

Enter and View – Visit Report

Name of Establishment:	Acacia Lodge, 37-39 Torrington Park, Finchley, London N12 9TB
Staff Met During Visit:	<p>Manager: Gloria Valencia-Ruiz; administrator & activities co-ordinator</p> <p>[Note owners Mr Michael David Pringsheim and Mrs Janet Wairimu Bethuel were out of the country.]</p>
Date of Visit:	Thursday, 12/09/2013
Purpose of Visit:	<p>A pre-announced Enter & View (E&V) visit, as part of a planned strategy to look at a range of care and residential homes within the London Borough of Barnet to obtain a better idea of the quality of care provided. Healthwatch E&V representatives have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to consider how services may be improved and how good practice can be disseminated. The report is sent to the manager of the facility, visited for validation/correction of facts, and then sent to interested parties, including the head office of the organization, the Safeguarding Overview and Scrutiny Committee and the public via the website.</p>
Healthwatch Authorised Representatives:	<p>Team Leader: Gillian Goddard,</p> <p>Team Members: Linda Jackson, Allan Jones, Dena Mosco</p>
Introduction and Methodology:	<p>DISCLAIMER: <i>This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.</i></p> <p>This report relates only to the service viewed on 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 12th</p>

Enter and View – Visit Report

	<p>September. The manager confirmed, what she had told Healthwatch Barnet, that she had not received a paper copy of the letter dated 3rd September informing her of our intended visit. It had then been emailed to her that week but this had given her very little time to check on the validity of our visit or display the flyer to invite relatives and carers. She checked with the CQC that we had the authority to visit who confirmed that we had. Being aware of her concerns, we had brought a letter appropriate for an unannounced visit but we did not need to use it.</p> <p>We were told that 31 of the 32 places in the home were occupied. The home has 10 shared rooms for those who are friends, all ensuite, and 12 single rooms - 9 of which are ensuite.</p> <p>The residents are generally frail elderly people some with dementia, epilepsy and diabetes as well as two with challenging mental health issues and one with a learning disability.</p> <p>The home is a three storey house. On the ground floor, there is a kitchen, laundry room, toilets, bathrooms, large lounge, dining room and bedrooms. On the first floor there is an office, lounge, treatment room, toilets, bathrooms and bedrooms. On the second floor there are toilets, bathrooms and bedrooms. A lift is available from the ground to the first floor and a stair lift is provided from the first floor to the second floor. There is a garden at the rear with wheelchair access. The home is located in a quiet residential area of North Finchley close to shops, restaurants and transport links located along the High Road.</p> <p>We used a prompt list of questions to find out relevant facts, made observations and spoke to staff, residents and visitors present.</p>
--	--

Enter and View – Visit Report

	<p>After a brief introduction, two of the team went to talk to residents, staff and any visitors. The team leader and another team member talked to the manager about the home, policies and procedures, including viewing some of the relevant documentation and then met residents, visitors and staff on the ground floor.</p>
<p>General Impressions:</p>	<p>The home looked to be in good condition. There was limited parking outside. Access was via a securely locked door. There was a hand gel dispenser on the left hand side of the entry hall and a small table on the right hand side with a signing in book, which we duly signed. After signing in we entered without using the hand gel as it was not obvious, nor requested. We were offered refreshments and shown to a seating area in the front 'conservatory' which was unoccupied at the time, though was made available to residents for smoking. We passed what looked like a reception area, but did not appear to be used as such, as it was not staffed and there was no information displayed on the surface. There was information such as the complaints procedure displayed on the wall nearby.</p> <p>The manager introduced us to the home and its' facilities. The house is currently undergoing refurbishment with replacement of carpets and some redecoration.</p>
<p>Policies & Procedures:</p>	<p>Residents meet monthly, as do staff. Residents views are considered by the activity co-ordinator and reported to the relevant people in the home as considered appropriate.</p> <p>A record of complaints was kept. We did not ask, and did not see any letters of thanks or compliments.</p>

Enter and View – Visit Report

	<p>The home had a written safeguarding policy. The version I observed of the policies had some out of date contact details, although the administrator said these had been corrected elsewhere. I had concerns that the latest information was not always reaching the home.</p> <p>Residents are involved in drawing up their care plans which include information about their likes and dislikes. They, their relatives and carers have access to these. Although when some residents were asked about their care plans, they did not appear to know what they were, though we know that sometimes residents forget. The care plans appeared to be comprehensive and are reviewed monthly, as is the residents' weight, unless it decreases or increases significantly, when weekly monitoring is instituted. Care plans are also accessible to appropriate staff and health professionals.</p> <p>Medication policy and procedures are in place. Medication is ordered by the manager and administered by senior staff. No-one self medicates. If any resident does not want to take their medicine this would be referred to the GP and they would investigate if it could be administered in a different form, eg seeking agreement to crush tablets. They would liaise with the family if appropriate.</p> <p>All residents are registered with the local Torrington/Speedwell linked clinics. They get a very good service from these GPs who visit on demand and provide a satisfactory out of hours service.</p> <p>A district nurse visits daily to give insulin and dress wounds.</p>
--	--

Enter and View – Visit Report

	<p>The manager told us they have no residents with bed sores.</p> <p>Residents can see a dentist in the home or visit locally if they prefer.</p> <p>An optician visits the home to see residents when required.</p> <p>A chiropodist and hairdresser visit regularly.</p> <p>The home conducts regular fire drills (day and night) and has good fire policies and procedures, with clear signs showing the assembly points.</p> <p>Residents who smoke are encouraged to use the garden or conservatory area.</p>
<p>Staff:</p>	<p>The home employs a manager, maintenance person, gardener, administrator and care assistants; a chef with 1 assistant, an activity co-ordinator and 2 housekeepers. They do not need to use bank or agency staff</p> <p>They have 6 care staff on duty in the day (8-8) and 3 at night (all waking ie not sleeping).</p> <p>The manager is trained to NVQ level 4 (studying level 5).</p> <p>Other staff are trained to NVQ levels 2-3.</p> <p>All staff have mandatory in-house training on safeguarding, moving and handling, infection control, first aid, induction training (according to need). They are currently awaiting training on epilepsy.</p> <p>The manager considered that the staff were proficient in English and said that their knowledge of other languages was beneficial for residents for</p>

Enter and View – Visit Report

	<p>whom English was not their first language eg Spanish and Italian.</p> <p>All staff looked smart and wore uniforms but none of them had name badges.</p> <p>The manager said some residents have advocates.</p> <p>Staff turnover was very low, with the manager being the most recent recruit in February 2013.</p>
<p>Staff Views:</p>	<p>Staff said they had supervision every 6 to 8 weeks from the manager.</p> <p>Staff were positive about their experience of working in the home.</p> <p>One commented that it could be challenging responding to how residents were feeling on the day.</p>
<p>Privacy and Dignity:</p>	<p>Good, staff were respectful of residents. We observed staff interacting with residents in a friendly and courteous manner, talking to them as they helped them.</p> <p>Staff knocked before entering rooms.</p> <p>The shared rooms observed seemed to work well with a curtain separating the beds.</p>
<p>Environment:</p>	<p>The premises were adequately decorated and there were pictures on walls and several personal touches.</p> <p>Refurbishment was in progress while we were there. Some of the carpets were to be replaced. The atmosphere in the house was stuffy and there were unpleasant smells along the ground floor corridor leading to Residents’ rooms which were carpeted.</p>

Enter and View – Visit Report

	<p>The stairs were quite steep and there was no gate. We were told access was monitored by staff and there was a lift.</p> <p>There was easy access to the garden.</p> <p>Residents could have their own telephone line if they wished or a mobile phone and internet access was available via a laptop and webcam for Skype access with supervision. Most residents were contactable on the home cordless phone.</p>
<p>Furniture:</p>	<p>The furniture in the communal areas looked to be of satisfactory quality.</p> <p>Residents were allowed to have their own furniture in their rooms.</p>
<p>Food:</p>	<p>We did not meet the Chef who had been there 19 years and provides food, we were told, to meet the variety of resident requirements. A choice of 2 dishes is offered.</p> <p>No daily or weekly menus were displayed in the dining room or elsewhere, although the current meal was displayed on the whiteboard in the dining room and then erased.</p> <p>The chef prepares food for the evening during the morning and this is served by staff later in the day. We observed afternoon tea including cake and biscuits being served to residents. Some chose to come to the dining area, others had it taken to them in the quiet sitting room or in their own rooms.</p> <p>Residents were provided with drinks at regular times of the day and on request.</p>
<p>Activities:</p>	<p>The activity co-ordinator offers a variety of pass-times including music (observed), quizzes, bingo (observed), exercises, painting, videos etc. Our observation suggested that most of these activities</p>

Enter and View – Visit Report

	<p>occurred in the same room as used for dining with the result that some residents did not need to move very much.</p> <p>We also heard about outings to visit places such as the coast.</p> <p>For those residents who were mobile but needed assistance to go out, there was a rota to ensure that at least 2 residents a day could go to the High Street (within walking distance). Two residents were able to go out on their own and could go shopping, to cafes or the pub as they wished.</p> <p>The manager kept a very comprehensive 'allocation of duties' book detailing for each resident who was responsible for their welfare each day. This seemed to work very well in ensuring needs were met.</p> <p>We were told that some residents had regular visits from friends/relatives.</p> <p>The manager would have liked to be able to provide more outings for which they would have needed their own transport. While this was not affordable they wondered if it might be possible to come to an arrangement with other similar homes in the area (there are several in the same street).</p>
<p>Feedback from Residents:</p>	<p>Some of the residents with whom we spoke said:</p> <p>'Staff are very good here, very patient'</p> <p>'It's lovely, it's the nearest thing to being independent'</p> <p>'They do everything for me'.</p> <p>A resident complained that the chairs in the dining room were uncomfortable and hard, and had no lower back support.</p>

Enter and View – Visit Report

	<p>We were told about one resident who buys her own fruit.</p>
Feedback from Visitors/Relatives:	<p>One relative was complimentary about the home saying they thought that the standard of care was excellent.</p>
Conclusion:	<p>Acacia Lodge is a comfortable home providing a good standard of care. There was a relaxed and homely feel to the Home and most Residents seemed alert and responsive. The residents appeared happy with the services they received and valued the independence they achieved. Staff seemed to have good knowledge of the residents needs and had good arrangements in place with the local health services.</p> <p>While we did not come across any residents with anything to complain about we wondered if the procedure for complaining was sufficiently visible.</p> <p>The manager reported being well supported by the owners.</p>
Recommendations:	<ol style="list-style-type: none"> 1. For all staff to wear name badges showing name and role. 2. That carpets in dining areas and corridors be replaced with coverings that are easier to keep clean. We considered it inappropriate to have carpet in the dining area and some other areas where it was difficult to keep clean and odour free. Therefore for hygienic reasons we would strongly recommend the carpet in the dining room be removed and not replaced. 3. Look at improving the ventilation in the home. It was quite stuffy – with little apparent air circulation. 4. Provide staff with more regular supervision – at least monthly.

Enter and View – Visit Report

	<p>5. Increase visibility and accessibility of a procedure for residents (and others) to give 'compliments, comments and complaints.</p> <p>6. We would like to see a full daily menu on display for all residents to see.</p> <p>7. Consider whether there is scope to encourage residents to be more mobile by having some activities in different locations. We observed that most activities seem to be performed in the dining room. For the purpose of increasing mobility, we would recommend moving residents to different locations</p> <p>8. Consider whether staircase safety needs improvement.</p> <p>9. Assess if the chairs in the dining room are comfortable and provide suitable support for residents.</p>
<p>Recommendations for Healthwatch:</p>	<p>10. Healthwatch in conjunction with the council to consider how to improve methods of keeping care homes updated with names and contact details of relevant organizations</p> <p>11. Healthwatch to liaise with the Quality in care homes team to share good practice regarding methods of making compliments, comments and complaints more accessible.</p> <p>12. Healthwatch to liaise with the Quality in Care Homes Team to consider any scope for collaborative transport arrangements.</p>
<p>Signed:</p>	<p>Gillian Goddard</p>
<p>Date:</p>	<p>25th September 2013</p>

Response received from Acacia Lodge:

Enter and View – Visit Report

We have received the following comments from both the manager and the owner of Acacia Lodge regarding the Enter and View Visit Report.

1. We have always had positive comments about the home not having any bad odours, but at lunch time I am sure that you will have the odour of food, as you would get in any home when food is served. The owner has also investigated the smell of urine in the corridor, and has reported that he feels this was not urine but a smell due to paint from the decorating work that had recently taken place. He feels this has now been rectified.
2. The Home has been inspected every year by the inspectors and never have the stairs been mentioned, nor have we ever had an accident on the stairs. The owner also added 'We do not consider the stairs to be too steep and they have been in place for approximately 40 years and there have never been any accidents on them. Further, a long time ago we placed a gate at the top of the stairs and were told by Health and Safety authorities to remove it. Those residents who use the stairs have been accessed to be safe on the stairs.'
3. The day that you visited was an extremely warm day, and therefore the home would have felt warm, but we do open all windows daily and fans are used to keep our residents cool so we do not agree that the Home was stuffy.
4. As explained to you our staff writes the menu on the whiteboard daily.
5. Our Residents have fresh vegetables and fruit every day, and we have deliveries of fresh fruit and vegetable twice a week. The inspectors have commented on the well balanced meals that we provide for our Residents. Plus we have received a 5 star rating for our kitchen.
6. The activities do not only take part in the dining room, we use the gardens and the lounges, especially for the shows that are put on for our resident by an independent company.
7. The owner of the Home feels that carpets in the dining room are warmer, safer and more homely. A meeting was held with the residents to put forward their preference and the vast majority wanted carpets.

Enter and View – Visit Report

8. The chairs in the dining room are new and they were purchased from a company who caters for Care Homes ensuring that the chairs are suitably supportive for our Residents.
9. There are complaints procedures placed around the home, we did try a complaints and compliments book which we placed in the entrance hall and in the reception but over a year it was not used, so we subsequently removed it. The owner also added 'The complaint procedure is supplied to each Resident and their families when they are admitted. We have a compliments book which contains numerous positive compliments including letters from the families of Residents.'