

Enter and View – Safeguarding Visit Report

Name of establishment:	Baxendale Care Home, Whetstone, London N20
Staff met During Visit:	Jacqui Gordon, Home Manager 7 other members of staff
Date of visit:	Thursday 23 May 2019
Healthwatch authorised representatives involved:	Rory Cooper Margaret Peart Alan Shackman Tina Stanton Janice Tausig

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

Baxendale Care Home is run by a charitable trust and can cater for a maximum of 56 residents; at the time of our visit there were 48 residents. The home is on three floors and all of the rooms have wash basins; the top floor has 11 rooms all with ensuite bathrooms and its own dining-room and lounge. There is a separate self-contained dementia wing which can cater for six residents; this contained lots of memorabilia and each room had pictures outside focusing on the residents' past lives. There was a separate cinema room.

The home has an excellent patio and garden with views over a lake and extensive grounds. On the day of our visit it was a glorious sunny morning; we only saw one person on the patio who told us they had taken themselves outside and we wondered if more effort could be made in getting people outside.

This Healthwatch visit focused on safeguarding and the team spoke to the Home Manager – Jacqui Gordon and seven other members of staff, seven residents and three relatives. 1 further questionnaire was 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 Healthwatch Barnet Enter and View visit carried out in January 2015; a more recent visit in March 2018 focused on mealtimes. The earlier reports can be viewed on the Healthwatch Barnet website:

<https://www.healthwatchbarnet.co.uk/resources/baxendale-woodside-house-n20-march-2015>

<https://www.healthwatchbarnet.co.uk/resources/baxendale-care-home-may-2018>

We asked the Manager about residents with specialist conditions and she told us that they had residents with Dementia and Alzheimer's both in the specialist West Wing and also in the rest of the home; they also had frail residents, some with Parkinson's disease, Diabetes and other mental health conditions.

They have submitted 20 applications for a DoLS Assessments (Deprivation of Liberty Safeguards¹) where the process appeared to take a very long time, with up to a 12 month wait for some and difficulties in removing Dols as well as renewing them. They understood that the delay was caused by higher priority cases to follow up in many cases.

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.

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There are a number of residents who have the mental and physical ability to come and go as they please. There is a secure door and keypad that those residents and known relatives can use.

Staffing information

There are 10 care staff on duty during the day and 5 at night, 11 at the weekend; also the registered manager, two deputy managers and a housekeeping manager during the day. There is a night manager on 4 nights a week. The staff to resident ratio on the day of the visit was 1:5. Staff turnover during the previous six months included two leavers in full time roles; some staff had been there for many years.

When looking to recruit new staff; jobs are advertised locally in shops and offices as well as online. After an initial interview references would be taken up and a DBS check carried out. There is a six month probationary period for new staff who then undertake two weeks of shadowing an existing member of staff.

Safeguarding training is delivered annually, with the most recent training taking place the week of our visit. This is carried out over a series of 5 or 6 sessions to ensure all staff are included and all training is face-to-face. SOVA (Safeguarding of vulnerable adults training) is part of the training offered. If staff need extra training they will be sent out to external courses.

The Whistleblowing policy is covered in the induction process and staff have to sign to say they have read the policies. A hard copy of all of the Home policies are kept in the deputy manager's office. Some staff have policies emailed to them but most staff do not have digital access to the full set of policies either sent to them or available on a PC or online. One staff member told us they were given a physical copy of some of the policies but could not remember which ones. The Manager mentioned that providing online access or emailing policies this might be something they look into, which Healthwatch would support.

Staff told us that until recently, there had been a training coordinator role in place which was unlikely to be replaced, and the lack of this post would be felt. One staff member told us that this was her favourite home that she had worked at, with good teamwork, friendly staff and lovely residents.

One staff members who had been in post for many years told us; ***"I love my job working here, my knowledge increases all the time"***. One staff member told us that they were not always comfortable working with some of the agency staff. The impression we got from relatives was that staff do their best for residents within resource limitations.

One staff member said that the job was tiring and stressful and that as there were too few staff generally, they might have to rush or hurry residents even though they would much rather not as they are being rushed from one job to the next; time was always an issue. One member of staff said there was never time to just sit and chat to residents.

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

One relative told us that the permanent staff are excellent as opposed to agency and bank staff, but the weekend bank staff are not always well informed and there were concerns that there are not always enough staff on duty. One relative said: **"training goes on all the time and some staff come back in for training even when they off"**.

One relative told us **"the Baxendale staff, as opposed to agency and bank staff, are absolutely fantastic"**. They said that the weekend bank staff were not always well informed and there were concerns that there are not always enough staff on duty.

Activities

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 this information is recorded on the care plan which is very thorough with around 30 sections. One staff member told us that they were given good information about residents likes and dislikes and felt they had time to get to know them.

There is an activities coordinator role (two part time members of staff) who are responsible for keeping information about residents recorded. They are currently compiling a life story book that relatives are helping with for residents who wish to participate. The information that stems from this is a useful way of learning about the residents and their past. Films are shown twice a week, which is popular amongst the residents, and as the cinema room is small they often have more than one viewing. Staff in the West Wing use sensory activities with residents to help to stimulate them.

Monthly resident's meetings are held and relatives are welcome to attend. There is a suggestion box for activities which is well used for ideas that work and those that do not. Some residents have asked to learn Bridge and more creative ideas such as poetry and creative writing have been suggested and implemented. They do not have any regular volunteers that help in the home or with activities and we wondered if they might think about recruiting some.

Religious and spiritual needs are also included in care plan. Several residents attend a church service in the small chapel area in the home, and they could accommodate other Faiths as residents wished.

One resident told us that there was a Christian service once a month and other faith needs were met.

One resident said **"Activities are marvellous"**, another one praised the activities, describing them as stimulating.

Safeguarding information

We asked how staff get to know resident's needs and the Manager told us that prior to a new resident coming to the home there is a pre-assessment; they use

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the care plan and gather information at handover three times a day and by speaking to residents and relatives.

The home is now using a digital care plan which is used by team leaders (who are senior care staff) and they have a device that can update the system. Other care staff are still logging everything on paper, so there is a mix in terms of recording notes and changes for residents. It could help communication if all staff had access to the digital care plan.

We asked the manager to let us know what would happen if someone came to them with a safeguarding concern. She said that she would hope that any concern would be reported to her or the deputy managers and this would be investigated by the Management Team. They would then investigate this and the process would be documented. Depending on the outcomes there might be further training offered to staff.

We asked the Manager: **'Do you talk to new residents/relatives about how to raise any safeguarding concerns? How do you approach this issue?'** The Manager showed us the Barnet Council leaflet *'Just say no to abuse'* and this was recently raised at the residents meeting; this would be mentioned to new residents and their relatives. She explained that **"residents know they can come and talk to us"** and they would also have access to the complaints procedure. Most of the relatives we spoke to were well aware of the procedures for reporting any issues. One's relative had been there for 10 years and had never had cause to complain.

We asked how they would communicate with residents and relatives whose first language is not English. Initially they would check if they had a staff member who spoke the language, otherwise they would use the internet for phrases. One resident's family members help with phrases and understanding. They also use picture cards.

We asked staff: **'What do you understand by safeguarding'**

Staff understood what this meant, and had undertaken safeguarding training and had also received a refresher this week. They would go to the manager if they had any concerns. All of the staff we spoke to understood what safeguarding meant and none were aware of any safeguarding incidents in the home. The Manager told us **"I keep a close eye on and trust the staff; they have been trained, and the right structures are in place"**.

We asked staff: **Do you know how to report a safeguarding concern?** All staff seemed well aware of this and one staff member told us that they would initially go to the team leader and then if not satisfied with the response they would escalate it to the manager. Other staff would be confident in taking matters further outside of the home if they had any concerns.

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Pressure Sores

The Home has pressure sore mattresses and do not currently have any residents with classified pressure sores although this does occur from time to time. The Manager mentioned the importance of diet and nutrition to help to prevent this.

Safeguarding Alerts

The Manager told us that there had been up to 20 safeguarding concerns raised with Barnet over a two year period by two ex-staff members who were said to be 'disgruntled', mostly to do with personal care and moving and handling of residents. The home was not aware of these concerns which were taken directly to Barnet Council until about six months later when Barnet contacted them. Another concern was raised by a district nurse around a resident's ulcer which was not healing; this was investigated and no further action was taken.

We asked: **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?**

The Manager told us that they had been contacted by telephone six months after the initial complaint when a visit was arranged. Barnet Council Adult Social Care visited twice and went through the records, some going back two years, they interviewed *people*. There was then a delay and they did not hear from Barnet Council, and the manager had to chase to find out what had happened and no further action was taken. For such a serious concern the delay, lack of written communication and documentation was very frustrating and difficult for the home. It would be very helpful if there was a named contact for the home in the safeguarding team.

None of the staff that we spoke to were aware of any safeguarding concerns being raised or of issues brought by the council.

Physical abuse

We asked residents: **Can you move about the home whenever you like, are the staff gentle with you and other residents?**

One resident told us that they could but felt that other people could not, partly due to the home not putting enough emphasis on keeping people mobile. This resident asked "**Why can't a physio come to the home occasionally**"? This resident questioned the technique of staff moving people but accepts there is always a problem of time. They felt that staff could be better trained e.g. by physios.

We asked staff: **Do you always feel comfortable with the way staff handle residents who are challenging?**

One staff member felt satisfied that most staff were very good with residents but said that "**bank and agency staff were generally rougher/ less well trained with certain bits of equipment**" and as they knew the residents less well, were less friendly and kind to them.

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We asked staff: **Are residents ever aggressive to each other, how would you deal with this?** We were told that staff felt able to diffuse any aggression between residents and were used to having to look out for changes in personality due to infection etc.

One staff member said never to have seen this and another told us "**only very occasionally and never in a really alarming fashion**". They said they had worked in more volatile settings and in Baxendale it was not a problem. Another staff member told us that they would talk calmly, softly, explaining why they should not be aggressive.

One resident told us that they felt that staff can be a bit pushy with residents who are unable to move for themselves.

Psychological or emotional abuse

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

All of the resident said yes, but one told us that they felt that the evening staff can sometimes be a bit short, typically saying "**ask again in the morning**" ...

We asked staff **How do you approach residents who choose not to come out of their room, not socialise, not take part in activities?** One staff member told us that they try to encourage residents to come out of their rooms and join in while also recognising their right to choose.

We asked staff: Are residents ever aggressive to each other? How do you do deal with this?

One staff members told us; "**Gently, staff don't retaliate and try to withdraw the person from the situation. I take them out of their environment, give them a cup of tea and I change the subject. It happens at least once a week. You have to position the resident carefully at mealtimes in relation to other people when you know that they don't get on.**"

Financial or material abuse

The Manager told us that residents have a kitty of up to £100 which they have access to and are given a monthly statement of account.

One resident told us that they thought there was supposed to be a shopping trolley but they had never seen it; a staff member explained that the activity coordinator has a shop which comes round once a week; it would be useful if all residents were aware of this.

Discriminatory abuse

Very few staff were aware of any discrimination or discriminatory language being used. But one staff member told us: "**It's difficult to stop once something has been said but you try to de-escalate it at the time; you try to**

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distract people and you always want to make sure that the victim has been properly understood."

Neglect or acts of omission

We asked residents and relatives if they had a choice of a shower or bath?

One relative said that bathing and showering was handled well and resident's preferences catered for where possible. One resident did not like showers but said they were not always able to choose. Another told us that they had to wait for help. They feel free to ask anytime and accept that the answer often has to be **"wait"** or even **"maybe tomorrow"**.

One resident told us that after a battle they are allowed to shower themselves at 5am before the shower room is in use.

One resident told us that the laundry sometimes loses clothes, but they would be given a substitute.

We asked residents: **'Do you like the food here?'** and asked relatives **'Do you think your relative gets enough to eat and drink?'**

One relative told us the food was good and plentiful, too much if anything. Another resident praised the food and said the new chef was marvellous; there was a menu for the week and they could discuss each day's food whenever they wanted to; there was a free lunch for visitors in the conservatory.

One resident told us that they liked the food, but not having to wait for it for so long, 45 minutes for breakfast that day and 25 minutes for lunch, three other residents told us that they were irritated by the long wait for breakfast to be served. One suggested it was because all available resources had to be put into getting people up, washed, dressed and downstairs. Another resident told us that plates were often whipped away if staff see that the knife and fork has been put down but are not asked if they have actually finished. We were told that residents on the third floor often have to wait for their meals to be sent up on the trolley. A member of staff suggested that residents on the third floor were given priority.

Self Neglect

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

One staff member told us that ***"all carers should know what the residents like and have a responsibility for this. While it's the responsibility of the team leader to tell everyone in the team about a new resident ...it is in the care plan and this should be passed around so everyone knows that it starts from their admission"***.

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?**

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One staff member told us ***"I use my personality, they do a lot of nice activities here and I explain that it will give them a lift - and if they don't want to do it at the time I come back later. I encourage them and go through the activity paper with them, but they do what they want."***

"Yes we do have residents like that and I will show them the garden or take them out for 10 or 15 minutes in the fresh air when the weather is good. I'll encourage them but not force them and then I wait for another opportunity later in the day in the week and I try again."

Another staff member said: ***"I let them be, particularly if I know them well"***

Residents' and relatives' views about the home

All of the residents told us that they liked being in the home:

One said they liked sitting out on patio; another resident remarked on the cleanliness and friendliness ***"I give it a high cleanliness score. Laundry is collected every day. Clean towels always available on request"***

One resident told us he liked it because of the willingness of staff to help and take account of his suggestions.

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

One resident told us - ***"I feel safer than at home"***, another one told us ***"Everyone is kind and helpful. They do as much as they can for you"***.

Another relative wrote to us ***"They are always have time for my mother; they are very patient and caring"***.

Recommending the Home

We asked **would you recommend this home to family and friends?**

All the residents and relatives we spoke to would. One relative told us that they had visited 20 homes before deciding on Baxendale and chose it because it stood out from all the rest.

When staff were asked if they would recommend Baxendale, all said 'yes.' One said ***"For sure the residents here are put first"***. Another one said: ***"Yes I would...the training they give us is really good. Some people who came to us from a different area ran away because they felt the management was too strict. You are in trouble if you manhandle residents; you have to be very clean; you can change sheets a hundred times a day if needed, this is important. It's a very clean home with good food."***

Conclusions

This home is set in a beautiful location with an empathic manager and kind staff doing their best within limited resources. Both residents and relatives made positive comments about the care, the food and the regular staff.

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However the staff to resident ratio seemed low and we were concerned about the number of comments about staffing levels and the ability this gave both salaried and agency staff to attend to the residents' needs, including their preferences for personal care such as bathing and showers and at meal-times. It might be that volunteers could support staff, for example in helping with activities, but we felt that the care would be improved by additional staff with an emphasis on permanent staff rather than Agency staff if at all possible.

Residents were sometimes frustrated by waiting for meals and delays in staff attending to them; sometimes even being told to wait until the next day for a shower; or night staff suggesting residents wait until the next day for something to be done for them.

We informed the home that we would be focusing on safeguarding, and we were pleased to find out that refresher safeguarding training had been offered to staff that week of our visit.

Recommendations for Baxendale Home

1. Consider the implementation of a volunteer programme to help with activities and other things in the home.
2. Ensure that all policies are available to staff by either sending these to them or making them available on a PC or online.
3. Let care staff have access to the digital care plan as appropriate.
4. Endeavour to help more residents get outside where possible.
5. Ensure that all residents are aware of and have access to the mobile shop.
6. Recruit more staff to support residents, including, talk to and helping residents, particularly around mealtimes and providing more timely personal care, including at night times and prompt meal-times
7. Ensure agency or 'bank' staff are fully informed of the residents' needs for each shift or period of work, including personal care and handling or helping residents to move.
8. Continue to focus on training of staff by refilling or reallocating task of vacated training manager

Healthwatch Barnet did not receive a response to its recommendations from Baxendale Care Home by August 2019.

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Recommendations for Barnet Council

1. Let Homes know straight away if a safeguarding concern is raised about a home, rather than waiting up to six months.
2. Clarify to Homes, with timescales and responsibilities how the process for raising safeguarding concerns or asking for guidance should work.
3. Provide homes with a named staff member at Barnet Council Adult Social Care for contact and guidance.
4. Ensure that there is a written confirmation and a formal closing of matters relating to safeguarding and other areas.

Report published August 2019