

Enter and View Visit – Monitoring Report

Name of Establishment:	Kenwood Care Home 30/32 Alexandra Grove, Finchley, London N12 8HG
Staff met during Visit:	Manager: Ms Susan Maruri and care staff
Date of Visit:	11 May 2013 2 pm to 4:15 pm
Purpose of Visit:	<p>This is a planned and announced Enter & View visit as part of a range of Care and Residential homes within the London Borough of Barnet which Barnet Healthwatch intends to visit to obtain a better idea of care provided in the borough. Healthwatch have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. Our principle role is to consider the standard and provision of services and how they may be improved or how good practice can be disseminated. Where areas of concern are reported to us, it is then also appropriate to arrange a visit to that establishment.</p> <p>Subsequent to any visit a report is prepared, agreed by the manager of the facility visited, and then made public.</p> <p>The visit was prearranged. We used a prepared prompt list of questions to find out relevant facts, observed all aspects of the premises and spoke to staff, residents and visitors</p>
Authorised Representatives Involved:	Dipak Jashapara, Janice Tausig, Robin Tausig, Rebecca Dawson
Introduction:	<p>Kenwood Care Home is situated in Finchley, North London and provides a nursing care service, as well as specialising in dementia and mental health care. It is part of New Century Care. This company have 27 other Homes.</p> <p>Kenwood is located near the local shopping centre and park, both of which are within walking distance. The Care Manager, Ms. Maruri, has been there for 10 years although for part of that time she occupied a different role. This was a Saturday visit and she came in specifically to see us as she considered that</p>

	<p>there would be questions none of the other staff could answer appropriately. Her deputy has just left and there is difficulty in finding a suitable replacement. She had completed our questionnaire well in advance of our visit which allowed us to have a very helpful in depth discussion with her on a number of topics. A new wing has been recently opened with up to date facilities.</p> <p>On entering we saw the poster announcing our visit and there were a number of relatives around to whom the team spoke, one at least of whom had come in specifically to talk to us.</p>
<p>Description & General Impressions:</p>	<p>Kenwood now has 27 rooms and they are full. Originally there was space for 32 residents with a number of double rooms, but this is no longer the case. A small number of the larger rooms can still be used for couples if requested, otherwise the Home will allocate the larger rooms to single residents. 22 rooms are with ensuite WC. There are a number of shower rooms where it is possible to enter in a wheelchair adapted for a shower room, but the bath is no longer used.</p> <p>All the residents are there for general nursing and dementia</p>
<p>Policies & Procedures:</p>	<p>Various policies and procedures including individual Care Plans and Health & Safety Policies were looked at and appeared be in order. There is a signing in and out system as the staff arrive at and leave the building.</p> <p>Care Plans: Residents and their family members or carers are involved in the preparation of their care plans which we were told are reviewed annually with relatives. All residents care plans are kept at the Nurses' Station. Staff would know the residents needs through communicating with the residents and their carers and going through past medical & personal details.</p> <p>Care plans are reviewed by staff every month or as and when needed.</p> <p>Nursing/care staff, relatives & authorised persons i.e.; GPs, Social Workers, Community Health workers have access to residents' care plans. We were shown the outline format of a Care Plan.</p>

	<p><u>Monitoring of the services and resident satisfaction:</u> This is done through a number of ways. An annual survey occurs which involves the relative, resident (if appropriate) and the Social Worker. There are residents'/relatives' meetings every 3 months. We were not shown any Agendas or Minutes for these meetings. A number of Care staff also attend these meetings. Ms. Maruri did not feel it was appropriate to have just a Residents' meeting due to the frail nature of the Residents. Management also hold regular staff meetings and has a weekly surgery for relatives to express any concerns. These are held during an afternoon and can last until 7or 8pm.</p> <p><u>Complaints policy and all other general policies</u> are kept at the reception area. Information pack kept in every room has information on how to raise a complaint. All the documents including Health & Safety policy, Risk Assessment policy, accidents/incident records and fire drill procedure are available.</p>
<p>Health & Safety Considerations:</p>	<p><u>Safeguarding procedure</u> is easily accessible in the reception areas. Ms. Maruri explained that all staff are trained in this area. Staff are also trained in Mental Health Awareness focusing on challenging behaviour and Dementia Awareness.</p> <p>Building entrances are secure and easily accessible by a purpose built ramp. External doors are coded. There are excellent fire precautions; few perceived hazards, the most obvious one being the narrow staircases. However, there were handrails either side of the stairs. Residents at risk of falling from bed are supplied with mats.</p> <p><u>Health Monitoring:</u> There are regular GP visits. BarnDoc is available out of hours. A physiotherapist and a community dietician are available but not necessarily immediately. Denture checking takes place. Some residents retain their own Dentists or a dental visit can also be arranged but they are reluctant to come out for just 1 patient at a time.</p>

	<p>We were told that fluid charts were maintained vigorously and it was felt that this constant attention to fluid intake had prevented residents from developing illnesses associated with low fluid intake. Similarly, a resident's weight is monitored as required, monthly, or weekly if they are on an air mattress.</p> <p>Policy on Medication available. All medication is dispensed by Registered Nurses according to National Guidelines.</p> <p>We did not have the opportunity to view how patients were lifted and handled during our visit.</p> <p>The Health and Safety Policy and training was developed and carried out by Northgate Arinso Services who also provide advice in this area.</p>
<p>Staff:</p>	<p>We were told that Kenwood is not using Agency Staff.</p> <p>The staff levels are 5 Care Staff & 2 Registered Nurses from morning till 2pm. From 2pm till 8pm there are 4 care staff & 2 Registered Nurses. Night staff are 1 registered Nurse & 2 Care Assistants on each shift. There is also an extra nurse on duty as Deputy/Head of Care who works 42 hours per week and this is spread through the week including some weekends.</p> <p>Staff wore uniforms, but some looked considerably more presentable than others. They were busy but did not appear to be under stress. Some, but not all had identity badges. All staff were actively engaged with residents during our visit and seemed very aware and attentive of their client's needs. They seem to be courteous and friendly both to Residents and each other and respond to requests in a timely fashion.</p> <p>Staff turnover was reported as being low and the staff we saw seemed to be happy in their work. Staff maintain their skills by updating their training, supervision, appraisals and in-house training. Seven of the staff have a GNVQ Level 3. Staff are trained in Infection control and most also in Food Hygiene, as well as Mental Health Awareness focusing on challenging behaviour and Dementia Awareness.</p>

	<p>A number of patients in Kenwood have terminal conditions. Ms. Maruri told us she has made contact with the North London Hospice and had a number of her Nurses trained in 'End of Life Care' provided by the Hospice. This will cover in particular the use of syringe drivers and their monitoring. It is perceived as being extremely beneficial for all concerned and there is further training planned for some of the staff in July this year.</p>
Residents:	<p>A large proportion of residents had conditions which affected their ability to communicate verbally, but those interviewed were very pleased with the services of the home and felt that they were cared for with sensitivity and dignity. Many of them said they like to be there and feel that it is their home.</p>
Privacy and Dignity:	<p>We felt in general that this was very good home. Due to the frailty of some of the residents it would have been difficult to have a private conversation with them in the public lounge as voices would have been raised to allow residents to hear what was being said. Requests to use the toilet for example would have been heard by everyone in the room. The general standard of the clothing and furnishings in the rooms was excellent. Public areas were very good.</p> <p>We were delighted that the Home had given permission for an Advocate from the Advance Project of Advocacy in Barnet to visit on a regular basis to meet the needs of Residents in a number of areas. According to Ms. Maruri, the advocate there is very active and she is pleased to have her input.</p>
Relatives/ Carers:	<p>Relatives were generally very positive about the Home.</p> <p>We were able to meet with a few relatives, who spoke in favour of the home and said that they were satisfied with the quality of the care. One relative commented that she did not worry about the resident wanting for anything; another relative said staff provided good support to a resident with a terminal condition; another relative said the resident views Kenwood as her home.</p>
Environment:	<p>There is a very large garden, with several seats for sitting out. There is a barbecue that is used in the summer. The garden seemed well maintained.</p>

	<p>Rooms were well kept and very clean. The main lounge is a little dark due to the attached conservatory reducing light levels.</p> <p>There is a lift to access the upper floors. It was noted the Home had been awarded a 5 star hygiene rating.</p>
Furniture:	All appeared in good order and solid in construction.
Food:	<p>Whilst we didn't observe meals being served, there were a few on plates in the kitchen covered in cling film for residents to eat later, and these seemed substantial. There was a varied menu covering a 4 week period which seemed to reflect what the Residents had been offered.</p> <p>Drinks were offered on a regular basis.</p> <p>Ms. Maruri explained the system for supporting residents who cannot consume food unaided. This used all staff to sit with such residents so that they were able to eat their food simultaneously with others and it was not left to go cold, as it would do had there been insufficient staff.</p>
Smells:	The atmosphere was clean and fresh, with few smells.
Activities:	<p>Activities appear to be organized 'in house' and there is a dedicated Activity Co-ordinator who works 20 hours per week from Monday to Friday. Saturdays and Sundays are left free as there tend to be more visitors at the weekend and also the Hairdresser visits the home on Saturdays. The Manager said that varied activities are provided daily to the residents. She explained how the Home assesses the capability of each resident and what activities would be suitable.</p> <p>She mentioned activities such as the Mobile Library, Beauty Therapy, Massage and Music therapy.</p> <p>However, whilst we were there (2pm -4pm) we did not see any sign of activities, even though many of the residents did not have visitors. The residents we saw were inactive in their room either asleep or resting.</p> <p>An activity schedule was posted on the notice board in a corridor but it was sometimes difficult to work out from this what exactly would be going on in these sessions. Because we did not see any Care Plans, only a blank copy, we were unable to say</p>

	<p>whether individualized Activities were being arranged of each resident. This was a CQC recommendation</p> <p>The home does not own a Minibus. Nevertheless residents are taken outdoors for shopping, to the parks etc from time to time.</p> <p>As part of the Activities Schedule, visits from a local Catholic Church in Nether Street are planned in for a Sunday morning as are times for residents to visit the church on a Sunday afternoon.</p> <p>However, it was unclear whether anyone from any other faith would be sufficiently catered for spiritually and to some extent culturally.</p>
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Recommendations:	
En-suite rooms	<p>It was felt that it would be beneficial for all rooms to be ensuite in terms of a toilet and hand basin. This would support maintenance of the current high standards of hygiene in place.</p>
Food	<p>Whilst the Menu was varied, it was felt that if someone was a vegetarian, the options for a main meal were sometimes restrained. We would like to see evidence of residents and relatives (particularly where residents were not able to make their own choices) being involved in making their own suggestions for meals.</p>
Residents' feedback	<p>We would like to see more evidence of relatives and residents involvement in meetings. We wondered if the number of staff attending the Relatives/ Residents Meetings made it more difficult for people to speak up at times. However, we also realised the benefit of having several staff there as they would have expert knowledge in the areas that were being discussed.</p>
Activities	<p>Kenwood is not alone in finding an engaging Activities programme difficult to organize and sustain. However, it may be useful to engage their Advocate in suggestions. Hopefully the training for the activity co-ordinator spoken of on the CQC report has taken place.</p> <p>A more varied and active programme of activities which regularly stimulates the residents and benefits them physically as well as mentally is suggested which might include complementary therapies, such as foot care, reflexology, aromatherapy and gentle wheel-chair based Yoga, as well as some of the other activities already talked about and making use of the garden.</p> <p>We also recommend that the residents should be taken outdoors more often for shopping, group walks etc.</p>
Staff	<p>All staff should be wearing name badges.</p>

<p>Lounges</p> <p>Spiritual Care</p> <p>The future</p>	<p>Increased lighting is recommended for the main lounge as Residents were sometimes finding it difficult to read.</p> <p>For the future, links with other religious organisations could be looked at.</p> <p>Links with both Advocacy in Barnet and the North London Hospice are supportive and beneficial and should be maintained.</p> <p>We would also like the Manager to discuss with her company (New Century) ways of increasing the range of Activities.</p>
<p>Conclusions:</p>	<p>Kenwood is a clean home for residents who need nursing care, and is particularly suitable for those with dementia.</p> <p>The residents appeared well looked after and the staff did not appear stressed. The Manager was approachable, and wanted to do her best for the Residents.</p> <p>The residents seemed to be comfortable and well looked after. However, based on the evidence of our short visit, it appeared that the residents did not have much to do which would stimulate their body and mind.</p> <p>We take this opportunity to thank the Manager and the staff for welcoming us and showing us around.</p>
<p>Signed:</p>	
<p>May 2013</p>	

Response received from the manager at Kenwood Care Home:

The manager from Kenwood has responded very quickly and helpfully to our report and recommendations and has been very helpful in clarifying some questions that we had. A summary of her responses is given below.

- All staff are provided with name badges - I have now addressed this issue and staff must wear their name badges at all times. For those who have misplaced their name badges, we have placed an order for new ones which we are expecting any time.
- Our Menus are reviewed every 3 months and also residents are offered a choice every day beside the set menu. I also give relatives, friends & residents who are able an opportunity to contribute during the reviews. We will continue to improve our menus taking into consideration nutritional needs of our residents.
- Our Clinical Manager is the same as Head of Care and also acts as my deputy when I am not around. A new member of staff started in this post in early June.
- I would like to confirm that every religion is catered for. We have 2 Greek Cypriots and a priest visits as and when the residents request. At the moment we do not have any other faith group which requires our input apart from Church of England & Catholics which are catered for.
- Resident's and relatives meeting, the only staffs present are the Home Manager, Activity Co-ordinator and Clinical Manager, this is because relatives may require some answers to questions they may have and therefore, we need to be there.
- The Home will look into increasing lighting in the Ground Floor Lounge as recommended.

I thank you for your input and visit, I believe we all want the best for the residents we are caring for and your support is welcome.

Yours sincerely

Susan Maruri

Home Manager