

Enter and View – Visit Report

Name of Establishment:	Carlton Court Care Home, 112 Bells Hill, Barnet, Herts EN5 2SQ
Staff Met During Visit:	General Manager: Christina Hartles; Deputy manager, Reception staff, Chef and kitchen assistants, various nursing and care staff
Date of Visit:	Wednesday, 14/08/2013
Purpose of Visit:	A pre-announced Enter & View (E&V) visit, as part of a planned strategy to look at a range of care and residential 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 to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to consider how services may be improved and how good practice can be disseminated. The report is sent to the manager of the facility, visited for validation/correction of facts, and then sent to interested parties, including the head office of the organization, the Council’s Scrutiny Committee and the public via the website.
Healthwatch Authorised Representatives:	Team Leader: Gillian Goddard Team Members: Linda Jackson, Allan Jones, Alan Shackman, Tina Stanton and Robin Tausig
Introduction and Methodology:	<p>DISCLAIMER:</p> <p><i>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.</i></p> <p>This report relates only to the service viewed on</p>

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	<p>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 14th August. It transpired that the manager had returned from a training course on the day of the visit and her mail had remained unattended to in her absence. Therefore she became aware of our visit and received the flyer to invite relatives and carers on the morning of the visit so had no opportunity to display the flyer in advance. The team leader had called into the establishment in the previous week to check that there were no problems in us visiting on the day planned and was assured by reception that we were welcome at any time.</p> <p>Carlton Court is a purpose built care home owned by TLC (Truth Love and Compassion) Group Ltd, first registered in 2007. Carlton Court opened in 2009 to provide care for residents over the age of 55 requiring long term personal, social and nursing care. It also provides respite care. The manager told us it had 80 single ensuite rooms, of which 76 were occupied on the day of our visit. [see note later under 'environment' that two members of the team visited a room without en suite facilities].</p> <p>The home is on 4 floors:</p> <ul style="list-style-type: none">-1 the entrance and reception plus kitchens, training/conference room, offices and store rooms;0 Accommodation primarily for residents with dementia, including a dining area and access to the garden;1 primarily for end of life care and dementia residents;
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	<p>2 primarily for residents with physical disabilities, but many had also developed dementia.</p> <p>We used a prompt list of questions to find out relevant facts, made observations and spoke to staff, residents and visitors present.</p> <p>After a brief introduction, two of the team went to floor 2 and two to floor 1 to talk to residents, staff and any visitors. The team leader and another team member talked to the manager about the home, policies and procedures, including viewing some of the relevant documentation and then met residents, visitors and staff on floor 0.</p>
<p>General Impressions:</p>	<p>The home looked to be in good condition.</p> <p>There was adequate parking outside, including provision for disabled parking and for minibuses.</p> <p>Access was via an automatic opening door and then an entry phone after which doors were opened for us after we pressed a buzzer. The reception desk had a variety of information leaflets and a signing in book. The signing in book was located near to a hand gel dispenser. Reception staff appeared to be based in a room behind (and visible from) the reception desk. They were not always at the desk and sometimes had to be summoned to attend to visitors. They were very pleasant and hospitable. A seating area and drinks machine were located in the entrance area with a low table on which we found a 'compliments' book. This was up to date with letters and cards expressing thanks etc to staff.</p> <p>The manager invited us, and the deputy manager into the training room to introduce us to the home and its' facilities.</p> <p>We also met Caspar the labradoodle, a 4 month</p>

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	<p>old puppy who is being trained to visit residents, a replacement for an older dog that had lived in the home previously.</p>
<p>Policies & Procedures:</p>	<p>We were told there are regular surveys of quality of care, one conducted regularly by Head Office and another involving residents. The home has offered to send a copy of the next report to Healthwatch.</p> <p>Residents meet monthly and their views are considered by the activity co-ordinators (1 per floor).</p> <p>A book of complaints was kept. This stated whether the complaint was verbal, written or by telephone. We were shown an example of a recent complaint suggesting that the book was up to date.</p> <p>We were told that, where possible, residents are involved in drawing up their care plans which include a detailed life history. Their relatives and carers are also actively involved, where appropriate. The care plans appeared to be comprehensive and are reviewed monthly, as is the residents' weight, unless it decreases or increases significantly, when weekly monitoring is instituted. Care plans are also accessible to all staff, health professionals, the resident and their relatives or carers. We saw the blank forms but did not ask to see records for any identifiable person.</p> <p>The home uses 'NAPA Living Life' <i>Activities of Daily Living Planners</i> to help record how residents like to live, and use their <i>All About Me</i> document to record the life history of those with dementia.</p> <p>Medication policy and procedures are in place, using the <i>Boots</i> system. Nursing staff deliver</p>

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	<p>medication from a trolley. If any resident does not want to take their medicine this would be referred to the GP and/or pharmacist and there could be liaison with the family if appropriate.</p> <p>They have one GP on a retainer who visits weekly, but if they wish, residents can stay with the doctor they had before entering the home, usually one of 3 surgeries in the local area. Out of hours service is from Barndoc and they had some experience of having to wait a long time. As the home is next to Barnet General Hospital they have had to use this as an alternative.</p> <p>The home has a good policy regarding any resident with bed sores ensuring that they are attended to appropriately and turned, including using pressure relief mattresses. There are two residents suffering at present, one as a result of a stay in hospital, and one in end of life care who does not wish to have measures to prevent sores eg being turned.</p> <p>Residents have to go out to see a dentist as the manager has failed to find an NHS dentist or hygienist prepared to visit the home.</p> <p>A chiropodist, beautician and hairdressers visit regularly.</p> <p>The home conducts regular fire drills (day and night) and has good fire policies and procedures. The Fire Brigade train staff and inspect fire extinguishers annually.</p> <p>Each floor is equipped with first aid kits which are inspected monthly by nursing staff.</p> <p>Residents who smoke are encouraged to use the garden or balcony area and are supervised by a member of staff while doing so. We observed this</p>
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	<p>while we were in the garden area.</p>
<p>Staff :</p>	<p>The home employs a manager, deputy, maintenance person, administrator and receptionist, unit managers overseeing qualified nurses and care assistants; a chef with 3 assistants, 3 activity co-ordinators a senior housekeeper, domestic staff and laundry staff. When necessary they use bank staff to cover for holiday or sickness absence.</p> <p>We were told that for dementia care they have a staff to resident ratio of approx 1:4. For mainstream residents they have a staff to resident ratio of approx 1:5. This applies during the day including weekends. At night they have one nurse and 3 carers per floor. Staff are trained to NVQ levels 2-3.</p> <p>However we did not observe this level of staffing on floor 0. We spoke to one member of staff who was providing one to one care. She did assist one resident when it was brought to her attention, but we were subsequently informed that attending to other residents in the lounge was not part of her remit.</p> <p>On floor 1, where many residents were confined to their beds, the team felt that some residents may have required more attention than they received, due to due to the low numbers of staff.</p> <p>All staff have mandatory training on safeguarding, moving and handling, first aid, induction training (according to need). Staff on floor 0 have dementia care awareness training.</p> <p>Also staff are given language tests, both written and communication skills on recruitment, and given appropriate training where necessary.</p>

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	<p>Staff have regular supervision and there is a training matrix that is monitored.</p> <p>The manager has had finance and management training.</p> <p>All staff we saw wore uniforms according to their role and most had name badges. The chef was not wearing a name badge when we spoke to him in the kitchen and we were subsequently informed that the chef and catering team members should not wear their badges within the kitchen, however when outside of the kitchen badges must be worn.</p> <p>The home also makes use of the services of Advance (Advocacy in Barnet) who provide an advocate to visit regularly to see and support people and help with issues such as finance.</p> <p>Four members of staff have left over the last 6 months for various reasons. Both the manager and the Chef came into post last October.</p>
<p>Staff Views:</p>	<p>An activity co-ordinator would welcome the opportunity to meet other co-ordinators to share ideas and would also like more specific dementia training.</p> <p>Staff were positive about their experience working in the home.</p> <p>One staff member felt there had been a high turnover of care assistants which they thought might be because they used the home for experience and training before moving on to other jobs.</p> <p>Care assistants who were not familiar with the food provided may need training, as a staff member told of an instance when one had poured custard onto fish as a sauce!</p>

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	<p>A member of staff who had been at the home over 3 years said there had been 5 managers over that period but that things had improved generally since the current Manager had been in post.</p>
<p>Privacy and Dignity:</p>	<p>Good, staff were respectful of residents. We observed some staff interacting with residents in a friendly and courteous manner, talking to them as they helped them, but in some cases nurses and care assistants on the 2nd floor seemed disengaged and less enthusiastic with their communication with the residents, in contrast to the cleaner and home manager who were much more enthusiastic in engaging with residents. The home used a 'sensory mat' to detect when certain individuals got out of bed eg in the middle of the night, in order that they could check on their well being.</p> <p>For those prepared to pay, the home had a clothing coding system to ensure that the right clothes were returned to the right residents after washing. This could be difficult to manage, for example when residents were given gifts that were not coded.</p>
<p>Environment:</p>	<p>The premises were well decorated and bright. There were flowers in the reception area.</p> <p>The atmosphere was fresh and there were no smells.</p> <p>The stairs and lift were wide and were all only useable with a key or code system to grant access.</p> <p>There was easy access to the garden for those on floor 0, or to balconies for those on other floors for residents who wanted to be outside.</p>

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	<p>Residents could have their own telephone line if they wished or a mobile phone and internet access was available throughout with a terminal they could use on floor -1.</p> <p>One shower room was observed to be used as a store room.</p>
<p>Furniture:</p>	<p>The furniture in the communal areas looked to be good quality and well maintained.</p> <p>All the fixtures and fittings and carpets were clean and in good repair. The décor was pleasant.</p> <p>Residents were allowed to have their own furniture in their rooms.</p>
<p>Food:</p>	<p>The Chef uses the 'NUTMEG' system to provide residents with a varied and nutritionally balanced menu. In addition he observes what is consumed and talks to residents about their preferences and amends the menu accordingly. Halal and Kosher food was provided where appropriate. He delights in preparing an afternoon tea trolley for each floor with a range of homemade cakes including birthday cakes if appropriate.</p> <p>We were present over lunch and observed that the food looked good although some residents seemed confused about the choice of dishes. We were told by the Chef that residents were offered choices earlier in the day, but for some these had to be made by the staff on their behalf.</p> <p>On the 2nd floor we observed a lunch tray just being left in resident's room. This resident said she was not hungry and was not going to eat the food, whereas our view was that a staff member could have encouraged her to eat.</p> <p>Residents were provided with drinks at regular</p>

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	<p>times of the day and on request. They are positively encouraged to drink.</p> <p>On floor 0, one regular visitor to a relative told us she chose to bring in meals because she was convinced that her relative preferred her 'home' cooking to what was offered by the home. However we were assured by a member of staff that when this did not happen the resident ate the food provided by the home with no complaint.</p>
<p>Activities:</p>	<p>The 3 activity co-ordinators appear to ensure a varied program of events including music, crosswords, word games, quizzes, bingo, exercises, Tai Chi, ball games, films, arts and crafts etc. We also heard about outings to visit places such as garden centres etc. We did not observe any such activities in progress during our visit and did not have the opportunity to observe if residents on all floors would have been able to participate.</p> <p>The home also encourages volunteers to visit but would like to increase their number.</p> <p>Regular visits were made by some local religious organisations for example Jewish Care, and a rabbi and some Christian representatives.</p>
<p>Feedback From Residents:</p>	<p>Some of the residents with whom we spoke said:</p> <p>'This is my home'</p> <p>'This is by far the best care home I have seen'</p> <p>Two friends and relatives were complimentary about the home and the residents indicated that they took little part in the activities but were aware of the offers.</p>
<p>Feedback from Visitors/Relatives:</p>	<p>They did not appear to know what a care plan was. Although when a Care Plan was explained to</p>

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	<p>her one relative said she had been involved.</p> <p>A relative felt she could speak to the staff or Manager at any time if a problem occurred and action would be taken.</p> <p>The residents’ mobility had improved since being in the home.</p> <p>From relatives settling in their mother on her first day of respite,</p> <p>‘everything seems good, nice room, good food and pleasant surroundings’</p> <p>From relative of mother-in-law who had been there for over a year</p> <p>‘we are very pleased with the care, and would recommend it’.</p> <p>One visitor commented that they hoped for fewer staff changes in the future and that the current manager remains in post for a long time.</p>
<p>Conclusion:</p>	<p>Carlton Court is a good residential care home providing a generally competent standard of care for people with dementia, physical problems and those at the end of their life.</p> <p>However at the time of the visit the Team did not observe the level of staffing mentioned by the Manager, and felt that the residents may not always be receiving the attention they could benefit from.</p> <p>Overall we found most residents to be happy and well looked after in a home with clear and accountable policies and procedures. .</p> <p>The manager, demonstrated good managerial skills and appeared highly committed and</p>

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	knowledgeable.
Recommendations:	<ol style="list-style-type: none"> 1. To increase the amount of dementia care training provided for example to include activity co-ordinators, 2. To make arrangements for mail etc addressed to the manager (other than private/confidential) to be opened and dealt with when the manager is away. 3. To look at options for increasing the number of volunteers for example by contacting the Volunteer Centre Barnet. 4. Investigate (with support from Julie Hughes and Barbara Jacobsen the 'Integrated Quality in Care Homes team' at Barnet Council) how to get a dentist to visit and improve GP's attitudes to visiting. 5. For the Manager to continue with the network of managers as an aid to sharing and learning from their experience. To improve networking opportunities for the deputy manager and activity co-ordinators. 6. To make the complaints/compliments procedure more visible within the home. (We shared the procedure adopted by Barnet Social Care with the manager as an example of good practice.)
Signed:	Gillian Goddard
Date:	26 th August 2013 updated 21 st October 2013

Response received from Carlton Court Care Home:

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Recommendations	Response
<p>1. To increase the amount of dementia care training provided for example to include activity coordinators</p>	<p>Ongoing training on dementia care for all care staff.</p> <p>HCPA also provides dementia training. Nominated Carers booked for Dementia Champion Training</p> <p>RMN nurses are in post on dementia floors.</p> <p>NAPA Membership current</p> <p>Training for Activity Coordinators November 14, 2013.</p>
<p>2. To make arrangements for mail etc addressed to the manager</p>	<p>Deputy link to emails when manager not around to answer emails</p>
<p>3. To look at options for increasing the number of volunteers for example by contacting the Volunteer Centre Barnet</p>	<p>Ongoing interviews with volunteers.</p> <p>Currently have 3 volunteers at the Home. Liaising with Barnet</p>
<p>4. Investigate (with support from Julie Hughes and Barbara Jacobsen the "Integrated Quality in Care Homes team at Barnet Council) how to get a dentist to visit and improved GO` s attitudes to visiting.</p>	<p>NHS Dentist – started 20th August 2013</p> <p>Dental Office:Vale drive Primary Care Centre, Vale drive, EN5 2ED</p> <p>Liaising with Integrated Quality Team</p>
<p>5. For the Manager to continue with the network of managers as an aid to sharing and learning from their experience. To improve networking opportunities for the deputy manager and activity co-coordinators</p>	<p>Ongoing Networking with other managers and Integrated quality teams. Next meeting October 2013</p>
<p>6. To make the complaints/compliments procedure more visible within the home. (We shared the procedure adopted by Barnet Social Care with the manager as an example of good practice)</p>	<p>During the visits the Complaints/ compliments procedure located at each resident room and reception area.</p> <p>Will put more copies of the procedure on each nurse's stations. (Waiting for the new policies and procedure – currently being reviewed by the company TLC- Group)</p>