of this visit, a fourth carer was on duty at night to assist with the particular needs of an individual resident. Additional personal carers are also present, either paid for privately or under the provision of an NHS assessment.

The nursing staff hold the responsibility and supervise the care staff. In addition to the nursing and care staff there were housekeeping, maintenance, catering, administrative staff and activity coordinators. The deputy manager (Head of Care) stated that many staff wished to work extra hours and this meant agency staff were rarely used. Some staff were relatively new and some had been at the home for many years. We were told that some of the newer staff were being employed with paid breaks and higher hourly rates than some of the more

Enter and View – Visit Report

established staff. This was causing friction and disquiet and has caused some individuals to seek alternative employment. Some staff expressed the view that their opinions were not taken note of.

Staff Training

Staff we spoke to, were highly satisfied with the training. This was a mixture of e-learning, learning from work books or taught learning from both internal and external sources.

We were told that, when needed, staff go on special training to be able to use specialist equipment (syringe drivers, machine to assist coughing). This knowledge is then cascaded down.

Activities

A schedule of activities, morning and afternoon, 7 days a week, and photographs of several of them were on display. We were told there were dedicated activity coordinators. 'Games' were that morning's activity. We saw no sign of this in the lounge but were told that in the mornings the coordinator spent time going around individual rooms to interact. We were informed by the Deputy Manager that during our visit the Activity Coordinator was visiting residents in their rooms to do their nails. This was done on a one to one basis with residents particularly those room bound, but we did not observe this while at the home.

We were told that in the afternoons activities were held in the lounge with outside musicians and entertainers regularly being bought in.

Several of the staff seemed unaware the Activities Co-ordinator was in – so may have been unable to encourage residents to attend activities.

Food

All meals were produced in house. We were told that all BUPA homes have a standard menu which is on a 4-week rotation. Produce is purchased locally. The food we saw looked appetising. We did note that several residents were having meals not on the menu, which indicated that individual likes and dislikes were being catered for. Special diets can be catered for as required.

Enter and View – Visit Report

In the dining area, the tables were nicely laid out. Menus were clear and had pictures of the main dish. Alternatives were always available. All the residents we spoke to praised the standard of the food.

Care staff were seen to be helping those that required it, but those who were eating in their rooms had to wait, although we were told that people who needed help in eating were supported first, before anyone else had their meals.

We noted that the chef had no formal cooking qualification although he has applied to do an appropriate course

Engagement with Relatives/Residents/ Carers

The team only met with one relative, and have not received any completed questionnaires which had been sent to the home for distribution a week before the visit. Residents spoke of having resident meetings but were unsure as to their frequency and the outcomes.

Compliments/Complaints/Incidents

This had been an area of concern for the CQC and it was stated that in some cases previously, the correct internal procedure had not been followed. The residents that we spoke with seemed, on the whole, content. The complaints procedure was displayed in the lobby and there was a comment book also on display.

Conclusions

This visit was the first time that Healthwatch has visited Heathgrove Lodge. The premises are well maintained, clean and the food was praised by the residents. The residents, those that were up and about, were all well-dressed.

On the day of the visit the team were satisfied that residents were being satisfactorily cared for. However we were concerned about the statement that 'residents choose to stay in their rooms until after lunch'. We felt that more should be done to encourage residents to get out and about and we noted that the advertised morning activity did not happen.

BUPA has a system in place that, monitors the performance of its establishments and does conduct internal audits. It is hoped that the

Enter and View – Visit Report

observations made during these audits will assist in improvements to the home.

Staffing levels are always a difficult area. The fact, that if deemed necessary, a home manager can bring in additional staff to deal with specific circumstances is good, but, when residents appeared to be waiting for help for some time to assist eating, or when getting a resident ready to go somewhere results in others not receiving the support they need, one cannot help but question if staffing levels are adequate. The new manager has a nursing background and experience in non-BUPA care homes. The team wish her well in maintaining and improving standards at Heathgrove.

Recommendations

For Healthwatch Barnet:

- 1) Raise again the issue of DoLs renewal being delayed with the relevant council department.

For Heathgrove Lodge:

- 1) Look at the pay structure for all staff to ensure equality in terms of remuneration for each grade of staff.
- 2) Review staffing levels to ensure that sufficient staff are available at the right times of the day.
- 3) Level the access from the lounge to the patio and smooth out the drains to remove the trip hazards.
- 4) To discuss with residents the timing of their daily activities and ensure they understand the options and are happy with the routines that they follow.
- 5) To review the Activity Program to ensure it meets residents needs and offers a varied and stimulating range of activities for all residents.

Enter and View – Visit Report

Response from Barnet Council: (Assistant Director of Adults and Communities)

- 1) Barnet has continued to receive an extremely high volume of Dols applications. All requests are screened and prioritised accordingly using ADASS guidance. The Dols Team are working directly with homes in relation to any delays

Response from the Home Manager:

- 1) Pay structure has been looked at to ensure equality.
- 2) The rota will reflect, and have an adequate staffing level, to meet the needs of the resident, which is always reviewed.
- 3) The Property Surveyor is to review these issues and advise.
- 4) The residents are being informed of their daily activities. The activity coordinator is ensuring that they do understand and are happy with what is provided to them.
- 5) Activity programme has now been reviewed to ensure it meets the needs of the residents effectively, and giving a wider range of activities.