

Enter View Visits - Spring 2012 Project


| Date of Visit | Time of Visit | Care Home | Address of Care Home | Name of E&V volunteers | Date letter sent | Date Report Received | Date Report Sent | Comments | Summary of findings |
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| Wednesday 19 March 2012 | | Elmstead House Care Home | | Dipak, Gillian, Allan | | 19 April 2012 | 25 April 2012 | | Elmstead House is an efficiently and compassionately run home for patients with dementia and mental health problems. The patients are very well looked after and the staff caring and competent. We would be happy to recommend it to potential residents. Thank you to the staff for making us welcome and showing us around. |
| Wednesday 25 April 2012 | | Two Rivers Care Home | 100 Long Lane, Finchley, London N3 2HX 020 8346 4236 | Dipak, Gillian | 20 April 2012 | 03 May 2012 | 20 July 2012 | | We were very impressed by all aspects of Two Rivers which is clearly providing excellent opportunities for learning and physically disabled Asian women, many of whom, for cultural reasons, have not previously been able to maximise their potential. The objective to enable as many as possible of residents to progress to independent, supported living is extremely important. |
| Monday 14 May 2012 | 11 a.m. | Fern Bank Care Home | Finchley Way, London, N3 1AB 020 8349 3426 | Gillian G, Robin Tausig, Irena Kuczynska | 04 May 2012 | 15 May 2012 | 20 July 2012 | | Fern Bank Care Home is an efficiently and compassionately run home for residents with dementia. The residents are well looked after and the staff seemed caring and competent. The food was especially appreciated. However we would have liked to see more evidence of opportunity for residents to engage in a wider range of activities. Thank you to the staff for making us welcome and giving us the opportunity to speak to them and the residents. |
| Monday 21 May 2012 | 11 a.m. | Dell Field Court | 1 Etchingham Park Road, Finchley, London, N3 2DY 020 8371 8900 | Dipak, Robin Tausig, Jeremy Gold +1 | 10 May 2012 | 25 May 2012 | 20 July 2012 | Response from Care Home in response to LINK report sent 20th of July. Received 2nd of August | Dell Field Court is a comfortable, well run home for a range of residents, including those with dementia and mental health problems but not for those needing intensive nursing care. The residents appear very well looked after and the staff caring and competent. We would be happy to recommend it to potential suitable residents. However, we suggest that above recommendations should be implemented as soon as possible especially with regards to (a) providing suitable transport for the residents (b) arranging a qualified and experienced Asian Yoga and Complementary Therapies instructor for the Asian residents on the top floor. Barnet LINK can assist the home in both these issues. |
| Tuesday 12th June 2012 | 1.30p.m. | Springdene Care Home | 55 Oakleigh Road North, London, N20 9NH 020 8815 2000 | Allan J/Gillian J / Jeremy Gold | 31 May 2012 | 18 June 2012 | 20 July 2012 | Sent by fax and letter | Springdene is a clean, attractive and well-furnished nursing home catering for a range of residents, including those with dementia and mental health problems and primarily for those needing relatively intensive nursing care. The residents appear well looked after and the staff caring and competent. Thank you to the staff for making us welcome and showing us around. |
| Monday 13th August 2012 | 2pm | Nazareth House | 162 East End Road, London, N2 0RU 020 8883 1104 anne.fenlon@nazarethcare.com | Gillian Jordan, Dipak Jashapara | | | | 2/7: resent email asking for more AR e-mail sent on 15 June to reconfirm visit schedule. Allan Jones not available on 3rd or 12th July. 22/6/12 sent an e-mail to all trained E&V to advise when can do Nazareth House in July. Gillian G; Dipak: | |
| Wednesday 15th August 2012 | 2pm | Elysian House | Colindale Hospital, Colindale Avenue, Colindale, London NW9 5DH (020) 8205 1236 alex.hamilton-clarke@rethink.org | Gillian Jordan, Dipak Jashapara | | | | 2/7: sent email to gg and aj confirming visit | |
| TBC | TBC | Seaforth Lodge | | | | | | | |

Barnet LINK
Enter and View Visit –Monitoring report.

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| Name of Establishment | Elmstead Care Home, 171 Park Road, Hendon, London NW4 3TH. (managed by Care UK) |
| Staff met during visit: | Deputy manager; Biju Abraham, staff nurse Ingrid Cannon (later met manager Ms Diane Maddaford) and several more nurses, carers and the assistant cook. |
| Date of Visit: | 19/3/12 |
| Purpose of visit: | <p>This was the first of Barnet LINK's planned Enter & View visits. We intend to visit a range of Care and Residential homes within the London Borough of Barnet to obtain a better idea of care provided in our region. All LINKs 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. LINKs' role is not to seek out faults with local services, but to consider the standard and provision of services and how they may be improved or how good practice can be disseminated. However if any areas of concern are reported to LINK, it would then be appropriate to arrange a visit to that establishment. Subsequent to any visit a report is prepared, agreed by the manager of the facility visited, and then made public through the LINKs' newsletter and/or sent to interested parties, such as the JSNA Board (Joint Strategic Needs Assessment Board).</p> <p>The visit was prearranged, although at very short notice. Fortunately the Elmfield manager (Diane Muddaford) was happy for us to visit as, she said "anytime you would like".</p> <p>We used a prepared prompt list of questions to find out relevant facts, observed all aspects of the premises and spoke to staff, patients and visitors.</p> |
| LINK Authorised REpresentatives involved: | Gillian Goddard, (Chair of E&V committee) Dipak Jashapara, Gillian Jordan (Chair of Barnet LINK) |
| Introduction | <p>Elmstead Care Home is a purpose-built building in Hendon, just off the A41, providing specialist care for 30 patients with dementia and 20 patients with mental health problems, in separate wings. There is good parking space outside.</p> <p>All patients have single en-suite rooms and there is provision for 2 double rooms for couples. At the time of our visit only one room was unoccupied and only one patient was bedfast. All the other patients were in one of the sitting rooms, the garden or corridors. Those residents who are able have shopping trips to Brent Cross, or meals out in local pubs and various other entertainments.</p> |
| General Impressions: | <p>A friendly and relaxed atmosphere; there is clearly great rapport between residents and staff.</p> <p>During the time of our visit there seemed to be plenty of staff around, who dealt promptly and respectfully with the residents. Someone came quickly to reassure or tend to anyone who cried out and overall there were plenty of</p> |


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| | happy smiling faces! |
| Policies & Procedures. | <p>DJ, who has experience in care home management, inspected all the policy and procedure documents, including:- Vulnerable Adult Policy & Code of Practice ; Mental Health Policy & Code of Practice; Fire drill procedure; Staff complaints procedure; Client complaints procedure; Health & Safety policy; Care Homes Regulation 2001 (www.legislation.gov.uk); Care Homes for Older People: (National minimum standards and Care Homes Regulation) http://www.dh.gov.uk) and the CQC last inspection report November 2011. All documents were current and kept up-to-date.</p> <p>We did not ask about Fire Drills or Falls procedures – staff training therein, but will ensure we do on subsequent visits!</p> |
| Health & Safety considerations | <p>The front door, kitchen door and doors from one part of the building to another are normally locked and accessed through a coded locking system. Staff, residents and visitors sign a log-in and out register.</p> <p>Common rooms were well attended to ensure patient safety.</p> <p>Staff: resident ratio exceeds the basic minimum requirements for a home of this nature.</p> <p>All but one resident are ambulant so there is little likelihood of pressure sores, but if patients are immobile for any reason, their pressure areas are inspected regularly.</p> <p>There is a lift, suitable for disabled access, in the Mental Health unit.</p> |
| Staff | <p>Elmstead seems to be very well staffed, with a mix of registered nurses with general and Mental Health qualifications and carers with relevant NVQ qualifications. All staff were very smartly dressed in identifiable uniforms with name badges. Evidence that it is a good place to work is the length of time many of the staff have been working at Elmstead some since the home opened 15 years ago. Another positive point is that agency staffing is rarely, if ever, required to fill temporary vacancies, as the home has a list of previous employees who will cover at short notice and during staff holidays. Staff are very visible around the home and readily available to attend to residents’ needs. Records are computerized and kept up-to-date. A board in the nurses’ room lists every patient, with relevant information about next-of-kin, GP, contact details in case of need etc.</p> <p>Continuing professional development is taken very seriously and all staff participate in further education and training relevant to their needs. The staff nurse on duty is currently undertaking a Master’s degree.</p> |
| Residents | <p>The dementia patients are accommodated in an L-shaped single storey area, separated from the Mental Health patients whose wing is on two floors. They interact as well as they are able, although, obviously, some of the patients with dementia are not able to do so. Visitors are welcome at any time. We did meet the wife of one resident – we had hoped to meet more but as our visit was arranged at short notice, the staff had not had the opportunity to ask some relatives to come in. The lady we spoke to – Brenda – was very happy with the care her husband, Sid, receives. We talked to Sid too but he just kept repeating that he was going home on Wednesday and had been there for 3 weeks – in fact he was not going home and had been at Elmstead for 3 years! His wife is appreciative of Dial-a-Ride – the service she uses every day to visit from her home in Enfield. There were no other</p> |

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| | patients in the dementia unit who were able to converse. We spoke to more in the MH unit who stated that they were satisfied with Elmstead. |
| Privacy and dignity | In all interactions we saw, the staff dealt very sensitively with residents. The bedrooms each have the name of its resident, together with a photograph. All residents have their own large scrapbook which is filled with photos from babyhood to the present day, and include all members of their families, information about working lives and leisure activities. Clergy from the different religions visit regularly and each resident's spiritual needs are cared for. |
| Environment | Everywhere was very clean. The corridors are adorned with large and sometimes dramatic, colourful paintings which certainly brighten them up. For practical reasons there are no carpets in the communal rooms, which may increase noise levels eg squeaky walkers etc and sound reflection especially where there were more vociferous residents. The garden is attractively laid out, with grass and flower beds. Plans are in hand to remove a parterre dividing the garden to give a larger space for social activities. We were told that barbeques are held in fine weather. The home possesses rabbits and guinea pigs, looked after, with supervision, by one of the MH patients and are, apparently, used to being cuddled and stroked. Staff are reluctant to have a cat because of the proximity of the A41 and cats' propensity to get themselves run over, which would be very upsetting for the residents! There are separate dining rooms and one room has been converted to be used as a cinema with a large screen and comfortable seating. |
| Furniture | Signs of reasonable wear and tear, all acceptable except, perhaps, for one large sofa in the sitting room of the mental health unit which looked as if the springs had gone and could not be very comfortable. |
| Food | We were not present at a mealtime but looked at the kitchen (from the door for hygiene reasons), which seemed very clean and organised. We also saw the menus which are presented not only with details in writing but also with a colour photo of each ready-to-serve meal on a plate. We saw the residents and their visitors having afternoon tea and biscuits and we too enjoyed a very good pot of tea! We did not ask about special diets but were told that the residents are weighed regularly and weight recorded and special attention paid to anyone losing weight. |
| Smells | Our visit was on a pleasant sunny day and with some windows open giving good ventilation, Elmstead has a fresh and clean smell. The Mental Health Unit residents' sitting room has a lingering aroma of cigarettes, despite smoking not being allowed there but supposedly confined to a special smoking area outside. |
| Activities | Residents in both the MH and Dementia sections have a comprehensive diary of daily activities, including craft, memory games and the like. However there would seem not to be regular physical activity timetabled. |

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| <p>Recommendations</p> <p>1. Infection control</p> <p>2. Feedback from residents, and their relatives</p> <p>3. Activities</p> | <p>Elmstead House is a comparatively large care home with 50 residents, a large staff and many visitors. We did not see evidence of strategically placed hand-gel containers, with appropriate instructions at communal doors and room doors. We recommend that a system of hand-washing should be instigated to avoid the possibility of cross-infection.</p> <p>We would like to suggest that an active system be set up to obtain regular feedback from residents and relatives. This could include questionnaires and feedback sessions to enable the residents to have a further participatory role in the running of the home to ensure its continuing progress and improvement</p> <p>Although there is a diverse timetable of daily activities, we noticed that very few are for physical activity or complementary and holistic therapies such as gentle chair exercises, massage, yoga or meditation which might further enhance the residents' quality of life. Certain charities and voluntary organizations provide such services and we would be pleased to provide further information.</p> |
| <p>Conclusions</p> | <p>Elmstead House is an efficiently and compassionately run home for patients with dementia and mental health problems. The patients are very well looked after and the staff caring and competent. We would be happy to recommend it to potential residents.</p> <p>Thank you to the staff for making us welcome and showing us around.</p> |
| <p>Signed: Gillian Goddard; Dipak Jashapara Gillian Jordan</p>  | |
| <p>April 2012</p> | |

Barnet LINK
Enter and View Visit –Monitoring report.

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| Name of Establishment | Two Rivers Care Home, 100 Long Lane, Finchley LONDON N3 2HX |
| Staff met during visit: | Mrs Gyan Dass; owner/manager. All other staff on duty at the time |
| Date of Visit: | 25 th April 2012 |
| Purpose of visit: | <p>This was the second of Barnet LINK's planned Enter & View visits. Our intention is to visit a wide range of Care and Residential homes within the London Borough of Barnet to obtain a comprehensive view of the standards of care provided for people with different needs. All LINKs 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. LINKs' role is not to seek out faults with local services, but to consider the standard and provision of services and how they may be improved or how good practice can be disseminated. A report is prepared after each visit which, when agreed by the manager of the facility visited, is then made public through the LINKs' newsletter and/or sent to interested parties, such as the JSNA Board (Joint Strategic Needs Assessment Board).</p> <p>The visit was prearranged, and we had an email from Mrs Dass saying we were welcome and she looked forward to showing us round.</p> <p>We observed all aspects of the premises and spoke to all the staff and patients.</p> |
| LINK Authorised Representatives involved: | Dipak Jashapara Gillian Jordan |
| Introduction | Two Rivers care home is a specialist home catering for a maximum of seven Asian women with physical and mental health problems and learning disabilities. It has been open now for seven years. The company running Two Rivers also runs an independent supported living home with individual flatlets and Two Rivers residents, where possible are able to progress to this home. |
| General Impressions: | Two Rivers is situated in a converted house that provides seven en suite bedrooms, a large kitchen/dining room, sitting room and activities room. It is very well furnished and decorated and clean. There is a medium size garden for the residents' use. |
| Policies & Procedures. | <p>The following documents were inspected:</p> <ol style="list-style-type: none"> 1. Vulnerable Adult Policy & Code of Practice 2. Mental Health Policy & Code of Practice 3. Fire drill procedure 4. Staff complaints procedure 5. Client complaints procedure 6. Health & Safety policy 7. List of daily and weekly activities for the resident clients 8. Care Quality Commission last report. <p>All were carefully kept and up-to-date.</p> |
| Health & Safety considerations | The front door, patio doors, kitchen, office and other potentially vulnerable parts of the building were normally locked - access through coded locking system. There is a log-in and out register for visitors, staff and the residents. Fire instructions were available with fire extinguishers by the front door. A room for a severely physically disabled resident is adequately fitted with appropriate hoists for transfers and a wet room suitable for wheelchair use. |
| Staff | Mrs Gyan Dass is the joint owner and manager, she is a very experienced social worker with a particular interest and expertise in the care of women with learning, physical and mental health difficulties. All the staff are female and the languages spoken as well as English are Gujarati, Japanese, Hindi, Punjabi, Urdu. There is a high staff/resident ratio and during our visit we saw all the staff interacting well with the residents, encouraging them in various activities. There is a high staff |

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| | retention rate, some having been at the home since its opening and no agency staff are employed. There is excellent rapport between the staff and residents and a very positive atmosphere. |
| Residents | There are seven residents, all Asian, with a range of physical and learning disabilities. Some function at quite a high level whilst one is wheelchair bound, has no speech and communicates by using Makatron charts and another has challenging behaviours. Some come for regular respite care and others for longer term care. Where such progress is possible with intensive training, many past residents have been able to move on to independent supported living. There are frequent outings and visitors are welcome at any time. All residents are encouraged to keep their rooms clean and tidy and are involved in cooking and other domestic tasks with appropriate supervision and support in order to promote independence. We were given cups of tea made by one of the residents. |
| Privacy and dignity | Each resident has her own room with en-suite facilities. We felt that the staff is concerned to maintain privacy and confidentiality and important conversations and the like are carried out without interruption from other residents. |
| Environment | The house is very clean, bright and well- decorated |
| Furniture | Very well furnished community rooms. Residents are encouraged to have their own pictures, photos, ornaments and duvet covers in their rooms. |
| Food | Vegetarian, Asian food is freshly cooked for each meal in the kitchen. Lunch on the day of our visit was roasted vegetables with jacket potatoes, which looked very appetising |
| Activities | Most of the residents attend Barnet college for one or two days a week. Visitors are welcome at any time and there are frequent outings, including swimming for everyone on Fridays. There is an activity room where each resident has her own activity chart and relevant materials. The activities include Yoga, Meditation, painting, physical exercises, regular walks and visit to places of cultural and religious importance as well as sewing, cooking and embroidery. The treadmill is a popular piece of equipment, used by all those able to and their progress charts are displayed. It has enabled many to raise their activity levels and control weight. |
| Feedback from staff, residents and relatives. | A detailed record of documents, reports and feedback from the residents and their guardians/carers is kept. Such a system enables the residents and their carers to have participatory role within the running of the home with regards to its continuing progress and improvement. We spoke to all the staff on duty who are clearly happy and committed. Those residents able to give feedback seemed happy and pleased with their lives at Two Rivers. Mrs Dass is giving us the telephone numbers of some of the parents who, she said, would be delighted to talk to us. Once we have been able to do this, we will update this paragraph of the report. |
| Access and parking | The ground floor is fully wheelchair-accessible. There is room for two cars at the front of house and Long Lane has no parking restrictions. |
| Recommendations | Provision of antiseptic hand gel by the front door, kitchen and activity room doors is recommended to minimise cross-infection. |
| Conclusions | We were very impressed by all aspects of Two Rivers which is clearly providing excellent opportunities for learning and physically disabled Asian women, many of whom, for cultural reasons, have not previously been able to maximise their potential. The objective to enable as many as possible of residents to progress to independent, supported living is extremely important. |
| signed | Dipak Jashapara  |

Barnet LINK
Enter and View Visit

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| Name of Establishment | Fern Bank Care Home, Finchley Way LONDON N3 1AB |
| Staff met during visit: | Ms Sylvia Mthabela; manager. All other staff on duty at the time |
| Date of Visit: | 14 th May 2012 |
| Purpose of visit: | <p>This was the third of Barnet LINK's planned Enter & View visits. Our intention is to visit a wide range of Care and Residential homes within the London Borough of Barnet to obtain a comprehensive view of the standards of care provided for people with different needs. All LINKs 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. LINKs' role is not to seek out faults with local services, but to consider the standard and provision of services and how they may be improved or how good practice can be disseminated. A report is prepared after each visit which, when agreed by the manager of the facility visited, is then made public through the LINKs' newsletter and/or sent to interested parties, such as the JSNA Board (Joint Strategic Needs Assessment Board).</p> <p>The visit was prearranged and we had sent a copy of the suggested staff questions to the manager.</p> <p>We spoke in depth to the manager, to some of the other staff, 10 of the 22 residents and 2 of their relatives.</p> |
| LINK Authorised Representatives involved: | Robin Tausig, Irena Kuczynska, Gillian Goddard |
| Introduction | Fern Bank Care Home is a specialist home catering for up to 27 people with mild to moderate dementia, in single occupancy rooms. (Note it could accommodate 34 people if some rooms were used as doubles, but this is rarely required). It has an advocate attached to the home and they value the independence and advice that they bring to enhance the service. |
| General Impressions: | Fern Bank is a converted house with a large lounge, also used for eating and watching television, although many residents had their own TVs in their room. It is appropriately furnished and was being decorated (painted) while we were there. There is a medium size garden for the residents' use accessed from the lounge. As it was raining no-one was outside and the maintenance man explained it had not been possible to cut the lawn recently. There is a small visitors lounge where we were able to talk to staff and discuss our visit in private. The home operates an open door policy and we observed and spoke to two relatives. Some other residents reported regular visits from their relatives. (see attached monitoring report for further details). |
| Policies & Procedures. | The home has a user/carer participation group that meets 3 times a year and is reported to be well attended. |
| Health & Safety considerations | The front door, door to garden, kitchen, office and other potentially vulnerable parts of the building were normally locked - access through coded locking system. There is a log-in and out register for visitors. Fire instructions were available with fire extinguishers by the front door and a board indicated the designated fire warden on duty on the day. They have a hoist for lifting residents. However at the time we were there, doors giving access to stairs were left open. A few residents had reported falling in the home and showed evidence of bruising, although none claimed to have fallen on stairs. The home does have a lift. None of the residents were reported to be suffering from bed sores and the manager reported that they work with Barnet tissue viability nurses. |
| Staff | Sylvia Mthabela is the manager and is trained in first aid. There are 42 staff. Of the 12 on daily duty, 2 are nurses and 5 are carers. At night there is 1 nurse and 2 carers. They have 7 trained nurses in total and the carers are trained to NVQ level 2-3. They manage to avoid staff shortages by employing large numbers of bank staff, especially at weekends. They employ a number of specialist staff including |

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| | <p>dieticians, physiotherapists, hairdressers etc. They have a care planning system in place.</p> |
| Residents | <p>We spoke to 10 of the residents. Those we did not engage in conversation were either asleep or not able to communicate with us, or were still in their rooms and it was not practical to do more than see them through open doors. All but one of the residents were as positive as they could be about their experience of the home. One was desperate to get out more and have more challenging activities (see activity section). One had complained many years ago about the way he had been treated by an African member of staff. The manager confirmed that it had been resolved and in her opinion had arisen through cultural misunderstanding. One resident commented that attracting attention in the lounge could be a bit hit and miss as it relies on them catching the attention of a member of staff. We observed that staff were around and tried to keep an eye on residents but that it was possible for some needs to get missed as they seemed to have a lot of tasks to deal with. For example staff were observed upstairs changing roles from cleaning to managing residents and then returning to cleaning in a very short space of time.</p> |
| Relatives views | <p>One regular visitor commented that although the home did as much as was possible, they found it necessary to do their hair the way they liked it, bring in special drinks and attend to some needs. In some ways the food provided was too good as the resident was putting on weight and not able to exercise. Another relative was very happy with the care provided and mentioned painting, yoga and hairdressing facilities provided.</p> |
| Privacy and dignity | <p>Each resident has their own room, some with en-suite facilities, some just a wash basin. The doors to each room featured a photo of the resident with their name and date of birth. Residents were allowed to have their own TV in the room.</p> |
| Food | <p>The menu, with 2 choices of main course, was written up on the blackboard. There was not a vegetarian option on the day we were there, although residents reported that if they did not like something they would be given something that they did like. There was a book showing daily menus over a period of time which looked to be varied and balanced. There were no complaints and we observed that most appeared to be enjoying the food, with help being given to those that needed it. One member of staff also complimented the chef.</p> |
| Activities | <p>An activity board showed that for May activities included keep fit, Yoga, newspaper reading, snakes and ladders and painting. However few of the residents were able to remember doing anything other than watching TV. Two seemed very against snakes and ladders and one mentioned playing scrabble and cards. The manager said that the home had an activities co-ordinator who was responsible for organising social events eg board games. However we talked to one very vocal resident who wanted activities that were not provided. He suggested he would enjoy darts, which could be of the magnetic type to avoid harm to others. He preferred numerical activities to keep his brain active and we introduced him to Sudoku. He would have liked other activities to be available such as cooking which he had enjoyed in the past.</p> |
| Feedback from staff, residents and relatives. | <p>A staff 'complements' book on display contained letters of thanks and compliments paid to staff, often after the death of a resident.</p> |
| Recommendations | <ol style="list-style-type: none"> 1. Provision of antiseptic hand gel by the front door, kitchen and lounge room doors is recommended to minimise cross-infection. 2. More active intervention for any residents who needed more stimulating activities. The ethos of sitting them in a lounge with a TV, which most of them could not hear, was not good for anyone who was capable of thought and conversation. The only alternative being to go to their own room. We did not observe any of the activities that the home provided, to see how residents were engaged. 3. Consider provision of a means of summoning assistance for residents in the lounge. |
| Conclusions | <p>Fern Bank Care Home is an efficiently and compassionately run home for residents</p> |

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| | <p>with dementia. The residents are well looked after and the staff seemed caring and competent. The food was especially appreciated. However we would have liked to see more evidence of opportunity for residents to engage in a wider range of activities.</p> <p>Thank you to the staff for making us welcome and giving us the opportunity to speak to them and the residents.</p> |
| signed | Robin Tausig, Irena Kuczynska, Gillian Goddard |

Barnet LINK
Enter and View Visit –Monitoring report.

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| Name of Establishment | Dell Field Court Care Home, 1 Etchingam Park Road, Finchley, London N3 2DY |
| Staff met during visit: | Manager: Ms A Armitage; Ms Isabelle Oster, several key workers and the cook |
| Date of Visit: | Monday, 21/05/2012 |
| Purpose of visit: | <p>It is a planned and announced Enter & View visits. We intend to visit a range of Care and Residential homes within the London Borough of Barnet to obtain a better idea of care provided in our region. All LINKs 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. LINKs' principle role is to consider the standard and provision of services and how they may be improved or how good practice can be disseminated. However if any areas of concern are reported to LINK, it would then be appropriate to arrange a visit to that establishment. Subsequent to any visit a report is prepared, agreed by the manager of the facility visited, and then made public through the LINKs' newsletter and/or sent to interested parties, such as the JSNA Board (Joint Strategic Needs Assessment Board).</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, patients and visitors</p> |
| LINK Authorised Representatives: | Jeremy Gold, Robin Tausig and Dipak Jashapara |
| Introduction | <p>The purpose-designed building opened in 2003 is light and airy, with six large lounges (some of which doubled as dining rooms) wide corridors and large en-suite bedrooms. It is owned by Catalyst Housing Association which is responsible for maintenance and repairs, and operated by the Fremantle Trust. The home provides care for 40 residents in 5 living groups, one specifically for Asian elders on the top floor, another for those with learning disabilities, and also a rehabilitation group of patients recovering from a stay in hospital. Each of the groups includes, or can include, residents with dementia.</p> <p>The rooms are large, well equipped and clean with a good state of repair throughout. All bedrooms are en suite.</p> |
| General Impressions: | <p>A friendly and relaxed atmosphere; there is clearly great rapport between residents and staff.</p> <p>During the time of our visit there seemed to be plenty of staff around, who dealt promptly and respectfully with the residents. The home is well</p> |

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| | supported by appropriate external agencies. |
| Policies & Procedures. | There is full compliance with Health and Safety regulations and policies and procedures seem to be in place. The locked drugs cupboard is air conditioned to maintain the appropriate temperature.. The laundry and kitchens which seemed clean and well managed. Last CQC inspection report was available. |
| Health & Safety considerations | The front door, kitchen door and doors from one part of the building to another are normally locked and accessed through a coded locking system. Staff, residents and visitors sign a log-in and out register. Common rooms were well attended to ensure patient safety. Fire escape staircases are accessible through code locked doors, which would be released if a fire alarm is operated. CAN MS. ARMIATAGE PLEASE CONFIRM THIS – IF IT IS NOT CORRECT THEN ON THE FACE OF IT THIS WOULD BE A SERIOUS SAFETY HAZARD. |
| Staff | Most staff wore uniform tunics, but no name badges or identification labels. They were pleasant and cheerful, and did not appear to be under stress. This is not a nursing home and therefore doesn't have registered nurses. However, the Manager is supported by a deputy, 3 team leaders and 12 full time care staff. There are also 6 part time carers. Night staff attendance is one per floor, plus a senior in charge. – COULD MS ARMITAGE PLEASE CHECK.THIS, AS WE ARE UNSURE ON THIS POINT Carers are trained by Fremantle who run the home and also provide their own bank staff (thus minimizing the need for agency staff). Most have NVQ level 1 or 2 or above qualifications. Staff also receive ongoing training up to 4 times a year in areas such as Moving and Handling, Vulnerable Adult Safeguarding, Health and Safety, First Aid etc. A number of staff have worked with the residents for over 10 years and turnover is very low.. There are no staff shortages and staff to residents ratio is adequate |
| Residents | <u>Type of residents in the home:</u> dementia, learning disabilities, rehabilitation after hospital, old age (65 years and over), <u>Languages used in the home:</u> English, Gujarati, Hindi, Urdu, Swahili <u>Number of residents:</u> 40 3 residents are aged almost 100 or more The various groups of residents each have their own lounges. They are able to mix, but were not doing so during our late morning / lunchtime visit. However we were told that they do join together for entertainment sessions. These include professional entertainers, paid for from sales of basket work made by residents. The local bowls club hall across the road is |

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| | <p>hired for large events such as a Diwali celebration.</p> <p>We spoke with residents both in groups and individually. Almost all comments expressed high praise for Dell Field Court, the staff, and the range of activities available. Food was described as excellent, with menus responding to residents' requests.</p> <p>Several residents had experience of other homes and rated Dell Field Court as equal or better.</p> <p>One shorter term resident – on rehabilitation from hospital – compared the medical care at Dell Field Court as much better than she had received at Barnet Hospital.</p> <p>The only adverse comment was from a lady who felt that the activities offered do not meet her preferences, but when asked what activities she would like, she regretted that memory loss prevented her from saying. However she made it clear that she was able to fill her time by reading.</p> <p>It should be recorded that most of our discussions with residents took place in the presence of staff, but we feel confident that this did not condition their comments.</p> <p>All residents' care needs are assessed and written into individual care plans which are reviewed every 6 months or more frequently as required. No patients have bed sores. An advocate is attached to the home.</p> |
| Privacy and dignity | In all interactions we saw, the staff dealt very sensitively with residents. Residents religious and spiritual needs are cared for. |
| Relative / carers | We saw one lady whose father had joined Dell Field Court two weeks ago. She said that from what she had seen so far Dell Field Court is a good home. |
| Environment | Everywhere was very clean. All residents' spaces are carpeted. There is a garden with a variety of secluded areas and ample seats. |
| Furniture | Signs of reasonable wear and tear on the furniture and carpets. |
| Food | The kitchen where the food was prepared was clean and organised. The prepared meals were based on dietary needs, cultural requirements and nutritional values. We tasted the Asian lunch. It was tasty, varied and took into account residents religious and cultural requirements. |
| Smells | The atmosphere was clean and fresh, with no smells. |
| Activities | There are a wide range of listed activities on the notice board. |

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| | <p>Some residents were engaged in a group painting session, and they also mentioned basket work, evening entertainment, and light exercise sessions.</p> <p>Many of the activities for Asian Residents were different e.g. religious rituals and Hindu prayers</p> |
| <p>Recommendations:</p> | <p>1. Infection Control: Dell Field Court is a comparatively large care home with 40 residents, a large staff and many visitors. We did not see evidence of strategically placed hand-gel containers, with appropriate instructions at communal doors and room doors. We recommend that provision be made for hand-washing to be implemented rapidly if an infection occurs in the home, in order to minimise the possibility of cross-infection. We suggest that the fittings for hand-gel containers should be installed, and the containers and suitable notices be held in store for rapid deployment when needed.</p> <p>2. Feedback from residents, and their relatives: We would like to suggest that an active system be set up to obtain regular feedback from residents and relatives. This could include questionnaires and feedback sessions to enable the residents to have a further participatory role in the running of the home to ensure its continuing progress and improvement. WOULD MS. ARMITAGE PLEASE COMMENT ON THIS, AS ONE LINK REP GOT THE IMPRESSION THAT RESIDENT FEEDBACK SESSIONS ARE ALREADY HELD – BUT PERHAPS NOT WITH WRITTEN QUESTIONNAIRES</p> <p>3. Activities: Although there is a diverse timetable of daily activities, we noticed that very few are for physical activity or complementary and holistic therapies such as gentle chair exercises, outdoor walking, body-massage, yoga or meditation which might further enhance the residents' quality of life. Asian residents on the top floor suggested that they would like to have gentle Yoga session (for the elderly) for them ideally arranged on the same floor and by an Asian instructor who could speak their language. Certain charities and voluntary organizations provide such services and we would be pleased to provide further information.</p> <p>4. Transport for the residents: An issue raised by Asian residents is that, since withdrawal of the mini-bus about 18 months ago funded by Barnet Council (due to a change in the composition of the resident group which put the home outside the criteria for such funding), they have been unable to make fortnightly visits to Indian temples, specialist shops and restaurants in the Wembley area. Taxis would be unaffordable. They have sought TfL Dial-a-Ride bookings for such journeys, but have been told that this is not possible because Wembley is more than five miles from the home.</p> |

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| | <p>Lack of appropriate transport facilities makes residents feel confined and isolated.</p> <p>The issue of visits to Wembley should be pursued with TfL Dial-a-Ride management, to check whether the distance is really an issue for them and, if necessary, see if a compromise can be negotiated, such as limiting the frequency of such journeys to once per month. We would be pleased to negotiate with TfL if required.</p> |
| <p>Conclusion:</p> | <p>Dell Field Court is a comfortable, well run home for a range of residents, including those with dementia and mental health problems but not for those needing intensive nursing care.</p> <p>The residents appear very well looked after and the staff caring and competent. We would be happy to recommend it to potential suitable residents.</p> <p>However, we suggest that above recommendations should be implemented as soon as possible especially with regards to (a) providing suitable transport for the residents (b) arranging a qualified and experienced Asian Yoga and Complementary Therapies instructor for the Asian residents on the top floor. Barnet LINK can assist the home in both these issues.</p> |
| <p>Signed: Dipak Jashapara: Jeremy Gold: Robin Tausig:</p> | |
| <p>Date:</p> | |

Barnet LINK
Enter and View Visit –Monitoring report.

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| Name of Establishment | Springdene Nursing & Care Home, 55 Oakleigh Park North, Whetstone London, N20 9AT |
| Staff met during visit: | Mrs Mary Adjei, Manager; Elizabeth Otuseso, staff nurse, who showed us round. |
| Date of Visit: | 12 June 2012 |
| Purpose of visit: | One of Barnet LINK's planned Enter & View visits to obtain information on the quality of care offered by Nursing and Care Homes in the London Borough of Barnet. Action taken to meet the concerns of the Quality Commission, following their February 2012 visit, was discussed. These concerns related to treating residents with respect, and involving them with their care, lack of staff training in aspects of the Mental Capacity Act and obtaining consent for care and treatment, protecting residents from harm, and improving medicines management. |
| LINK Authorised Representatives involved: | Gillian Jordan, Jeremy Gold and Allan Jones. |
| Introduction | Springdene is purpose-built with four residential floors and single room ensuite accommodation for 56 residents. It opened in 1997 and is one of 4 Springdene Care and Nursing Homes in North London. Specialist provision is available for residents with dementia, physical disabilities and the elderly mentally ill with a fully staffed, private, rehabilitation floor with a gym and small hydrotherapy pool. |
| General Impressions: | <p>The facilities can best be described as compact and functional rather than spacious and homely. A claim in the company's current newspaper advertisement that "Springdene is ... built to luxury hotel standards..." does not convey an accurate impression.</p> <p>The atmosphere was friendly and relaxed. Many residents were in their rooms (some bed-ridden). A generous complement of nurses and care assistants were with those patients in the lounges and were engaging them in appropriate activities, although there was little interaction between the patients themselves, which may be because of their mental status.</p> |
| Policies & Procedures. | <p>Policy and procedure documents, including the Safeguarding of Vulnerable Adults, Mental Health Policy & Code of Practice, Fire Drill procedures, Staff & Residents Complaints Procedures, Health & Safety policy, Care Homes Regulations and the CQC report on the latest visit were all seen. All were up to date and readily available. Several had been updated to reflect the CQC comments.</p> <p>Comprehensive documentation covering the provision and recording of care related to incidents of harm, residents' weight records, regular dental checks, medicines management, pressure sore prevention and treatment, respect for resident's dignity, security and transfer arrangements are available, and well used. CQC concerns have been addressed primarily by a series of training courses for staff. Between February and June this year training on the Mental Capacity Act, Dementia Awareness, Fire Safety, Health & Safety, Infection Control Safeguarding of Vulnerable Adults and Medicine Management have been held, with external assistance, from Doctors or external trainers, where required. Record systems have been improved and updated. CQC staff have paid a return visit but are yet to report back.</p> |
| Health & Safety considerations | <p>Qualified Nursing staff are on duty 24 hours.</p> <p>Comprehensive records are kept on falls, weight and nutrition status.</p> <p>Doors to stairs are self-closing and are electrically locked with code number key pads to open.</p> <p>Policy for bed-ridden patients at risk of bed sores is to check and turn them every two hours.</p> <p>Beds are fitted with detectors so that residents at risk of falls and who get up during the night can be monitored.</p> <p>Hand gel dispensers were located at all floor and lift doors, although during our</p> |

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| | <p>visit we did not see anyone using them. The polished wood floors did seem rather slippery.</p> |
| Staff | <p>There are 72 nursing staff with 14 full time equivalent Registered nurses, either RGN or RMN. Five staff, including 3 registered nurses, are on duty at night. In case of staff shortage "Bank" nurses, with previous experience of the Home, are preferred over agency staff. Staff turnover was reported to be low. All staff wore uniforms with name badges. They were pleasant and cheerful, and did not appear to be under stress. Nurses and carers operated from a central desk – hospital style - immediately adjacent to the two most-used lounges The rehabilitation wing is fully staffed with physio and occupational therapy staff.</p> |
| Residents | <p>Of the 56 rooms 42 were occupied at the time of our visit. There are three separate groups, mainly accommodated on separate floors; patients with mental impairments, including dementia; patients with physical impairments – most due to advanced years and patients (mostly short-stay) on post-hospital rehabilitation, for whom physiotherapy, hydrotherapy and occupational therapy are available. This group are all privately funded. The various groups of residents each have their own lounges and dining areas. They are able to mix, but were not doing so during our afternoon visit. We spoke with several residents individually (although not with any of the mental impairment patients.) All expressed praise for Springdene and its staff. Residents with experience of other homes rated Springdene as equal or better. One resident funded by Barnet council was concerned that, because Springdene is a relatively expensive home, his funding review due shortly might force him to move elsewhere and he is very happy where he is. He had a bird feeder installed on the outside of his window and whilst we were talking to him several robins were frequent visitors, which clearly gave him much pleasure. It should be recorded that all our discussions with residents took place in the presence of staff, but we feel confident that this did not condition their comments.</p> |
| Privacy and dignity | <p>Care of the dying training has been provided. Those residents who require end of life support, and wish to remain in the Home are, whenever possible, accommodated. Support is available from the North London Hospice. 1:1 provision for residents with severe needs is available, subject to funding. Many residents were in their rooms, with doors closed, but several with doors open invited us in. One gentleman was sitting at his table with a glass of fruit juice next to a used urine bottle. The staff nurse accompanying us explained that he needed assistance to reach the en-suite toilet (readily available by call bell) but he sometimes preferred to use the bottle. She said staff were aware of this and cleared it regularly and she asked one of the staff at the nursing station to deal with it.</p> |
| Environment | <p>Corridors are narrow and none of the public areas are carpeted. All bedrooms have shower and toilet en-suite, with aids for mobility impairment. Some rooms are small, with little spare space. Some are larger, but none we saw could be described as spacious. Shelf space is limited. The literature says that residents can bring their own furniture, but this would not be practicable in the smaller rooms. Bedrooms are carpeted, but the carpets are functional rather than lush. The lounges have both group and more individual areas and a welcome absence of serried rows of chairs. Two of the three lounges are combined with a dining area. Two lounges have a TV, but neither were on. Staff said that residents who wish to</p> |

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| | <p>watch TV are encouraged to do so in their own rooms. The third lounge – which was unoccupied throughout our visit – had a piano which was also capable of automatic playing of background music. There is a separate dining room for residents who need help with their meals. There is a small, well maintained garden with tables, chairs and parasols for clement weather. Everywhere was very clean and fresh -smelling.</p> |
| Furniture | <p>Furniture looked in good repair. Each bedroom has one armchair, of a rather upright design, and a visitor’s chair.</p> |
| Food | <p>We did not see a meal service however we met the Head Chef, who seemed very committed, and he explained that menus operate on a three-weekly rota. He said that all food is fresh and purchased locally where possible;- no pre-prepared meals are used</p> <p>Breakfast is ‘continental’, lunch and dinner are three-course.</p> <p>As in hospitals, residents have to select from the menu the day before.</p> <p>Jewish dishes are available and no pig or shellfish products are used, although the home is not certified Kosher. There are always vegetarian options.</p> <p>No Hallal diet is offered. The Head Chef said this was because there is no demand. However this could be a circular argument if people requiring Hallal don’t come to Springdene because it is not offered.</p> <p>Residents we spoke to said the food was reasonable or good, but from several there was a lingering ‘but’ in the air. None could really articulate this, although one did hint at monotony of the regular cycle.</p> |
| Activities | <p>Arts, crafts and entertainment activities are provided in a separate activities room, but not at weekends or Bank holidays. Activities organisers are employed. There is a list on each floor of the activities offered on each day. We saw staff in the lounges sitting with residents playing board games with them or helping them read newspapers. None of the residents we spoke to mentioned activities – neither as a good nor as a poor feature of the home.</p> |
| Feedback from relatives. | <p>We spoke with several relatives, all of whom considered that the home provides a good service. One lady took the initiative to approach us to say that her father had been in two previous homes, from which she had removed him because of neglect and lack of basic care. By contrast, Springdene was excellent.</p> |
| Recommendations | <p>Consideration should be given to offering group activities every day, not just on weekdays.</p> <p>A more flexible menu rotation should be considered – both by varying the days of the week and by running separate rotas for lunch and dinner.</p> <p>A less regimented ordering system should be considered. It is not ‘homely’ to have to choose meals the day before.</p> <p>Advertising claims referring to “luxury hotel standards are misleading and should be reconsidered.</p> <p>All staff and visitors should be encouraged to use the hand gel on entering and leaving.</p> |
| Conclusions | <p>Springdene is a clean, attractive and well-furnished nursing home catering for a range of residents, including those with dementia and mental health problems and primarily for those needing relatively intensive nursing care.</p> <p>The residents appear well looked after and the staff caring and competent.</p> <p>Thank you to the staff for making us welcome and showing us around.</p> |
| signed | <p>Jeremy Gold: Allan Jones: Gillian Jordan</p> |