

Enter and View – Visit Report

Name of Establishment:	Rosa Freedman Care Home 17 Claremont Way, London, NW2 1AJ
Staff Met During Visit:	Manager: Hepsie Mckenzie Assistant Manager
Date of Visit:	Wednesday 21 st May 2014.
Healthwatch Authorised Representatives Involved:	Mr Derrick Edgerton Mr Stewart Block Mr Derek Norman Ms Maureen Lobatto
Introduction and Methodology:	<p>This was an announced Enter and View (E&V) visit undertaken by HealthwatchBarnet's E&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&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 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 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>DISCLAIMER:</p> <p><i>This report relates only to the service viewed on the date of the visit, and is representative of the views of</i></p>

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	<i>the staff, visitors and residents who met members of the Enter and View team on that date.</i>
General Information:	<p>The home opened in 1989 and was purpose built and, we were told, was the first to incorporate the new standards laid down in the Social Care Act in force at that time. Initially run by London Borough of Barnet it was transferred to the Fremantle Trust in the mid 2000s when all council run homes transferred.</p> <p>There are 18 single rooms in total, arranged over 2 floors (9 on each floor) each of which has a wash basin. Each room has a carer call system. There are adequate numbers of shared toilets, bathrooms and shower rooms (on each floor) all equipped with mobility aids and alarms. There is a large lift.</p> <p>One room is set aside for respite care and is in continuous demand. At the time of the visit there were 17 residents. Some residents show signs of dementia but none have any major medical conditions.</p> <p>On each level is a lounge/diner. On the upper floor is a separate hair dressing salon.</p> <p>There is a well maintained garden area to the rear, with seating available (in use by several residents at the time of the visit). There are some raised flower beds near the seating for residents to enjoy. In this area was a hut (equipped with a light, seating and heating) which is the designated smoking area for staff and residents.</p> <p>The residential part of the home is linked to a general Day Centre on the ground floor and a day Centre for Asian Elders on the upper floor.</p> <p>All residents are initially referred by Barnet Social Services.</p> <p>The flyer advertising our visit was on display but no relatives were present for us to talk to.</p>
Care Planning:	<p>This commences with a very detailed assessment of potential residents by the manager and the staff member who will be the “key worker” using a Freemantle group standard initial assessment form. Part of this assessment is to ascertain whether the individual will “fit in” and if the</p>

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	<p>home will be able to meet their care needs. We were told that very few individuals have been refused because of this. After a day visit potential residents stay for a trial period (6 weeks) before taking up permanent residence.</p> <p>Individuals are weighed monthly (or weekly if unwell).</p> <p>Chiropody is offered, as are the services of an optician. All visits are recorded.</p> <p>Dental visits to the home are not available at present though when necessary visits to dentists are arranged. Getting individuals to a dentist is an issue, particularly where wheelchair access is required. Though two residents spoken to said that they had no problems getting dental treatment when needed.</p> <p>Each resident has a designated key worker.</p> <p>Care plans are reviewed on a monthly basis and are available for residents, their relatives and healthcare professionals to see.</p> <p>One resident said that although she couldn't recall her care plan she knew that her son had seen it and checks it when he visits. Another resident said that his nephew was able to see his care plan</p> <p>There is a detailed plan for End of Life care involving the GP, District Nurse and Freemantle End of Life Specialist. If necessary there would be one to one care and arrangements could be made for relatives to stay over.</p>
<p>Management of Resident's Health:</p>	<p>If an individual needs to see a GP one is called. Most residents retain their own GP if it is within the area. Out of hours BarnDoc is used.</p> <p>Relatives are kept informed as to the resident's health and notified of hospital visits to see if they would wish to accompany their relative. There is a low take up on this and several times a month, residents are accompanied to hospital appointments by a staff member.</p> <p>Resident's medications are kept centrally, locked away in a controlled environment. Prescriptions were obtained from Boots (Harrow) and in pre-dispensed packaging.</p>

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	<p>There was a comprehensive list of who was authorised to issue medication.</p>
<p>Staff:</p>	<p>All the staff were cheerful and confident in their demeanor. They were all courteous to us and greeted us when passing in corridors etc.</p> <p>Staff wore uniform tunics but were not displaying name badges. Staff and residents told us that they are in favour of uniforms.</p> <p>Staff usually worked either on the ground floor or the upper floor so ensuring that the residents’ key worker was on that floor, though when necessary staff do inter-change floors.</p> <p>During the day there are two staff on each level. At night there is one on each level, plus one sleeping in who could be called if necessary.</p> <p>There was also a cook plus administrative staff.</p> <p>Staff have supervision meetings every 6 – 8 weeks and there is an annual appraisal system in place.</p> <p>Freemantle area manager visits monthly and does inspect records including the Complaints File.</p>
<p>Staff Training:</p>	<p>All staff are qualified to NVQ level 2. Some were currently doing level 3 and the assistant manager was qualified to NVQ level 5.</p> <p>All staff are trained in Food Hygiene, Dementia, Moving and Handling, Safeguarding and Fire Safety.</p> <p>Some training was carried out in house by the manager or senior staff, some done by the London Borough of Barnet offsite and some by Fremantle.</p> <p>E-learning options are starting to become available on handling medication and these are being explored.</p> <p>Individuals who went on courses were asked at the next staff meeting to explain what they had learnt.</p>

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	<p>We were told that when staff return from a course they put in to practice what they learnt and pass on the knowledge to others. This can result in practices changing.</p>
<p>Activities:</p>	<p>The Freemantle events coordinator visits the home 3 times a week, and arranges the majority of events and activities.</p> <p>The weekly list of activities is prominently displayed and included physical exercise classes, discussion classes and film shows. Some residents undertook gardening.</p> <p>One relatively new resident, on assessment was found to be interested in model railways. Space had been provided for him to build a small setup and whilst we were there he was painting the background.</p> <p>There was internet access and many had TVs in their rooms, although these were also in the lounges.</p> <p>At weekends, when the day centre areas are not so heavily used, residents are encouraged to go into these areas to socialise more.</p> <p>A church service is held weekly on Wednesdays. There are also Muslin and Hindu prayer rooms.</p> <p>A staff member’s small dog comes to the home regularly and there is also a cat in the home. These were well liked.</p> <p>Some residents had daily visitors, others not so frequent.</p>
<p>Food:</p>	<p>The majority of food was prepared on site. Special diets (Halal, Kosher, and Hindu) are prepared at Dell Field Court (another Fremantle run home) and transported across to Rosa Freedman.</p> <p>There is a choice of menu options.</p> <p>Residents and relatives do influence the menus via meetings.</p> <p>Meals can be taken in the rooms if wished.</p> <p>We did not see any food, but the smell was wonderful.</p>
<p>Engagement with</p>	<p>This starts at the beginning during the initial assessment</p>

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Relatives/Residents/ Carers:	and contact with this group of individuals is maintained throughout their relatives stay.
Comments/Complaints/ Compliments	<p>There were large notices within the foyer about how to complain and how to whistle-blow. There was also information about Healthwatch and the latest CQC report. There were, however, no complaint/complement/suggestion forms on view.</p> <p>The complaints/compliments book was seen. It was evident that complaints were dealt with speedily and efficiently and were used as a learning tool. It was seen that complements were passed on and all staff made aware.</p>
Conclusions:	A well run caring residential home
Recommendations:	<p><u>Within the remit of the Home:</u></p> <ol style="list-style-type: none"> 1) To consider the use of staff name badges. We have found elsewhere that the wearing of name badges enables residents (who may be forgetful) to call staff by their names, and they have told us this makes them feel more comfortable in their surroundings. 2) The placement of a rack containing a combined form for complaints/compliments and suggestions visibly in the foyer may elicit a wider more representative range of responses. 3) To explore further the possibility of providing on-site dentistry services. <p><u>Outside of the remit of the Home:</u></p> <ol style="list-style-type: none"> 1) Some slight concern was raised by the manager about the March 2014 judgement of the Supreme Court about Deprivation of Liberty Safeguards. It might be helpful for this issue to be clarified and its implications to be discussed with IQICH (Integrated Quality in Care Homes Team at Barnet Council) 2) The home is to close and be demolished in approximately 2 years' time due to the redevelopment of the Brent Cross/Cricklewood

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	<p>area.</p> <p>The staff are unaware as to what will happen to them and also the residents. It was felt by the team that in this situation thought should already be being given to what will happen to the residents. We are aware that uncertainty and disruption can be very disturbing and unsettling for all.</p>
Signed:	<p>Mr Derrick Edgerton Mr Stewart Block Mr Derek Norman Ms Maureen Lobatto</p>

Comments from the Manager

I found the report very factual and true.

Comments on Recommendations:

1. Name badges have been ordered for all staff
2. A rack for compliments/complaints will be set up in the foyer
3. The manager is attending a course on Deprivation of Liberties Safeguards and the Mental Capacity Act in September.
4. The staff and residents in the residential part of the building will be moving to another home (Apthorp Lodge) by the end of October.