

Enter and View – Visit Report

Name of Establishment:	Canteloves House, The Eleanor Palmer Trust, 27 Canteloves House, Spring Close, Barnet, EN5 2UR Tel:020 8364 8003
Staff Met During Visit:	Manager: Robert Ashton; Admin Officer, Laundry Asst, Chef, Duty Officer, Activities Co-ordinator, Care Staff, Cleaners
Date of Visit:	24th July 2013 11am
Purpose of Visit:	This is part of Healthwatch Barnet's planned strategy which looks at care homes within the borough to obtain a better idea of the quality of care provided. This was an announced Enter & View visit.
Healthwatch Barnet Authorised Representatives Involved:	Jeremy Gold; Nahida Syed; Janice Tausig; Robin Tausig
Introduction and Methodology:	<p>The Eleanor Palmer Trust Residential Care Home (known as 27 Canteloves House) provides residential care and caters for people with mild dementia. The Manager has been in place since May 2010. Currently there are no vacancies.</p> <p>It is a modern two-storey building with wheelchair access set in well-maintained, landscaped gardens at the end of a cul-de-sac, close to a small number of local shops. There is plenty of parking for visitors.</p> <p>The home opened in 1991 and caters for 32 residents. There are 32 bed-sitting rooms, all of which have ensuite WC and wash-basin. 3 of these can be used as double rooms for couples and space for wheelchair users. All rooms have a 24-hour staff call system recently updated to provide one of the latest systems available. The fire alarm system was in the process of a similar update when we visited. There are 3 separate bath/shower rooms.</p>

	<p>Residents are welcome to bring some of their own possessions by agreement with the Manager and many do so. TV, radio and telephone phone points are conveniently located in all rooms - which can also be used for internet access if required.</p> <p>The Trust is also involved in sheltered accommodation in buildings attached to the Home but these are run entirely separately.</p> <p>We observed and assessed the nature and quality of services and were able to obtain the views of the Residents through discussion with them and one relative. We discussed the running of the Home with the Manager and staff. We had sent the Manager a flyer advertising our visit but because he was on holiday when it arrived, it was only put up for relatives to see the day on which he returned – two days before our visit. We prepared a prompt list of questions to find out relevant facts about the home.</p> <p>This report was sent to the Manager for final agreement and a copy to the Trust before being shared and published on our website. This report represents the team’s observations as experienced on the day of the visit, having spoken to the staff, relatives and service users who contributed on that date.</p>
<p>General Impressions:</p>	<p>Our overall impression was that this is a good Home with some excellent aspects. There were areas we felt would benefit from changes and those have been noted in our recommendations at the end. We looked overall at Staff Support, Environment, Privacy and Dignity, Food, Security, Accessibility, and Safety with the needs of the residents being uppermost in our minds.</p>
<p>Policies & Procedures:</p>	<p>Care Plans & Contents:- Staff told us they have to complete the Resident’s daily record before leaving and one of our colleagues observed staff doing this on our visit. Care Plans are available for both residents and relatives to see but kept in the Manager’s office when not in use. None of the residents seemed to know much</p>

about their care plan but our experience tells us that this is often the case in Homes. The Manager explained that Relatives and the Residents would both be involved in the construction of this care plan which was very detailed and it was regularly reviewed to update changing circumstances, with the main review taking place annually.

Medication:- We were told that this is generally administered by a Level 4 GNVQ trained carer but if this person is unavailable then another carer can do this. We saw one medication record which was up to date. We noted that when a resident is asleep he/she is not disturbed but the Manager told us that medication is then given when he/she wakes up. Medication prescriptions are collected from GPs and arrive at the Home in blister packs from the pharmacist.

Food:- During the post assessment care planning process residents and relatives are asked to complete a kitchen notification indicating likes/dislikes/allergies/special requirements of the resident. The manager feels that this is not always remembered when food is discussed at Residents' Meetings.

Access to Professionals:- We understand the District Nurse comes in 3 times each week and an internal audit for medication is carried out quarterly. A pharmaceutical audit which had previously been a possibility suggested by the CQC had recently been pursued and was in progress when we last spoke with the Manager.

Each resident has his/her own doctor which means the Home liaises with around 15 different doctors from 4 different practices. They are available as and when needed and are asked to come in to do an annual check if no call out has been needed. BARN DOC is used out of hours. Daily care notes record any health changes. Recently the Manager sent out a survey to the 15 doctors asking them to evaluate how Canteloves was rated by them in terms of the number of call outs and whether there was anything else the home could be doing to improve the care it gave residents. This is not a

Statutory requirement for a Home. We were pleased to see the individual care the Manager was providing for residents in enabling them to keep their own doctors and in working with those doctors to find the best way of caring for residents.

We were told residents are weighed monthly unless losing weight, and pressure sores are dealt with by the District Nurse and a specialised profile bed is used.

The Chiropodist visits every 6 weeks for two consecutive Friday mornings for all residents.

The Dentist (Cuffley Mobile) and Optician both have a mobile service which allows them to visit the Residents when needed. The optician can also provide diabetic screening.

There is only one Dietician for the whole London Borough of Barnet. She has visited Canteloves once as part of a project she is doing for Barnet to ensure that food supplement drinks are not being overused. The Manager made use of this opportunity to check his Residents continued to have appropriate diets.

Complaints Procedure:- We were told complaints are dealt with verbally most of the time and for this reason do not require entry into the complaints book. There had not been an entry for many months. If a written complaint comes in, this is entered and the information sent up to the Trust. With the exception of one resident, we found no specific complaints and that resident's concern is now being dealt with, having occurred when the Manager was on holiday. However, residents did not always seem clear about how to make a complaint and the relative to whom we spoke was clearly not aware of the complaints procedure that went into every new resident's welcome pack. On further discussion the Manager agreed that a very much more simplified sheet in the form of a flow chart would provide each Resident and his/her relative with an easy to access approach to complaining if this were necessary. Whilst there were entries in this book, the Manager told us that he preferred to make an entry when all matters had been resolved rather than as things happened. We spoke in

	<p>some depth about this approach and looked at ways in which everyone's needs would be covered if entries were made at the time.</p> <p>Accidents:- this book is kept conscientiously and is up to date.</p> <p>The most recent audit of falls ended in December 2012. The specialist support mentioned in the last CQC report for the reduction of falls has not yet materialised but the new call system will be going in during August and is modern, flexible and sensitive to the residents' needs.</p> <p>The handling of Safeguarding incidents has been further developed by training from the London Borough of Barnet who delivered this at Canteloves to Staff. The home has its own Safeguarding Policy. However, it came to light that since then, not all Staff had received annual updated safeguarding training due to limited training opportunities. Healthwatch have made contact with the Barnet training service and established that they are able to provide Safeguarding training to staff at Canteloves.</p>
<p>Staff:</p>	<p>The Staff seemed very much on top of issues with residents and had their routines clearly in mind when dealing with them. They had clear areas of responsibility. There are 4 Senior Staff with a minimum of level 4 NVQ. The remaining Care Staff are qualified to NVQ level 2 or 3. There are key workers for every resident and each key worker had around 5 people in his/ her charge. Staff were not in uniform and had no name badges but were well turned out, helpful, courteous and available when needed. There are 6 staff working in the mornings, 4 in the afternoons and two at night (minimum NVQ level 2). In addition, one senior care staff sleeps in for any night-time emergency.</p> <p>The Administrator supports Residents in their use of money and relatives speak with her when they need to put money into a relative's account, remove it or want a relative to be able to hold more money personally.</p> <p>We spoke with the staff member in charge of Laundry who seemed to know the Residents very well. She had been there for some considerable length of time as had</p>

	<p>the Chef, who showed us the kitchen which has seen many updates over the 22 years he has been there. We also met two of the cleaners who explained clearly the different materials used and the purpose of each one. They took pride in what they were doing.</p> <p>All staff are trained in food hygiene at a basic level but kitchen staff are trained up to level 2. Staff are also trained in health and safety, manual handling <u>basic</u> Safeguarding (See above) and infection control. Training is maintained through supervision, consulting training records and observations</p>
<p>Staff Views:</p>	<p>Staff came across as happy with their work and this is supported by the low turnover and reticence staff express in terms of leaving. The Manager does not like using Agency staff and instead has built up his own team of Bank Staff who can provide continuity of care. Staff appear to support one another in working well as a team. The Manager told us how he had made some changes to working practices by clearly leading and explaining the need for changes.</p>
<p>How the Home Gets Residents' Views:</p>	<p>The last Residents' Meeting was held in March 2013 although the Manager prefers them to occur every 2 months. They are generally held in the morning, the Minutes are filed having been pinned to notice boards in the foyer and in the lounge. Notification of these meetings can be displayed in advance although residents do not always seem aware of what is on the boards. Relatives are invited to these meetings and we are told that usually between 2 and 5 attend.</p> <p>Care Planning Meetings and Reviews also serve to elicit residents' views.</p> <p>The Key worker for each resident plays a part in discerning the resident's needs and preferences.</p>
<p>How the Home Gets Relatives' / Carers' Views:</p>	<p>There is an annual anonymous survey sent out to relatives/carers for comments on the Home and its care of relatives. When these are returned, they are summarised and then given to the Trust, CQC, residents and relatives who ask for one.</p>

<p>Privacy and Dignity:</p>	<p>We saw no specific examples where either privacy or dignity were not maintained.</p> <p>However there is only one lounge and this only has space for the 32 residents. Apart from their own rooms, the only alternative seating spaces are a library area – which in reality is part of the entrance hall – and an upstairs meeting / activities room. Neither of these provides a real alternative for residents seeking something different from the communal lounge.</p> <p>Apart from the lack of space mentioned above, we felt that residents were treated well in terms of privacy and dignity.</p> <p>Toilet facilities were clean, curtains, blinds and glass were in place and people were being spoken to appropriately. There are 3 toilets downstairs in close proximity to the lounge.</p> <p>We thought residents looked smart and well cared for and the two incidents of lifting and handling we observed appeared exemplary.</p>
<p>Environment:</p>	<p>The environment was open, very clean – e.g. door handles are treated with two cleaning materials. We were told that there is no MRSA or C.Diff at the Home.</p> <p>Pictures were on walls and so were examples of Residents’ Artwork, completed in their weekly activity time. There was a homely atmosphere. There is a small kitchenette where relatives and residents who are able, can make themselves drinks.</p>
<p>Furniture:</p>	<p>Some residents had brought in their own furniture. There were some electric high rise chairs in the lounge which displayed a television at either end so that people could still be together but watching different programmes. Each bedroom varied slightly in size but contained a sink and toilet, appropriate bed, wardrobe, drawers and a chair.</p>
<p>Food:</p>	<p>There are 3 main mealtimes. Breakfast is served before the Chef arrives and is usually similar to a continental style breakfast. On Sundays there is a cooked breakfast although the Chef told us that not many residents took this. Lunch is served at 12:30pm and tea at 5:15pm.</p>

Around 8pm, any sandwiches in the fridge, which had not been eaten earlier in the day, are available with biscuits and a hot drink.

We saw lunch being taken by the residents where Carers sat at tables with residents who needed help. The dining area was well spaced out with a maximum of 4 to a table. Looking at the Residents, we had the impression we were looking at a popular and comfortable restaurant rather than a residential home.

The menu was on a board in chalk and written in cursive script, part of which had been erased. This was put up on the afternoon of the previous day. It was unclear whether Residents had read this menu or when they had the opportunity to request an alternative if they did not like what was being offered. The Manager told us that there is an opportunity to ask for an alternative the day before at teatime or on the day at breakfast.

The Chef showed us the menus over a 4 week period, although he said that was just a guide for him so we were not sure that food was always offered as on the sheet. The starter was invariably soup which was sometimes freshly made and sometimes from a packet. During this recent hot spell, we were told cold tomato juice was offered as an alternative and the Residents liked this.

There was one main course and one dessert on the Menu. Alternatives were offered in the sense that if a Resident said that they did not want to eat what was being offered, the Chef then cooked something from the freezer which he said was always kept stocked with chicken breast, lamb chops or other alternatives. We did not see any typed menus anywhere.

The Chef said he knew what people liked but there did not seem to be the opportunity for Residents to be involved in the process of planning the menus. We saw a large quantity of salad left on residents' plates. Nevertheless, the food appeared to be of good quality.

We were told that none of the current residents require special diets e.g. vegetarian, kosher, and halal. The Chef said kosher and halal could be provided, but it was not

	<p>obvious to us that the necessary separate space for storage and preparation was available. The Manager felt provision would be made for all specific cultural requirements.</p>
<p>Activities:</p>	<p>Activities have been organised regularly and although we were told that the Art Co-ordinator is soon to leave, the Activities Organiser has been shadowing her so that she can take on the role. She is currently in 3 times a week from 8:30-12:30. Bingo is offered 3 times in the week as it is very popular; board games are available; Tai Chi is offered on Tuesday and there is a reminiscence group for those with dementia on Thursday; music is offered in the afternoon – a combination of listening, visiting musicians and some singing; a Chaplain comes in once a month. Support for these activities is provided by a small number of relatives who volunteer their time. We noticed some baking had been taking place during our visit and the Residents were interested in this. We could see that activities had a valued place in the running of the Home from the dated photos on the activities board.</p> <p>Activities are held in the main lounge, the dining room and occasionally in a larger room upstairs where there is a TV and DVD player.</p> <p>A hairdresser comes in on a Friday and Saturday morning for the residents. Around 5 Residents use Dial a Ride to go out locally in Barnet e.g. for shopping or for lunch where they meet friends. However, although Dial a Ride drivers are trained to work with users with disabilities, the Home cannot provide staff to accompany residents on these journeys, so they can only be permitted if the Manager is assured that they will be met and remain accompanied until the bus picks them up again.</p> <p>There have been days out to Brighton and Southend but the Home's own transport is no longer adequate to take a number of residents on longer journeys. The Manager has now been in contact with Barnet Community Transport, but no such outings have yet taken place. However, the Manager said the Home's own vehicle is</p>

	<p>used to take visitors on shopping trips and to garden centres.</p> <p>There has also been the occasional outing in the evening to Puddenecks which 3 residents enjoyed and where they had met up with the sheltered housing residents – also part of the Trust.</p> <p>Finally the beautiful display of flowers in pots at the entrance to the Home had been prepared by the Residents.</p>
<p>Feedback from Residents and Relatives/Visitors:</p>	<p>We spoke to five residents. All said the home was good and the care provided was okay. They were not aware of their care plan or complaints procedure.</p> <p>When we spoke to residents about the food some were very positive e.g. ‘the food is very good here’ but others were of a different opinion and said that you had to eat what you were given.</p> <p>If they did not like what was on the menu, the chef would provide an alternative meal. It was also stated by some residents that there was really no choice of food. The Manager told us about a Residents’ Meeting held early last year where residents commented that they did not know what was for lunch until they sat at the table and read the printed menu. After a long discussion it was agreed that it would be better to write the menu on a menu board the day before to allow them to check and ask for an alternative. He accepted that as the Residents’ Meeting was overdue, some residents had forgotten this previous discussion.</p> <p>Four of them said they have residents meetings, but the latest one was well overdue. Although there were notices of the next meeting on the door, residents were not aware of the date of the next meeting as none of the staff had mentioned it. It was suggested that the notice may have been put up before our visit. However, the Manager reminded us that he had been on Annual Leave, returning only a few days before we visited. He felt it was an oversight that it had not been put up before he left for his holiday.</p>

	<p>Four residents felt they could approach the Manager of the home if they had any complaints or concerns, and that he was a good listener.</p> <p>One resident said there were not enough toilet facilities downstairs and she would bring it up in their next meeting. However, 3 were available within a short distance from the Lounge when we looked.</p> <p>None of the residents were aware of Advocacy in Barnet despite there being a poster on display. However, a resident did avail herself of these services previously and AiB still offer a service to any Care Home within Barnet when requested. The Manager told us that residents were asked if they wanted to use this service at a Residents' Meeting and they said they did not.</p>
<p>Safety:</p>	<p>Normal movement between first and ground floors is by lift.</p> <p>There are two stairways used by staff and for emergencies. These have doors which are very easy to open but not lockable. The Manager told us this was on the advice of the Fire Brigade who felt locking them was a safety issue in the event of a fire as they are exits to emergency escape routes. A resident could very easily gain access to the stairs, which may be a safety issue.</p> <p>The Manager told us that the new safety system now being installed will have detectors to report when a door is opened. Hopefully this will also restrict access and ensure that residents are not at risk of falling on the stairs when unaccompanied. There is no separate dementia unit at Canteloves and for this reason the Manager felt that their current residents would not be at risk from their brand new and updated system.</p> <p>In addition a new 'Nurse call' system has been installed enabling all staff to carry beepers telling them instantaneously of an emergency or where there is need for help. This also allows alarms to be placed on residents' doors, if necessary, which alerts staff that they have left their room.</p>

	Residents also can wear an alarm pendant which is linked into the Home's alarm system.
Miscellaneous:	The Home's website is out date. For example it quotes charges as at 2008, and CQC report quotations from 2009. The Manager said the Trust is aware of this. They are currently reviewing and updating the website.
Conclusion:	27 Canteloves House is generally a well run care home where Residents feel they can go straight to the Manager if there is anything amiss and have it resolved. The Manager enjoys working for the Trust, which he much prefers to a private company and feels they support him in his work. Staff turnover is low and the home provides a homely atmosphere, which is in no way institutionalised. The building itself is modern and has recently had new kitchen and bathroom equipment in addition to new alarms and call bell systems. The Manager will put himself out to provide information and care for Residents but is equally aware that he does not want to unnecessarily restrict residents in the Home.
Recommendations:	<ol style="list-style-type: none"> 1. The Complaints book needs to record events as they happen so that a clear pathway can be traced recording their resolution. 2. The complaints procedure needs to be understood and visible to both residents and relatives showing how one makes a complaint, if necessary, for all Staff. 3. Menus need to be legible and easily available to residents. As they were originally typed to go on the tables, we recommend that an enlarged typed copy is made available on a notice board or in the main lounge 4. Residents need to be more involved in the choice of menus. As the Manager has correctly noted, some residents have short term memory loss. Staff should engage with residents on a daily 1:1 basis to check residents' wishes and then convey this to the Chef. In addition this provides valuable 1:1 time with residents. 5. Clarity is needed as to how residents' and relatives' views are encouraged and conveyed to the Trustees and to each other on a regular basis.

	<p>6. The website needs to be updated.</p> <p>7. Staff should be required to wear name badges so that they are easily identifiable. The photo board in the entrance is very helpful, but only when you are standing in front of it.</p> <p>8. Leaflets about Advocacy services in Barnet, such as Advocacy in Barnet (AiB) could be incorporated into the Welcome Pack for new relatives and residents so that they could be contacted independently of the Home if needed.</p> <p>9. The Home should ensure that all suggestions made by CQC in regard to their last inspection are followed up and implemented. As part of Healthwatch Barnet's Enter and View reporting processes, this report is sent to the CQC for their information and any follow-up action.</p> <p>10. Ensure that safeguarding training is kept up to date for all staff.</p>
Signed:	Janice Tausig; Robin Tausig; Jeremy Gold; Nahida Syed
Date:	28/09/13

Response Received from Canteloves House:

The manager was very supportive of our visits and has fully responded to our report. Two members of the team made a follow-up visit to clarify some issues that they were unclear about and were welcomed by the manager.

His responses to the report are listed below:

3. Complaints Process. A flow chart of the process will be produced showing the steps to take when making a complaint.
4. The chef always attends residents meetings and this is where he seeks their views and opinions on the menu and asks what changes they would like to see.
5. Trustees meetings take place every 8 weeks, the manager produces a report which includes summaries of satisfaction surveys completed by residents relatives/advocates, as well as any other requests or suggestions made by residents or relatives. The Clerk to the Trustees also carries out an unannounced inspection as do the trustees on a monthly basis. Both the Clerk and the Trustee speaks with residents and any relatives whom may be visiting.
6. The Clerk is in the process of updating the website.
7. Badges either worn around the neck or pinned to clothes are a health and safety risk, if grabbed by a resident they could cause injury to themselves or the staff member. We also feel that they are institutionalised and the residents like the fact that this feels like their home.