

### Enter and View – Visit Report

Name of Establishment:	Clovelly House 81-89 Torrington Park Finchley London N12 9PN
Staff Met During Visit:	1 <sup>st</sup> visit on 7 April - Care Manager. (Mrs Catherine Thorn, Registered Manager & Owner on holiday).  2 <sup>nd</sup> visit on 29 April 2014 to meet Mrs Thorn and the Care Manager. (two team members attended)
Date of Visit:	7 April 2014 & 29 April 2014
Healthwatch Authorised Representatives Involved:	Stewart Block Janice Tausig Linda Jackson Ganesh Dutt
Introduction and Methodology:	<p>Both were announced Enter and View (E&amp;V) visits undertaken by Healthwatch Barnet's E&amp;V Volunteers, as part of a planned strategy to look at a range of care and nursing homes within the London Borough of Barnet to obtain a better idea of the quality of care provided. Healthwatch E&amp;V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services.</p> <p>The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.</p> <p>The team of trained volunteers visit the service and record their observations along with the feedback from residents, relatives, carers and staff. They compile a report reflecting these, and making some recommendations. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their</p>

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	<p>response to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Health/Safeguarding Overview and Scrutiny Committee, CQC, Barnet Council and the public via the Healthwatch website.</p> <p><b>DISCLAIMER:</b></p> <p><b><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></b></p>
<p>General Information:</p>	<p>A registered Care Home converted from 5 adjacent and inter-connected houses accommodating a maximum of 48 elderly frail people, many with dementia or brain injuries. Accommodation is mainly in single en-suite rooms; two residents are sharing a double room without facilities and have been doing so for many years. In due course, it is planned to convert the two remaining twin rooms into two single en-suite rooms.</p> <p>There are forty-seven residents at the present time. There are ten larger bed sitting rooms so those residents can have more time in private. One resident has their own suite.</p> <p>Entry is via a locked, key-coded front door. In the entrance hall there are a number brochure folders with information about the home. This includes the Complaints Procedure and pro-forma personal profile forms.</p> <p>There are large well-kept gardens at the rear of each of the buildings. Subject to weather and mobility, residents are free to use the gardens as they wish and for meals to be taken outside. Garden tables and chairs are provided.</p>

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	<p>Wheel chair access and ramps are provided at the side and rear of the buildings.</p> <p>The three lounges, although quite small, are light and airy. Residents sit in chairs round the perimeter of the rooms. A further room is available for private Skype calls, where there is a computer, and religious services and meetings are held there too. The resident’s meals are served in the dining room where tables are set up at meal times. In addition a dining table in each sitting room is set up for the residents who prefer to use these rooms. Very occasionally a resident who would need more help with eating will have their meals served at a side table.</p> <p>There is an inside room available for smokers, although there are currently no resident smokers. Internet is available in two of the public rooms, used mainly by residents, with help from staff, to Skype family including those abroad. Residents can have TVs and fixed-line telephones in their rooms at their expense. They can also, within reason, bring in pictures, photos and ornaments and their own items of furniture.</p> <p>Staff wear white tunics with colour coded braid to indicate job function plus name badges. The Care Manager said that residents feel safe with uniformed staff members.</p>
<p>Care Planning:</p>	<p>Mrs Thorn and the Care Manager carry out the pre-admittance process which includes a physical and mental assessment and discussions with family and professional workers if appropriate. Care Plans are prepared with the input of the care manager, senior staff as well as the residents and their families. End of life care is always discussed with residents and families. Care plans are regularly reviewed, particularly during the first weeks of a resident’s stay, and are available to</p>

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	<p>staff, residents and families. They are kept as computer records. We reviewed two anonymised Care Plans which appeared to be complete and up-to-date.</p> <p>It was noted by the Care Manager that people are becoming more open discussing End of Life Care.</p> <p>The Home is a participant in the “Gold Standards Framework for End of Life Care”, an accredited NHS programme with the support of Age UK which promotes and encourages enhanced standards of care for those nearing the end of their lives.</p> <p>There are hand written daily reports at each shift change.</p>
<p>Management of Residents’ Health and Wellbeing:</p>	<p>There are regular weekly visits from a male GP with a female GP available as required. This regular GP visit is paid for separately by the home. Out-of-hours service is provided by Barndoc. Opticians visit annually and chiropodists visit every six weeks. Dental care is provided at the local Torrington Dental Practice, residents are escorted there. A hairdresser is available twice a week. Pets can be accommodated subject to discussion with the home. Clovelly is a member of the Cinnamon Trust, The National Charity for the elderly, the terminally ill and their pets.</p> <p>Weight is monitored once a month or more often if there are concerns. Residents are carefully monitored for pressure sores, at the moment there are no reported incidents.</p> <p>A District Nurse also visits as required.</p>
<p>Staff:</p>	<p>There are 42 staff. Care staff have at least NVQ2. Bank staff are very rarely used, only during staff holidays and sickness.</p>

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	<p>During the day the staff/resident ratio is 1:5.</p> <p>There are 4 waking staff at night with one on call.</p> <p>There is a Panic Button in every room. The rooms are clean, tidy and neat with personal possessions.</p> <p>Some staff, (care workers, chef) have been in post for more than ten years but younger staff, particularly if they have overseas nursing qualifications, move onto hospital nursing and further professional qualifications. 6 have left in the last six months, and 13 in the past year.</p>
<p>Staff Training:</p>	<p>All staff have been through the mandatory training courses food hygiene, mental health, moving and handling, safeguarding and fire safety.</p> <p>Members of the staff demonstrated their training in moving and lifting when a Resident needed to be re-positioned in his chair. They helped him gently and efficiently.</p> <p>Mrs Thorn noted the poor quality of some outside courses, apart from those run by Barnet Council, and the lack of a national standard.</p> <p>Six staff are shortly to go on a Dementia course.</p> <p>Further training is offered as needed. We particularly note that the Care Manager gives staff regular short written tests as well as basing suggestions for further training on staff observations. Staff are encouraged to progress through their NVQ's.</p> <p>Staff appraisals are carried out annually on a 1:1 basis, as well as staff supervision every two months as a minimum.</p> <p>Staff are trained on the Whistleblowing Policy and there appear to be no concerns by the care manager that staff would not "whistle blow".</p>

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	<p>Staff said they enjoyed working in the Home, and felt they were supported, and could always get help when needed.</p>
<p>Activities:</p>	<p>Mrs Thorn is responsible for activities. There is at least one activity each day, generally a different activity in each of the lounges, for example, music in one and a “quiet” activity in another.</p> <p>Organised day trips don’t seem to be popular with the residents, they prefer to go to the local park or walk up to the main road for a coffee and chat.</p> <p>Residents preferences are listened to and efforts made to accommodate them.</p> <p>A vicar and a priest are in regular attendance and other denominations would be catered for if requested. Arrangements are made for residents to visit a place of worship if they so wish.</p> <p>There is “protected time” in the morning for staff/resident interaction. This includes time spent showering people. We would classify this type of task as a care task rather than 1:1 time. At the time of our visit there was a musical activity, and one member of staff was dancing with a Resident. Whilst another was throwing a large ball for Residents to catch and throw back.</p>
<p>Food:</p>	<p>Most residents see their menu on the whiteboard each day. Menu pictograms are shown to and discussed with each resident every morning. Alternatives are provided if required. Special dietary needs are required by a number of residents at present (eg diet controlled diabetes, vegetarian and those who don’t eat pork or shellfish) Residents are observed during mealtimes, those needing assistance have an</p>

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	<p>earlier meal time so that attention can be devoted to them.</p> <p>Residents can eat in their rooms but this is discouraged since mealtimes should also be a time for social interaction.</p> <p>The menu is changed every four weeks as well as seasonally.</p> <p>Residents are asked regularly about their food to see if any changes are needed.</p>
<p>Compliments/Complaints/Incidents</p>	<p>The Complaints procedure is noted in the Clovelly House folder. Complaints are manually recorded in a separate folder on a pro-forma schedule for action and follow up. This folder is regularly reviewed by Mrs Thorn and the Care Manager.</p> <p>The Compliment folder had many and recent letters of thanks from residents’ families.</p> <p>Incidents and accidents are written in an Incident/Accident book, in a progress report and in the Care Plan.</p>
<p>Engagement with Relatives/Residents/Carers:</p>	<p>Surveys are carried out every six months and there are monthly meetings with residents and their families. The care manager said that it was difficult to engage family members in meetings. There are Residents Meetings and an annual questionnaire which is discussed at the Residents meeting.</p> <p>The notice advertising our meeting was on display in the hall. One relative said the staff were friendly and that her relative was well looked after. They enjoyed the food and there was always plenty, although another Resident said of the food “it was as good as can be expected, but had no flavour”.</p> <p>They both thought the Home was spotless, although the relative would have liked to have seen her relative in clean clothes every day. “I</p>

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	<p>don't like to see them wearing a shirt with a stain from the day before". She said it was not always possible to see the Manager to complain, and felt that she was not always given enough information about meetings. However, overall she thought her relative was looked after in a caring way.</p> <p>The Care Manager noted that, due to work commitments, most visitors came at weekends</p>
<p>Conclusions:</p>	<p>A caring atmosphere, staff are polite and sympathetic. Residents appear clean and, to the lay person, in reasonable physical condition.</p>
<p>Recommendations:</p>	<ol style="list-style-type: none"> <li>1. The manager to look at evaluating the effectiveness of outside courses, ie that staff, after going on a course, have absorbed and are able to put into practise what they have been taught</li> <li>2. The manager to be encouraged to report regularly to IQICH on the quality of courses provided for staff, by the various providers available in the Borough.</li> </ol> <p>Outside the control of the Care Home</p> <p>To investigate how managers can gauge the quality of care courses that are offered by different providers. This may be an issue that the Integrated Quality in Care Homes Team may be able to pick up and Healthwatch will alert them to the issue.</p>
<p>Signed:</p>	<p>Stewart Block Janice Tausig Linda Jackson Ganesh Dutt</p>



### Enter and View – Visit Report

Date:	22 May 2014
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Comments Received from the Manager following the Enter and View draft Report:

- The manager is very happy to take on board the recommendations from the team.
- The manager stated “I am surprised that you find the lounges small. We can only imagine that the majority of the residents were gathered in the first lounge for activities. Our sitting and dining rooms are considered well above average. The rooms measure 78.45m<sup>2</sup>; 26m<sup>2</sup>; and 43m<sup>2</sup> and the other two sitting rooms are 24.6m<sup>2</sup> and 17.43m<sup>2</sup>.”
- The manager commented that she was surprised residents found it difficult to see the manager/get information, as she speaks to most relatives most days.
- She also pointed out that it is often necessary to change some residents' clothes more than once a day, so it is unlikely that they would be wearing clothes for more than one day.