

Enter and View – Visit Report

Name of Establishment:	Grace House, 110 Nether Street, Finchley, N12 8EU
Staff Met During Visit:	Office Manager Deputy Manager The Cook, and 2 staff members Ann Gilbert, Manager
Date of Visit:	20th November, 2013 29 th November, 2013
Purpose of Visit:	<p>A pre-announced Enter and 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.</p> <p>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 Safeguarding Overview and Scrutiny Committee, CQC and the public via the website.</p>
Healthwatch Authorised Representatives Involved:	Linda Jackson, Nahida Syed, Melvin Gamp, Derrick Edgerton
Introduction and Methodology:	The Team was introduced to the Home, by letter, e-mail, and a pre-visit telephone call to the Manager, with a date for the visit. Enclosed with the letter was a list of questions for the Manager and a flyer advertising our visit, requesting it be displayed for the information of visitors. The Team

	<p>took with them questionnaires for interviewing Staff and Residents. However when we arrived the Team was informed that the Manager was indisposed and the Office Manager would be answering our questions. He said he was not aware of our letter or e-mail but was willing to answer questions. The Team were introduced to the Office Manager. Two members remained to speak to him, the other two observed, and interviewed Residents and Staff.</p> <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>General Impressions:</p>	<p>Grace House is a Residential Care Home without nursing, for up to 10 Residents. At present there are 9 Residents with varying degrees of dementia, mental and physical health problems. It was founded by Mrs Ann Gilbert, the present Manager to provide a retirement home with a Christian ethos.</p> <p>It is situated in a pleasant residential district. The road past the Home is narrow and busy. Although there is free parking on both sides and on the Home's forecourt it is quite difficult to find a parking space. There is no sign displaying the name of the Home. The exterior is well maintained.</p> <p>Entry and exit through the front door is by keypad for Residents, Staff, and relatives, and a doorbell for visitors. The hallway had a table with signing in and out books for staff and visitors. Handgel was concealed behind a large ornament. There was an empty noticeboard, and no sign of our flyer. There was no evidence of complaints or compliments procedures.</p>

	<p>The Team were given a tour of the premises. The ground floor consisted of two bedrooms leading off the hall, a comfortable and homely sitting room, a large and airy dining room looking onto a terrace and an attractive garden, a kitchen, bathroom with toilet, bath and shower, a utility room, and office. A lift and stairs led to the first floor, which had 4 single rooms and 2 double rooms all with washing and toilet facilities. Four rooms had showers as well.</p>
<p>Policies & Procedures:</p>	<p>At the time of our first visit the Office Manager was not able to produce the file of Policies and Procedures, although the team did see Staff Training files. These were up to date. We made arrangements to visit again to see the Policies. On our second visit we saw the Policies, and these appeared up to date, with staff signing them when they had seen them.</p> <p>Health and Safety.</p> <p>The Home held Fire Drills four times a year involving the Residents. The Fire Brigade visited to give advice, and fire appliances were checked regularly by an outside contractor.</p> <p>The ground floor had wooden floors, and there did not appear to be any obstruction. There were a few burnt out lightbulbs, and a drawer in the table in the hall and a drawer in one of the kitchen units were stuck open. Upstairs one of the rooms had a vinyl covering which had lifted.</p> <p>One Resident who was at risk of falling out of bed at night had a mattress placed beside it at night. This was following a district nurse recommendation. The resident is checked regularly at night by waking night staff.</p> <p>Safeguarding.</p> <p>The staff have received appropriate training. The Deputy Manager has instituted a "body chart" system for Residents each day, to check for accidents or other occurrences. Staff were aware</p>

	<p>of whistleblowing, and need for collective responsibility.</p> <p>Medication. Medication is dispensed by qualified staff, at least two per rota. If a Resident refuses to take their medication on a regular basis, this is noted, and the GP informed. All Residents are weighed monthly and the results are monitored on a spreadsheet. Residents are registered with the local Torrington Park Practice, but GPs only visit on a request basis. They declined to register a Resident who had recently entered the Home, though this has now been resolved. After hours the Home uses Barndoc or the Ambulance Service.</p> <p>Care Plans. We saw part of a Care Plan, that was no longer in use on our first visit and on a subsequent visit a Team member did see a complete up to date Care Plan (without a name). The Office Manager said these were drawn up with the residents and relatives, if possible, when the resident entered the Home. They were accessible to Staff and Residents and we were told they are reviewed at least once a year. End of Life Care Plans are in place for all Residents. These take account of the wishes of the Resident, or if the Resident is not able to participate the Home speaks to relatives or the GP.</p> <p>We did not see a Complaints policy, and the Complaints book contained only two complaints in the last two years. We saw the Accidents Book, and that too had only two incidents in the last few years.</p> <p>Food Hygiene. The kitchen had received a level 4 for food hygiene.</p>
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<p>Staff:</p>	<p>The Home also runs an Outreach company from the same premises. They employ 23 staff to work for the Outreach service and the Home. The Outreach company is inspected by the CQC as a separate entity</p> <p>We were told the Home uses the following rota system for Staff. 8am – 10am, minimum of 3 care staff, 10am to 3pm 4 care staff 3pm - 5pm, 2 care staff , 5pm to 10pm, 3 care staff, 10pm - 8am, 1 waking staff plus another on call.</p> <p>The volunteer team was somewhat confused about the actual number of care workers/ staff on duty during the shift system, as this seemed to vary according to the needs of the Outreach company. The Deputy Manager said that sometimes the Home had more Staff than they needed, but on the day we visited (11.30a.m.- 2.00p.m.) there were only 2 staff, and the Office Manager who was talking to us. There also seemed to be a great deal of movement of Staff in and out of the Home.</p> <p>All Staff had the mandatory qualifications up to NVQ2, and some were working towards 3, 4, 5 and one of 7.</p> <p>Staff training and assessments were undertaken by the Manager and Senior Carer on a regular basis. Staff received supervision 3 to 4 times per year.</p>
<p>Staff Views:</p>	<p>At the time of the visit we were not able to talk to the Staff very much because they were busy, but they said they were happy working in the Home.</p> <p>They were obviously aware of Safeguarding issues. One member described how she had used the body- chart system for monitoring when a Resident had bruised her hand.</p>

	<p>When asked if they would recommend the home to a relative, one Staff member said "Of course. The Residents are very well looked after here". The Deputy Manager would like more training for the staff.</p>
<p>How the Home Gets Patients' Views:</p>	<p>The Home has only 9 Residents, and the Staff obviously know the likes, dislikes and foibles of the Residents on an informal basis. There are monthly Residents' meetings to find out views, which the Staff do not attend. Individual complaints are dealt with on an informal basis. It was not clear at what point the complaint is recorded.</p> <p>Care Plans are set in place when the Resident enters the Home, and the Residents have access to them. They are reviewed once a year with the Resident if possible.</p> <p>Staff also have monthly meetings with individual Residents, and their views are recorded.</p> <p>All the Residents liked the food. One elderly visitor came in for lunch three or four times a week for lunch.</p> <p>The Home does not provide an Advocacy service.</p>
<p>How the Home Gets Relatives' / Carers' Views:</p>	<p>Relatives (and in some cases, close friends) are consulted on Care Plans and End of Life Care Plans when the Resident enters the Home. The Office Manager said that, except for one lady, not many relatives visited the Residents.</p> <p>It was not clear how suggestions, minor complaints, or compliments are dealt with or recorded.</p>
<p>Privacy and Dignity:</p>	<p>The Staff behaved in a courteous and dignified manner with the Residents at the time of our visit. Staff knocked on the doors of Residents' rooms before entering (but did not wait before going in). There was not a great deal of interaction with the Residents during the mealtime we observed.</p> <p>The doors of two bedrooms on the ground floor leading off the front hall were propped open wide at the time of our visit and all visitors and staff</p>

	<p>going in and out of the Home were able to see the Residents in the rooms. We understood that the Residents were not well, and the staff needed to keep an eye on them.</p> <p>Residents' laundry was dealt with on an individual basis, which meant that items were less likely to get lost, and staff get to know which items belong to which Resident</p> <p>Residents could have their meals in their room if they wished, and keep their door closed if medically possible.</p>
Environment:	<p>The Team found the atmosphere at Grace House calm and relaxed. The staff did not wear uniforms or badges as it was felt this was the Residents' home. Likewise there was no sign outside advertising the Home. This might make it difficult to find by visitors and emergency services. The house numbers are quite difficult to see from the road. The Home was clean with no unpleasant smells.</p> <p>The Home recently had a lift installed and the kitchen and dining room extended. Both the dining room and sitting room were airy and light, but we were told that the Residents preferred to sit in the dining room. The Home had been redecorated recently in calm muted colours. The Residents shared a common background and ethos, and obviously felt happy with that.</p>
Furniture:	<p>The furniture was comfortable, in good repair and fit for purpose. Residents could bring in some pieces of their own furniture and personal momentos.</p>
Food:	<p>This is a great strength of the Home, and the Residents obviously enjoyed their food. The Cook has been with the Home since it was started, and knows the likes and dislikes of the Residents. There was no choice of menu, and no menu displayed, but if a Resident did not like what was on offer, they could have a light dish. At this time no Resident needed a special diet, and all were</p>

	<p>capable of feeding themselves. Fresh fruit and vegetables were always offered.</p> <p>The Kitchen had a Hygiene rating of 4, and the Environmental Health service had recently visited and made some suggestions for food in the fridge, but these were not mandatory.</p>
<p>Activities:</p>	<p>A number of Church based activities were held regularly, such as Church services and Bible readings, and most of the Residents attended these.</p> <p>We were told that Activities depended on the client mix, as at present out of the 9 Residents, 6 were not able to participate.</p> <p>Two Residents were sufficiently mobile to go out on their own, and one lady liked to go to her hairdresser accompanied by a member of the staff.</p> <p>We were told that the staff had enough time in their rota to interact with the Residents, chatting and doing activities with them, although we did not see this. In the summer Residents were able to go for walks and have tea in the garden. The Home do not organise any more stimulating activities on a regular basis.</p> <p>The television was on in the dining room, and the Home provided newspapers, books and video games. One Resident had computer skills, and used his computer to help out in the Office.</p> <p>The Home also has access to a Hairdresser, Physiotherapist and Chiropodist.</p>
<p>Feedback from Residents and Relatives/Visitors:</p>	<p>The Residents appeared relaxed, and well cared for, although they did not appear to interact with the Staff or each other very much, except for one lady.</p> <p>They had no complaints although one Resident said they would like to have other activities besides Church functions. We did not see any visitors.</p>

<p>Conclusion:</p>	<p>The Team liked the relaxed and homely atmosphere in Grace House, engendered by the ethos, and shared background and beliefs of the Residents. However there did not seem to be much stimulation from other activities, or from their environment. One staff member appeared distant and made no attempt at conversation with the Residents during the mealtime.</p> <p>We felt that it might be disruptive for the Residents to be looked after by 18 different staff during the course of a week. Also we were concerned that the fluctuation in staff numbers might affect their ability to look after the Residents.</p> <p>The Team felt concerned that there was an underlying lack of understanding by the Staff of the need for Records.</p> <p>We understand that in a small Home it is easy to deal with complaints from Residents and relatives on an informal basis, but feel there is a need from the Home's point of view to have a way of recording these, the date and how they were dealt with.</p> <p>We commend the Deputy Manager's "body chart" policy, but feel there should be a way of recording accidents/incidents for cross referencing.</p> <p>We felt concerned that Records and Policies could not be produced when required. There also seemed to be a lack of communication over our visit.</p> <p>We were not too sure who was in charge of the Home in the absence of the Manager - the Office Manager or the Deputy Manager</p> <p>We commend the Cook's skills, which must contribute to the general happiness and wellbeing in the home.</p> <p>In the absence of visits by relatives, we felt that an independent advocacy service would be beneficial to the residents.</p>
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<p>Recommendations:</p>	<ol style="list-style-type: none"> 1. Install a more rigorous system of accounting for files in the Office. 2. Install a method of recording minor complaints. 3. Install a method of recording and cross referencing minor accidents/incidents. 4. Make sure that the needs of the Outreach programme does not affect the staffing in the Home. 5. Organise some activities to stimulate the Residents based on their interests, other than Church activities. 6. Organise an advocacy service for Residents. 7. Continue a training programme for the staff, based on their needs. <p>Outside the control of the Home:</p> <ol style="list-style-type: none"> 1. The deputy manager wished to source more training for staff and we have passed his details to the Integrated Quality in Care Homes team at Barnet Council.(IQICH) 2. The issue of doctor's surgeries not accepting all residents at a care home should be passed to the IQICH team/CCG.
<p>Signed:</p>	<p>Linda Jackson</p>
<p>Date:</p>	<p>9th December, 2013</p>

Response to Barnet Healthwatch Enter and View Report

These comments were received from the manager of Grace House:

Thank you for your visit. We have taken on board some of the recommendations you have given e.g. displaying a menu. However, in light of this we felt that the report does not reflect the true services that the Christian Care Trust offers as a care provider. Therefore, we would like to correct some of the misrepresentations about the Home in your report.

Activities

Please be informed that resident stimulation is carried out regularly and sometimes on a one to one basis, this must be through informed choice. Also, that the age of clients is always taken into consideration when involving them in activities. Half of our clients are well over 90 years old.

The staff always interact with the clients during meal times, even during morning coffee and afternoon tea, when all members of staff sit and share the break with the clients. Several days a week, I, Ann Gilbert, the manager, has lunch with the clients. However, we do take into account the emotions of those clients that like to maintain their personal space and quiet during meal times.

Staffing:

As a care provider in Barnet, we actively pride ourselves as an organisation with one of the highest staff ratio to clients. For example 5 staff to 9 clients when we are operating to full capacity, with periodic support from the office staff or the cook who are trained carers too. So we beg to differ on your concern on fluctuation in staff member's ability to look after our clients. We hold regular client meetings where our client can tell us of any concerns they may have. Even if staff members are absent for any reason, we never fall below the regulated requirements for staff.

All our staff members receive supervision 3 to 4 times a year as stipulated by CQC and in line with our policy and procedure.

Complaints:

The Christian Care Trust takes the complaints of any client seriously. Currently we are dealing with an Outreach client's complaint against a member of staff. We are carrying out a full investigation and the findings and feedback will be reported back to the concerned client. Throughout the year we carry out Quality Assessments, the log sheets along with the findings of compliments or complaints are recorded and filed, but we believe you did not access them. With regard to absence of relatives, Ann Gilbert and the Home organises volunteer visitors to talk with clients, to read or do small tasks for them, like posting a letter. At the present time we have three such people coming to the house on a weekly basis.

Regarding the Care Plan:

All our care plans are all up to date. During the last CQC inspection, August 2013 we were commended for our Care Plans.

We have an electronic copy and a hard copy of each robust care plan.

Environment:

Regarding no sign outside Grace House, We have a robust web-site. We are well known in the local community and as a Christian Home; our residents prefer not to have a sign indicating that they live in a Care Home. The emergency services have never had a problem finding us. Recently we had an incident when a client needed to be taken to the hospital and they arrived here within 2 to 3 minutes.

Records:

After the last CQC inspection in August 2013, we have put in an effective and well-organized recording and reporting system for the care delivery to our clients.

You came at a time when our Policies and Procedures had just been updated and were being read and signed by staff members. Unfortunately a member of staff failed to replace the file exactly where it should be.

Your comment and advice regarding the absence of visits by relatives and friends of our clients is not factual; on a weekly basis our residents receive visits from family members, friends, priests, community leaders, friends of Grace House. Staff members are allocated as key workers and they communicate with families on a regular basis. This is recorded on the relatives contact communication sheet and kept in their care plan. Equally, an electronic copy is also recorded daily. Even a client without any family or friends, have regular visits by people from outside the Home. A friend of the home visits once a week and conducts a Bible study and another also visits to chat, every week, as well as a young student training to be a doctor visits every Sunday and talks to all the clients.

Regarding the person in charge:

Ann Gilbert as the registered manager is in charge. Unfortunately on the day you visited, I was not well and unable to be in the office. In my place was the office manager, who had access to the deputy manager if need be.