

Name of Establishment:	Woodfield House 63 Cool Oak Lane, West Hendon, London NW9 7NB
Staff Met During Visits:	Augustine Sahr Tutu (Manager) Care staff
Date of Visit:	9 July 2013 and 30 July 2013
Purpose of Visit:	A planned Enter & View Visit (E&V)
Healthwatch Authorised Representatives Involved:	Stewart Block Christina Meacham Nahida Syed Allan Jones
	Due to the indisposition of one of us on 9 July the visit was in two parts. The first to primarily talk to residents, staff and family/carers and the second on 30 July to review policies and procedures and to talk to the management.
Introduction and Methodology:	Our visit was part of a planned strategy in response to concerns Barnet LINk received, prior to Healthwatch, about the treatment of Mental Health patients in various locations in the borough. As a result, E&V decided to visit as many facilities as possible to understand the issues involved and this included visiting locations where no complaints had been made. Each Healthwatch has the statutory powers to enter health and social care premised to observe and assess the nature and quality of services and obtain the views of the people using those services. The principal role of Healthwatch is to consider the standard and provision of services, how they may be improved and how good practice can be disseminated. Subsequent to any visit a report is prepared, agreed for accuracy by the manager of the facility visited, and then made public via the website and made available to interested parties, such as the Safeguarding Overview and Scrutiny Committee.



As part of our preparation for the visit we reviewed the Care Quality Commission (CQC) Report published on 1 May 2013

(http://www.cqc.org.uk/directory/1-141569038)
This report relates only to the service viewed on the dates of the visits, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on those dates.

Woodfield House is a privately owned Care Home providing Residential Care for 5 residents each in a single room. The home provides support and care as a precursor to returning to the community and sees itself as a Recovery House. Resident's length of stay is determined in consultation with the Springwell Unit and Barnet Social Services. The on-duty staff/resident ratio is 1:1. The owners told us that their objective is to create a supporting family relationship to help residents back into the community rather than a money-making venture. There are 9 staff, a staff list with detailed cv's was provided by Woodhouse. Each resident has key worker. Four of the staff are members of the owners' family.

One staff member is on call over-night and sleeps on the premises. Staff overnight accommodation is adjacent to residents' rooms but up a flight of stairs – this may make communication between residents and staff difficult at night. There is facility for a second staff member if a future resident has need of over-night support.

DISCLAIMER:

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.



General Impressions:	We were pleased to see that the "flyer" advertising our visit to residents/families was displayed, as was a staff list. Clean, bright and airy rooms with recreational facilities and access, under supervision, to a computer. Although we were told that none of the residents currently use the facility. A pleasant family atmosphere with residents welcome as part of our discussion with management. A very pleasant home with a beautiful garden. There was a pool table in the back garden and the cover was secured by four bricks – one in each corner. There is a computer room at the far end of the garden.
Policies & Procedures:	Comprehensive documentation was made available to us. We were free to review the documents, including Care Plans. Also able to discuss with two residents the extent to which they understood their Care Plans. Residents are weighed once a month and their eating is monitored. A local GP visits as required, residents are able to go to a dentist as necessary Regular fire drills are carried out including an evacuation. Medication is kept secure and delivered via a standard Boots MDS pack for each patient (Monitored Dosage System) Staff were asked what procedures they would follow in an emergency and clearly responded.
Staff:	Nine staff are employed and are supported with a regular training programme. We were provided with detailed staffing plans, covering day & night staff, for a three week Rota. Cover appeared adequate.
How the Home Gets Residents Views:	There is a Resident's Forum every two weeks.



How the Home Gets Relatives' / Carers' Views:	The Home is very small. The staff told us if there were difficulties these are discussed with the Manager and, if necessary, with the Barnet care coordinator.
Privacy and Dignity:	We saw evidence of residents being treated with respect as individuals. Only one resident is a smoker, there is a garden where he can go to smoke.
Environment:	Clean, pleasant, light and airy
Furniture:	Clean, in keeping with the surroundings
Food:	The staff told us that residents are encouraged to do their own cooking, whilst staff were present, with the aim of their being better prepared for, later, independent living.
Activities:	Residents are free to go on unescorted outings and family visits. In the case of the latter there is close communication between Woodfield and family on a residents journey and arrival/departure times. It is noted that there is a long walk to the nearest bus stop, and the nearest shop is approximately a mile away. There was someone who co-ordinated the home activities.
	Staff are aware of the need to meet the religious needs of residents; at the moment we were told that only one resident had religious needs and attended church. There are no local churches nearby.
Feedback from Residents and Relatives/Visitors:	At the second visit we were able to talk to two residents, without staff being present. Both seemed open. They were looking forward to moving to live independently. They said the staff had been very supportive. On the first visit, two of our authorised representatives had discussions which took place in the garden with some residents and relatives.



	As the number of residents is very small we feel that it is impossible to relay their feedback without identifying individuals which would be counterproductive. Therefore we have identified the issues that were raised and need clarification, and we have done this on an anonymised basis.
Recommendations:	 Woodfield is in a difficult location to find and is situated at a dangerous bend. We recommend that the owners look at some signage and safety measures to improve this. This may be of concern for visitors and emergency service vehicles. In view of the perceived isolation of Woodfield it is important to make it easy for visitors to find and access the house Where possible residents should be able to visit the home prior to being placed there to ensure there are comfortable with its location and facilities. Compliments as well as complaints should be recorded. Although it is a small Home with staff and residents well known to one another, consideration should be given to the wearing of clear name badges by staff. The use of staff vehicles for transporting residents needs clarification. This should also cover who plans and organizes outings, who/how they are paid for and any insurance issues concerning use of staff cars for outings. We would like to see the planned programme of outings made more readily available. It would be helpful to ensure that relatives and residents are fully aware of what planning is in place to assist their moving on safely into the community And that there is
	clear ongoing communication between Barnet



- Care Co-ordinator, residents and their families
- 8. Ensure that relatives and residents are clear about the role and responsibilities of the Barnet Care Co-ordinator.
- 9. Ensure that the Complaints Procedure documentation is clearly available to staff, residents, relatives and carers.
- 10. Confirmation that any pre-existing resident medical conditions are carefully recorded and monitored and that all staff are made aware of resident's condition and likely symptoms.
- 11. Ensure that the staff are aware of advocacy services for people with mental health conditions and that these are publicized within the home.
- 12. In view of poor mobile 'phone reception we recommend provision of a public fixed line in a location where residents can speak privately.
- 13. Key worker name and contact made available to all families.
- 14. Clarification on the Meals Policy should be provided making it clear what meals are provided by Woodfield and what meals residents have to prepare themselves, how are they supervised and nutritionally monitored. Also at what times the kitchen may be left available to residents to make food/snacks for themselves.
- 15. Provision of room or personal alarms be researched so that staff can be made immediately aware of any out-of-hours incidents.



	 16. With only five residents there may be a degree of informality between residents and staff. Nevertheless, the Residents Forum meetings should be recorded and minutes made available to residents and their families/carers. 17. Suggest that the cover for the Pool Table in the garden should be secured in a different way rather than being held down with bricks.
Signed:	Stewart Block, Christina Meacham, Nahida Syed, Allan Jones
Date:	December 2013

Response received from Woodfield House:





NW9 7NB

Tel: 020 8 205 0257

Dear Lisa,

We will be grateful if you pass on to the group our profound gratitude for visiting Woodfield House on the 9th and 30th July 2013 respectively. Although your organisation's visit was in two stages, the interaction on each occasion was interesting; a new experience which came with valuable lessons for the entire staff at Woodfield House. We carried out every necessary preparation to ensure maximum attendance by all parents. Furthermore we gave appropriate and adequate information to our residents to be present at the meeting to enable the group to achieve its purpose. We will be always prepared to welcome the group if their visit becomes necessary in the near future. We were happy to acknowledge that the Barnet Healthwatch (Enter and View Team) felt welcome during their visit. We are committed to make continuous strive to uphold good practice and meet accepted standards. We largely agree with the content of the report but we will be providing necessary explanation for areas that require a bit of clarity for the benefit of the report's future readers and to ensure the accuracy of the factual information therein. The response to the draft report will be carried out chronologically.

Pages 1-2

Woodfield house agrees with the report contained in those two pages which was about the purpose for the visit, introductory and methodology.

Nonetheless I would like to give further information on the comments which



highlighted that four (4) members of the owners' family were included on the staff list of nine (9). The four members of the owners' family on the staff list are qualified Health and Social Care workers, founding members of staff, previously working for other reputable organisations. They have sacrificed as their individual contribution to take huge cuts on their incomes to promote Woodfield House still at its teething stages. Woodfield House is registered to provide accommodation for persons who require nursing or personal care. We have provision for five individuals. We are contracted to the London Borough of Barnet for charges considered to be one of the few lowest. Irrespective of the different needs of our resident, support fees allocated to them has remained the same during the three (3) consecutive years since we became operational on the 10th of August 2010. The four members of the family working at Woodfield House are University graduates with each of their qualifications intrinsically related to Health and Social Care. Each of these family members of staff have long standing experience working in residential care homes for individuals recovering from mental health problems. One is a Registered Nurse and has held a position of a deputy manager in two large Nursing homes for several years. The registered manager has a post graduate qualification in Health and Social care with core discipline in public sector management. The third member has a certificate in psychology and has a degree in Film Studies. In addition, she has been a manager of activities in a large residential setting for nine years and until recently she has been a deputy manager of a mental health residential setting for fifteen (15) individuals. The fourth member is a graduate with BSC (Hons) in Applied Science and Food Studies. The different skills and experience of the family members working at Woodfield House together with other staff members and our professional partners in the community have contributed immensely to the current stability of the mental health of all the residents we care for. Our residents have had no reason to be recalled in hospital over their years of stay.

Pages 3&4

Pages 3 and 4 represent accurate report however we will like to remind the team that there were some smokers amongst the residents at Woodfield House at the time of the visits. Four of the residents like the location of



Woodfield House and actually enjoy walking to and from the shopping areas at the South-North cardinal points. With the exception of one resident regular shopping trip is considered as some form of therapeutic walk. Some residents who frequently visit the shops are most of the time reluctant to accept a lift on their way to the shops.

Pages 5&6

It's extremely important that staff build a good working relationship with relatives to enable cooperation in implementing the individual care needs of residents. Woodfield House believes that working with residents would be difficult in the absence of this significant support from relatives. The phenomenon to work collaboratively with close family members is considered by Woodfield House management as integral if residents are to be appropriately supported to enhance recovery. We have enjoyed consistent support and working together in close consultation with nearly all relatives of our residents

- (1) Woodfield House is situated in a quiet therapeutic residential area. Emergency service have never had problems accessing us and when their services are needed staff members are required to stand on the main Street to lead them to the building. Woodfield House is a semidetached building. Our previous next door neighbour lived at (.... Cool Oak Lane) with his wife and two children for more than forty years without any incident whatsoever before selling the property in 2012. The two children grew up at (... Cool Oak Lane) until they fled the nest. The owners of Woodfield House have lived peacefully and brought up five children at that address since 1994. We agree about the need to make it easy for visitors to locate the facility. Consequently we will be writing the word Woodfield House conspicuously on the brick wall (part of a fence) adjacent the building. We will ensure that this is easily visible by all our future visitors.
- (2) Every resident is encouraged to visit the facility prior to moving in. However, this is not always possible in cases of emergency placement.



Notwithstanding, placement is reviewed after six weeks stay and residents would be relocated by the multidisciplinary team in cases of dissatisfaction or if the placement does not meet the needs of the resident. Woodfield House has five residents and each of them have stayed for more than three years. Woodfield House makes complaint policy and procedure available to all residents during admission; a copy is left at the reception for relatives and visitors to access. We take complaints seriously and in case of one we are obliged to investigate and record appropriately. We have a clear procedure and we pass on information and give support to individuals to enable them forward complaints as a last resort to Care Quality Commission (CQC) when they fail to achieve satisfaction at all levels. We will continue to willingly advise relatives on how to make complaints.

- (3) We recognise the relevance of wearing name badges by staff however we desire to provide a homely environment for our residents and avoid any practice that would not be somehow appropriate for them. Futhermore, we acknowledge that wearing name badges would be suitable for clients experiencing short-term memory lose; which does not describe any our residents. Our residents know every member of staff by their respective names and our members of staff are aware of introducing themselves to all visitors. If the needs of our residents require wearing badges we will be prepared to put in place this enabling concept.
- (4) Woodfield House has a Freelander which is the only appropriately insured vehicle to support our residents to access facilities in the community. Management has made it known to staff that their vehicles should not be used to transport residents. We are currently looking for an opportunity to own a vehicle capable of taking residents and staff together for group activities including visiting seaside and other social



recreational facilities in the community. We have supported residents to acquire Freedom pass which is used in the absence of the Freelander. We also use mini-cab services.

- (5) We will encourage as good practice, to continue to display planned programme of outings for easy access by everyone including visiting professionals and relatives.
- (6) We work collaboratively with Care coordinators and families of our residents. Plans and assistance for safely moving on for individuals are agreed with care coordinators, Psychiatrist Consultants, residents and relatives.
- (7) Woodfield House has continued to work closely with residents and families in supporting them to be fully aware of the responsibilities of the care coordinators. Stability in the mental health of our residents over the years could be attributed to the privilege of good team work and the relentless support received from the Rehabilitation Team at Springwell Centre in Barnet General Hospital.
- (8) In addition to what we do in connection with complaints mentioned in paragraph marked (3), we will continue to make available to staff, relatives and carers, copies of complaints procedure documents.
- (9) Prior to admission, Care Coordinators send care plan and risk assessment which would comprise of the individual's pre-existing medical condition/s. Informed by these documents and in consultation with residents, relatives and other professionals previously involved in the individuals' care, Woodfield House prepares a care plan and risk assessment to guide staff in meeting the needs of our residents. Care plans indicate the diagnosis of the residents and the known symptoms. We expect our staff to be aware of the residents' condition and how to



support them including moments when they show symptoms of been unwell.

- (10) We will continue to support our staff to be aware of the advocacy services for people with mental health problems within our locality. A list of the facilities will be displayed at Woodfield House.
- (11) The land line phone at Woodfield House has two cordless receivers. We have supported our residents to uphold confidentiality in making and receiving phone calls. Residents respond to their telephone calls in their respective rooms. For those who may choose to make use of the opportunity, each of the en suite facilities has provision for private telephone line. Residents and relatives have been informed about this facility. We will continue to encourage our residents to obtain mobile phones to facilitate confidentiality and promote safety.
- (12)The team (Barnet Healthwatch) would attest that Woodfield House has a comprehensive key worker system in place; a list of which is displayed in the office area accessible by residents and relatives. Our residents know their key workers; which was demonstrated by them during the team's visit. Woodfield House provides all the meals in accordance with the agreed menu. Food is provided three times in a day and this includes breakfast, lunch and dinner. Residents will have to buy their own food items if they decide to cook outside the schedule of the daily meal preparation. We are supported by the Springwell Rehabilitation team who sends a support worker to support some of our residents to participate in activities including cooking. We are operating with very tight budget to provide the needs of our residents; therefore we emphasise that practice food preparation should take place at the times for the three meals meant for everyone. Cooking at Woodfield House will continue to be supervised by staff. The staff will at the same



time monitor the required nutritional level. Our residents are allowed in the kitchen to make drinks and snacks between meals and are supervised whenever they are involved in cooking. After 10pm snacks, tea, coffee and drinking water are left in the conservatory overnight for the use of our residents.

- (13) Woodfield House has an underdeveloped provision for personal alarms in the individual rooms. We will be re-examining the possibility of making it functional.
- (14) Residents at Woodfield House meet regularly to discuss issues of mutual interest. Woodfield House keeps record of residents' meeting copies of which we will continue to make available to families/carers.
- (15) The table football has been removed because of the bad weather. In the near future, we will ensure that strings are used to hold together a cover for any recreational activity table left outside.

Augustine Tutu (Registered Manager)