

### Enter and View – Visit Report

Name of Establishment:	Hadley Lawns Residential and Care Home, Kitts End Road, Hadley Highstone, Barnet, EN5 4QE.
Staff Met During Visit:	Frances Flynn –BUPA (Quality Manager); Samantha Tyas-Registered Care Manager; Interim Deputy Manager; Clinical Deputy; SRNs; Care Staff; Support Staff.
Date of Visit:	21 <sup>st</sup> May 2014
Healthwatch Authorised Representatives Involved:	Janice Tausig; Sheeba Edgerton; Alan Shackman; Robin Tausig
Introduction and Methodology:	<p>This is an announced Enter and View (E&amp;V) visit 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 response to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the</p>

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	<p>Adults and Safeguarding 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>Hadley Lawns is a converted and refurbished former private house, easily accessible from Potter's Bar, London and the M25. The home has, well-kept gardens. It can offer 41 beds split between residential (downstairs) and nursing care (upstairs). At present 33 of these are occupied; 18 require Nursing care and 15 are residential. Numbers are gradually rising since the arrival of the new Registered Manager in January 2014. The Home caters for stroke and Parkinson's residents; people with stoma bags and /or using PEGS and people with palliative care needs. People with dementia diagnosis are not accepted but if this develops during their time at Hadley, then this is catered for. Hadley is used regularly for respite care, often by the same people for many years.</p> <p>All rooms are single ensuite (toilet &amp; hand basin) with appropriate bed, wardrobe, chest of drawers, bedside table and television. Residents are encouraged to personalise their own rooms with knick knacks and appropriate larger items of furniture if preferred. There are also 2 bathrooms and 4 shower rooms.</p> <p>Wi-fi is available in reception and in the rooms above at present, but this is being extended during this year to cover all Residents' rooms.</p>

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	<p>Residents who smoke may do so outside or if raining, they share the staff smoking area which is outside but covered.</p>
<p>Care Planning:</p>	<p>All Residents have a Care Plan. These follow the BUPA model and are thorough in their suggested contents. People are assessed prior to admission, this is updated on admission and then reviewed monthly with residents and when available, the family. Care Plans are kept with Nurses and Care Staff, but residents and family have access when needed. Care staff update daily when necessary.</p> <p>Residents’ needs become known whilst creating the Care Plan and through staff interaction with the resident on a daily basis. This feeds into the daily record of care and residents are aware of this process.</p> <p>Mental capacity is assumed until any concerns are referred to the GP who would make a diagnosis and this would be fed into the Care Plan.</p> <p>‘End of Life’ care planning is included in the Care Plan but may not be completely recorded on paper until either the resident or family feel ready to do so.</p> <p>The Manager has expressed a strong interest in becoming involved in the Gold Standards Framework for End of Life Care and is hoping to take on this training with her staff next year at the North London Hospice.</p> <p>For those patients requiring palliative care a wide ranging team are involved to give the Resident the best possible care. This is usually through having an Advance Care Plan and working closely with the Multi Disciplinary Team, comprising the GP, other professionals and where appropriate, the Hospice. In all cases the Home tries to meet the person’s spiritual and cultural wishes.</p>

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<p>Management of Residents' Health and Wellbeing:</p>	<p>GP Services are currently under review because the home uses 6 different Practices as residents want to continue using their own GP. However, this can cause administrative/communication problems. One doctor has agreed to take on all new permanent residents requiring nursing care. For existing residents GP visits are carried out only on an 'as required' basis. Following Barnet Clinical Commissioning Group support, respite patients can now be registered at local surgeries to allow a doctor to visit if needed.</p> <p>Dental services are provided and are free if the resident qualifies for free NHS treatment. Physiotherapy and chiropody care are offered at the residents' own cost. The Optician visits twice a year and the Chiropodist every 3 weeks but on a 6 weekly rotation. Dental care is currently run on an 'as required' basis.</p> <p>Hand aromatherapy is offered as well as nail and hair care, at personal cost. The staff provide manicures and basic nail care.</p> <p>Weight is monitored monthly unless a resident deteriorates.</p> <p>Meetings are held daily regarding Residents' care needs but some Staff feel that a wider range of staff should be attending these meetings; quarterly meetings are held with Residents' next of kin and the multi-disciplinary team.</p> <p>Residents and relatives we met expressed general satisfaction with their care but felt that it was important to visit regularly to keep abreast of changes and to ensure the best care was being given at all times.</p> <p>Call bells have more than one option requiring clarity of mind when using them. Residents are not always able to determine what counts as an</p>
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	<p>emergency, and which of the options should be used.</p>
<p>Staff</p>	<p>The Manager was a Home Administrator, and Acting Home Manager on occasion, in her previous Home, and is currently studying for a Level 5 Diploma in Health and Social Care and has an End of Life Care Support qualification. Her interim Deputy is the clinical lead as a State Registered Nurse; SRNs (present 24 hours); Senior Carers, Carers and the Activities Co-ordinator (40 hours per week) form the remaining Care Staff. Many staff are part time. New care assistant recruits may be taken on without any paper qualifications if they show a real aptitude for the role and are put forward for NVQ 2 in care, with the option of undertaking a level 3. There are no Agency Care Staff as the home has built up its own Bank but there is one Agency Night Nurse. We were told that staff ratios dictate that 4 carers + 1 registered nurse are available 07:30 – 19:30, with 2 carers + 1 nurse 19:30 – 07:30 for the Nursing section. The Residential area has 2 carers + 1 senior carer. There is a nurse present 3/4 times per week. There is 1 registered Nurse and 4 care assistants available for both floors overnight.</p> <p>One resident commented on the shortage of staff at key times when it took 90 minutes to get a shower. Some staff said they felt rushed off their feet; others passed the comment that team work relied on people co-operating well and this did not always happen; others felt that support from Management could be improved. However, not all Staff were negative and a Resident pointed out that when she rang her call bell at night, people came quite quickly.</p> <p>BUPA is currently restructuring in line with the economic climate and this needs to be managed effectively, as it has affected staff morale in spite</p>

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	<p>of an enthusiastic and caring new Manager. It was suggested by some staff that services were focussed predominantly towards the residents on the lower floor (residential care) and that more could be done to improve the quality of life for residents with nursing needs on the top floor.</p>
<p>Staff Training:</p>	<p>All new staff are given induction training lasting one week. New Staff then shadow experienced Care Staff for a further week. A period of probation follows. Staff are encouraged to develop their skills further through studying for their NVQ Level 2 and beyond to Level 3 which would give access to the role of Senior Carer and Nursing training.</p> <p>We were told that the Whistle blowing Policy takes up a large part of the training.</p> <p>We were told that around 5 people had left in the last 6 months but some staff saw the figures differently. Basic training is handled by a BUPA in house trainer who covers Food Hygiene, Mental Health Awareness, Moving and Handling, Safeguarding and Fire Safety. There are written tests (Passmark: 90%) and observations for every staff member. An Annual Competency Review is carried out by Head Office for Managers.</p>
<p>Activities:</p>	<p>There is a regular schedule advertised on the Notice Board each week which the Manager is seeking to change through her recently conducted survey. Some residents were bored with the programme's regularity when activities appeared on the same day each week and this reduced attendance. Activities at present do not extend to the weekend, although this is something the Manager is working towards as she considers that the Home and its Staff should be there for residents at all times.</p> <p>Several residents praised the current activities. Residents appreciate the weekly Church Service</p>

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	<p>and if other faiths request something similar, they would be equally supported in attending a place of worship. An outside entertainments company comes in once a week.</p> <p>The Activities Co-ordinator, who has been in the Home for a number of years, is being supported to implement the changes needed. Other than group activities, there is no protected 1:1 time for each resident with a member of staff, but this and all other suggestions we made, were taken on board enthusiastically.</p>
<p>Food:</p>	<p>Menus are put up on the walls or side tables for both floors, although people who are bedridden need an alternative. The main menu changes daily and there are choices within this. The 'Alternative' and 'Night Bites' menus do not change but provide regular choice from the main 3 course meal.</p> <p>Every quarter, to coincide with the seasons, a survey will be planned to see how residents would like the Menu to change. The first of these is in progress and involved discussions between the Manager, Head Chef and the residents. Pureed foods always present presentation and taste issues and the Home should continue to encourage different types/textures of food where appropriate. Specialist diets are provided and residents may eat in their rooms if they wish, but this is not encouraged as it reduces social occasions.</p> <p>One relative commented that the food had been poor but has recently improved. Families will often help their relatives at meal times. Some non-care staff may support residents eating downstairs. We noted that the manner in which the food is delivered needed more forethought in the Nursing section e.g. food should only be served out when there are sufficient staff to support those residents who need help with eating, otherwise it goes cold.</p>

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	<p>We observed food being left uncovered, and a resident who appeared to be asleep having food left in front of her without a member of staff rousing them, even when alerted to this by one of our team.</p>
<p>Compliments/Complaints/Incidents</p>	<p>The Complaints Procedure is on the wall in the entrance hall and is also included in residents' rooms. The hall notice took a while to read through and more simple directions may be more useful. A further wall is covered with compliments cards, but some have been on display for a while. We saw a book containing compliments from March or before and two complaints but were told the majority were on the computer and due to time constraints we were unable to explore this further. If a complaint is made, the Manager carries out a thorough investigation, having first acknowledged it if it comes in as a letter.</p> <p>We were told there is a box in reception for suggestions on improvements for residents or relatives to use.</p> <p>BUPA organise an independent company to survey their Homes annually and the results are on the Home's Website. We felt this was a very comprehensive survey. The next survey will not appear until October.</p>
<p>Engagement with Relatives/Residents/ Carers:</p>	<p>Generally, we found good communication between the Home, residents and relatives. Residents are involved in their Care Plan and some know what this is. Surveys about food and activities have been organised and the Manager is working towards implementing the results. Every three months meetings are arranged for relatives/carers/ residents with the Manager but not many relatives attend and most of the liaison is carried out separately by email or telephone. Resident only meetings have so far not been regularly established but this is on the agenda.</p>



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	<p>There is one Committee set up to deal with the Legacy Fund and self-chosen residents control this.</p>
<p>Conclusions:</p>	<p>Hadley Lawns is part of the much larger BUPA organisation and as such, may not be in a position to implement all the changes that are needed in a timely manner. The current Manager comes across as able, enthusiastic, interested in promoting change, and cares for the Residents. She is well aware that unless the local community rates the Home, Resident numbers will not rise. BUPA directives are outside the Manager’s control.</p>
<p>Recommendations:</p>	<p><b>For Staffing:</b></p> <ul style="list-style-type: none"> <li>• Look at how to develop and motivate staff from both floors to work to the best of their abilities with each other and all residents.</li> <li>• Explore contacting the Integrated Quality in Care Homes team at Barnet Council (IQICH) to facilitate networking with local Homes</li> <li>• Try networking also with other local BUPA homes to share good practice.</li> <li>• To consider providing a separate outside covered smoking area for residents separate from Staff.</li> <li>• Display a clear, up-to-date book, containing cards/compliments sent in by residents and relatives for all to see.</li> </ul> <p><b>For Residents:</b></p> <ul style="list-style-type: none"> <li>• Ensure that the plan to extend activities for residents to weekends as well as weekdays, is followed through.</li> <li>• Ensure that <b>all</b> residents, whatever their abilities, have the opportunity to mix socially with other residents and engage in activities suitable for their needs, including outings.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Ensure sufficient staff are available at mealtimes, and that mealtimes are suitably managed to allow all residents to eat food before it goes cold.</li> <li>• Extend the range of alternative therapies to match your website.</li> <li>• Within BUPA’s remit for volunteer responsibilities, consider how best to use your volunteers in organising new activities.</li> <li>• Arrange for a permanent Dentist to visit on a regular 6 monthly basis as well as ad hoc visits.</li> </ul> <p><b>For BUPA</b></p> <ul style="list-style-type: none"> <li>• Consider the use of higher staffing levels, including arrangements to ensure that staff have sufficient time with residents.</li> <li>• Ensure the management team are sufficiently supported by the Head Office during periods of transition.</li> <li>• Keep the website updated to reflect the current situation at Hadley Lawns, eg types of activities being offered, and to provide updates on the actions the Home is making on the Home’s survey to give an accurate current picture.</li> <li>• Simplify the call system to reduce residents’ confusion and allow accurate monitoring of calls.</li> </ul>
Signed:	Janice Tausig; Sheeba Edgerton; Alan Shackman; Robin Tausig
Date:	26.05.14

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The following information was received from the manager at Hadley Lawns in response to the report. As is standard protocol, the area manager was also contacted.

### **Staff**

Where preferred, staff have been given full time contracts recently.

### **Food**

Staff have been spoken to about correct ways of feeding residents following the observations here.

### **Recommendations:**

The manager reported that she has started to work on the recommendations and made the following comments:

The home are looking at ways to develop and motivate staff from both floors to work to the best of their abilities with each other and all residents, and are taking ideas from the staff to do this.

Networking with other BUPA homes has been implemented.

A separate residents/ staff smoking area is being looked into.

A board for thank you cards has been set up. New cards are placed on the board and older ones are placed in a folder.