

Enter and View – Visit Report

Name of establishment: Rubens House 184 Ballards Lane N3 2NB

Staff met During Visit: Fionnuala Baiden (Interim Manager)

Date of Visit: 8th March 2016

Healthwatch authorised representatives involved: Derrick Edgerton
Tina Stanton

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 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.

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General Information

This was a return visit to follow up the observations and recommendations made during the visits of 6th May and 24th June 2015. Both the General Manager and Care Manager in post at that time had moved on.

We met the new interim manager who told us that she had asked for various structural/decorative alterations to be made to improve the dignity and quality of life for the residents. The changes included the replacement of the windows in the ground floor lounges with one way glass so that those outside would not be able to see in. Secondly, creating new access to the toilets on the ground floor, replacing the current ones directly opposite the lounge entrances. Thirdly, redecorating the lounges to make them more “interesting”, so that chairs could be arranged in small groups to create a more intimate area for the residents. Fourthly to make a “clinic” room available on the ground floor for use by GPs and District Nurses to replace the one which is currently on the fourth floor. We were told that the glass was to be installed the following week and the other recommendations were actively being pursued. We were also told that provision of wifi throughout the building was being planned with an installation survey imminent.

The refurbishment program that we had been told about on our previous visit which involved changing 3 bedrooms into 2, each with a wet room, had been temporarily suspended. We were told that it was planned to restart this, when finance allowed, but that an alternative scheme of providing a wet room within the current rooms’ area was now the preferred option.

The interim manager explained that lunch was the main meal of the day, and after consultation with the residents, staggered mealtimes had now been introduced. This meant that those who needed assistance attended the first sitting and those who could feed themselves, the second. Whilst, this is not rigidly enforced, it was seen to be an improvement overall and accepted by the residents.

The system and rationale for staff supervision and appraisal had been explained and reintroduced to the staff. Supervision is carried out every two months and the staff appear to appreciate this.

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Two new hoists had been purchased and staff trained in their use. Two staff are needed to operate hoists. Some e-training is being done utilising SCIE material.

There were now 30 DOLs in place as opposed to 3 when we visited in June 2015.

A system of meetings with relatives had been introduced and was continuing on a regular basis.

There were still occasions when residents, admitted to hospital, were being discharged at inappropriate times.

Conclusions

It was felt that there had been a significant cultural change since the last visit and this, if maintained, would be of great benefit to the residents.

Recommendations

For Rubens House:

- 1) Ensure that the momentum to improve the environment for the residents is not lost.
- 2) Ensure the improved relationship between staff and management is maintained.

For HealthWatch:

- 1) Take steps to reduce the number of hospital discharges at inappropriate times.

Comments from the manager:

Thank you for your visit. I always find it helpful to discuss improvements in what I am doing and planning for Rubens House as 'fresh eyes' can sometimes make helpful suggestions.

I have reviewed this report and I feel it is an accurate account of the issues we discussed.

Recommendations

I will continue to be involved in the improvement of the environment and hope that plans will be drawn up while I am still in post.

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When the new Manager takes up the position as Head of Home. I will remain to do a detailed handover and share my vision for the future of Rubens House. I will maintain a link with Rubens and will support the new manager in any way I can.