healthwatch Enfield

Healthwatch Enfield

Enter & View Report

Green Trees Care Home 27 August 2014

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Enter and View Report

Premises name	Green Trees Care Home
Premises address	21 Crescent East, Hadley Wood, Barnet, EN4 0EY
Date of visit	Wednesday 27 August 2014

Contents

Purpose of Visit

Healthwatch Enfield Enter and View Authorised 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.

This was an announced Enter and View visit as part of a planned strategy to look at a range of care and residential homes within the London Borough of Enfield to obtain a good idea of the quality of care provided. We are particularly interested in the interface between health and social care, and want to find out whether care home residents are receiving a good service from local health providers.

The most recent Care Quality Commission (CQC) inspection report on Green Trees Care Home, dated June 2014, found that the care home did not meet six out of the seven standards which had been inspected. We therefore chose to visit Green Trees to see for ourselves what the standard of care was, to find out what residents and relatives thought of the care, and to consider how services might be improved.

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Executive Summary

On the day of our visit, the residents at Green Trees Care Home appeared to be generally content, and the relatives we heard from seemed satisfied with the services provided by the care home. It was clear to us that the management have made efforts to address many of the concerns which were pointed out in the most recent CQC report and that this work is ongoing.

However in the course of our visit we became aware of a number of issues which gave us cause for concern. The key issues are the apparent lack of:

- awareness amongst staff and management of current good practice in providing holistic care for people with dementia or mild cognitive impairment
- a truly person-centred approach to care
- opportunities for residents to take part in the activities of daily living in order to retain their independence as far as possible
- opportunities for residents to move about freely inside the care home and to take part in appropriate physical exercise
- a professionally designed activities programme
- safe access to the garden
- opportunities for residents to go out of the care home.

We believe that the management needs to invest in further professional development for the whole staff team, as well as some improvements to the physical environment, in order to ensure that residents can enjoy an excellent quality of life in this care home.

The recommendations below should be read in conjunction with the response from Green Trees Care Home which is appended to this report and appears on page 24.

Recommendations for the management of Green Trees Care Home

1. *Personal histories, life story work and reminiscence: We recommend that the care home staff find out more about the personal histories of the residents and record this information in their individual care and support plans, noting any ways in which the care may need to be adapted in the light of this information. Additionally, we recommend that staff members are trained in life story work, and that key workers create life story books and memory boxes for each of the residents, drawing on what the residents and their family members are able to contribute. Group reminiscence sessions with a trained reminiscence worker could also be a valuable addition to the care home's activity programme.*

2. *Activities: Professional expertise should be sought to help design and facilitate a more varied programme of high-quality activities. Residents should be encouraged to suggest activities, and other ideas could be initiated based on what is found out about the residents through the life story work.*

3. *Access to physical exercise: Residents should be given the opportunity for daily physical exercise. Wherever possible, residents should be encouraged to move about more in the care home, rather than sitting still most of the time, and there should be more frequent scheduled exercise sessions such as chair-based exercise.*

4. *Opportunities for going out: Residents should be given more opportunities to go out of the care home. Opportunities could range from simple walks along the road, and trips to the local shops or open spaces, to more ambitious outings to the seaside, places of interest etc. Local community and voluntary sector organisations also offer activities which residents might enjoy, for example, the Singing for the Brain sessions at the local branch of the Alzheimer's Society. Activities such as this would provide mental stimulation, opportunities for social engagement and companionship, as well as gentle exercise. Volunteers could be recruited to assist with outings.*

5. *Other meaningful occupation: Where possible, residents should be encouraged and supported to take part in the activities of daily living, under appropriate supervision. Examples include laying the table for dinner, watering plants, tidying their bedrooms, folding their clean clothes etc. The television could sometimes be switched off in the lounge and chairs moved round so that residents are able to talk to and hear each other more easily. Conversations between residents could be facilitated by staff or volunteers. Whilst the television is off, different kinds of music could be played for the residents to enjoy. A larger selection of books, preferably in large print, should be made available and easily accessible to residents. The care home could ask for suitable donations from relatives,*

and could also ask the library service if they have any suitable volumes which they are disposing of. We recommend that the Care Home tries to arrange for regular visits from the Enfield mobile library service.

6. *Access to spiritual services:* we recommend that the staff should endeavour to develop closer relationships with local spiritual leaders, to ensure that appropriate spiritual care can be provided to residents whenever it is needed.

7. *Advance Care Planning for End of Life Care: We recommend that the views and wishes of residents regarding end of life care are discussed with residents and relatives in a tactful and supportive way as part of the overall admission process (within the first couple of months). It is good practice to hold these conversations before the health and mental capacity of the person concerned deteriorates too far, while they are still able to make informed choices. Training and support materials for staff engaged in holding these difficult conversations are available.*

8. *Staff names: Names of staff on uniforms should be more prominent and easy to read. Senior staff/management should also wear name badges. We suggest a display board should be put up, showing photos, names and responsibilities of staff.*

9. *Volunteers: We support the aspiration of the care home management to recruit some volunteers to contribute to the life of the care home. Consideration needs to be given to what specific roles volunteers might take on, for example organising activities, helping with residents' life story projects, helping with outings etc. Enfield Volunteer Centre is able to provide advice and to assist with recruitment. Relatives of current and former residents may be interested in becoming volunteers.*

10. *End of life care:* we recommend that the management establish a programme of staff and organisational development so that the care home can be accredited for excellence in end of life care by a nationally recognised body such as the Gold Standards Framework.

11. *Safe movement within the care home: The redundant stair lifts should be removed or replaced as a matter of urgency. Consideration should be given to installing stair gates. Ideally the two bedrooms which are accessed only by short flights of stairs should be decommissioned as they are not suitable for frail residents who may be subject to falls.*

12. *Access to the garden: We recommend that urgent action is taken to make the garden safe, so that residents can go into the garden whenever they want. Dangerous objects and hazards should be removed. There should be better paving, more seating, and no access to neighbouring properties or to the road. Residents should have the opportunity to take part in gardening activities such as planting, weeding etc. A volunteer might be able to help out with supervising gardening activities.*

13. *Arrangements for handover between shifts and for covering staff leave: We recommend that shifts are rearranged so that they overlap, to give staff time to pass on information about residents' current status to the new shift. We recommend that more effective arrangements for covering staff leave are put in place including comprehensive handover procedures. It may be necessary to bring in more temporary staff when permanent staff members are on leave. It is also essential that there is a protocol to ensure that correspondence is opened in the absence of the Registered Manager to highlight anything important that cannot wait until the Registered Manager returns.*

14. *Staff training: We recommend that the care home's training programme should not rely so heavily on online training, but should also include opportunities for staff to take part in interactive classroom-based courses, so that they can learn by discussion and exchange of ideas. The proprietors of the care home should also take part in the training programme as they are all in regular contact with the residents and sometimes undertake cover duties for other staff. In particular, we recommend that the whole staff team should take part in an up to date interactive, classroom-based course in dementia care, including communication skills. Staff would also benefit from interactive training in life story work, and in how to plan and lead activities for people with dementia. Additionally, we recommend that the proprietors and senior managers of the care home undertake leadership training. (See also recommendation 10.)*

15. *Staff support and supervision: recent initiatives to provide regular individual supervision sessions for all staff should be maintained. Regular team meetings where all the staff can meet together, listen, contribute and share their experiences would help in team-building and inter-staff communication.*

Recommendations for partner organisations

The following recommendations and suggestions should be considered by partner organisations and professionals supporting the residents of the care home:

Health services

Access to GP services: We recommend that the GPs with whom the residents of Green Trees Care Home are registered should make scheduled visits to the care home so that they can review each resident's health at regular intervals. We strongly recommend that medication reviews should be carried out in person, not over the phone through a third party.

Hospital transport: hospital transport should be improved so that residents do not have to wait so long to be picked up to attend appointments and to be brought home again afterwards.

Hospital discharge arrangements: local hospitals must ensure that no patient is discharged without a discharge plan.

Arrangements for diagnosis of serious conditions: outpatients appointments and cancellations must be kept under review to ensure that patients do not suffer undue delay in receiving a diagnosis of a serious condition, leading to delayed treatment.

Access to mental health services: Barnet Enfield and Haringey Mental Health Trust should offer more consistent support to the residents of the care home, and in particular should provide crisis support when this is needed.

Healthwatch Enfield will draw these issues and recommendations to the attention of the commissioners and providers of these services.

Spiritual services

Access to spiritual services: local clergy of different faiths and denominations should be prepared to attend the care home as required to meet the needs of residents, particularly when a resident is approaching the end of life.

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The Enter and View team

The Healthwatch Enfield Authorised Representatives who took part in the visit were Elisabeth Herschan, John James, Jana Knowles and Lucy Whitman (team leader).

General Information

Green Trees Care Home is a small family-owned care home which provides personal care and accommodation for up to 16 residents, many of whom have dementia. The house is a detached Edwardian property located in a conservation area with ¾ acre of land. Residents are a mixture of private and local authority placements, including from the London Boroughs of Enfield, Barnet and Haringey and Hertfordshire County Council. The care home is fully occupied and there is a waiting list.

The Registered Providers are Mr Simon Kidsley, Ms June Haydon and Mr Brian Haydon. The Registered Manager is Ms June Haydon and the Assistant Manager is Mr Colin Haydon.

Methodology

During our visit, the team of four Enter and View Authorised Representatives made observations, and engaged in conversation with residents, relatives and staff focusing on the following five key areas:

1. Personal choice and control
2. Communication and relationships
3. Access to good healthcare
4. The environment
5. Staffing issues

We spoke to 8 residents, 3 relatives and 3 members of staff, in addition to one of the proprietors, Mr Simon Kidsley and the Assistant Manager Mr Colin Haydon, representing the management team. The other proprietors, Ms June Haydon and Mr Brian Haydon, were on holiday.

This report has been compiled from the notes made by team members during the visit, and the conclusions and recommendations agreed amongst the team after the visit. The recommendations and suggestions for Green Trees Care Home management and for partner organisations which are listed above also appear in boxes at the appropriate point in the report, close to the relevant pieces of evidence.

A draft of this report was sent to the proprietors of Green Trees Care Home to be checked for factual accuracy and for an opportunity to respond to the recommendations prior to publishing. The response from the proprietors is appended in full at the end of this report. We have corrected our report where we accept that there were inaccuracies or misunderstandings.

The final version of this report will be sent to interested parties (including the Care Quality Commission and the London Borough of Enfield) and will be published on the Healthwatch Enfield website.

Acknowledgements

Healthwatch Enfield would like to thank the people who we met at Green Trees Care Home, including the management team, staff, residents and relatives, who welcomed us warmly and whose contributions have been valuable.

Disclaimer

This report relates to the service viewed on the date of the visit only, and is intended to be representative of the views of the residents, visitors and staff who met members of the Enter & View team on that date.

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Key area 1: Personal Choice and Control

Individual care and support plans

We saw anonymised care and support plans for two residents. These plans were detailed, comprehensive and up to date, with separate sections for different areas of care such as mobility, falls prevention, nutrition, physical wellbeing and communications. We were told that these care and support plans are reviewed monthly and updated when required. However, the plans we saw were solely concerned with current health and care needs and did not contain any information about the residents' personal histories.

Personal histories

We understand that almost all the residents at Green Trees have dementia, memory loss or mild cognitive impairment. This means that residents may not always be able to tell the staff much about themselves or their past life and their likes and dislikes. However, life story projects which have been carried out in many care homes have shown that, given the chance, many people with dementia are able to share quite a lot of information about themselves. It is important for staff to find out as much as they can about each resident – either from the residents themselves or from their relatives - in order to deliver person-centred care.

We got the impression that in many cases staff did not know much about the background and personal history of the residents, and we saw no evidence that written records are kept detailing this sort of personal information.

We heard that the staff had recently discovered some information about one of the residents which explained certain anxieties regarding personal care; however we did not see evidence that this resident's care plan had been adjusted to take account of this new information.

We observed that a member of staff visiting a resident's room seemed uncertain as to who was in a large photograph on the resident's bedside table.

If personal histories and interests were known about, we felt that this was not reflected in the activities available to the residents. For example, one resident informed us that they enjoyed reading, but although there was a book case in the hall, this resident did not feel they had access to a choice of reading materials. Another resident spoke of their love of gardening but it appeared that there was no opportunity for residents to help look after plants either indoors or in the garden.

Up until now, no life story work has been undertaken to find out more about the residents and their backgrounds and interests. Although we were informed of a plan to create a display of local photos from the past and other memorabilia on one of the walls, there are no group reminiscence activities for residents to participate in.

Recommendation for Green Trees management:

1. Personal histories, life story work and reminiscence:

We recommend that the care home staff find out more about the personal histories of the residents and record this information in their individual care and support plans, noting any ways in which the care may need to be adapted in the light of this information. Additionally, we recommend that staff members are trained in life story work, and that key workers create life story books and memory boxes for each of the residents, drawing on what the residents and their family members are able to contribute. Group reminiscence sessions with a trained reminiscence worker would also be a valuable addition to the care home's activity programme.

Choice of planned activities

We were given a copy of the monthly activities programme, which is also displayed on the wall. All the activities are provided at no extra charge to the residents. Some residents told us that not all planned activities take place as scheduled. Management informed us that there is a poor response for Bingo and Board Games (which are each scheduled to take place once a week) and we noticed that there were no books or games visible in the communal lounge.

We were informed that a country and western singer comes in every Thursday and that other entertainers perform four times a year, including a pantomime at Christmas. Residents and relatives spoke of their enjoyment of these performances. Residents also spoke of how they enjoy film nights:

'We watched a good Doris Day film last night.'

We were told that residents' birthdays are celebrated.

The programme of activities does not seem to have been designed to help the residents maintain their cognitive and physical abilities. No trained or experienced activities manager is employed by the care home but management told us that they were planning to take advice from the National Association for Providers of Activities for Older People regarding their activity schedule.

Recommendation for Green Trees management:

2. Activities: Professional expertise should be sought to help design and facilitate a more varied programme of high-quality activities. Residents should be encouraged to suggest activities, and other ideas could be initiated based on what is found out about the residents through the life story work.

It appears from the activities programme that the only scheduled physical exercise available to the residents is the fortnightly chair-based exercise session which is led by a physiotherapist (who also offers some residents one-to-one physiotherapy sessions).

Recommendation for Green Trees management:

<u>3. Access to physical exercise:</u> Residents should be given the opportunity for daily physical exercise. Wherever possible, residents should be encouraged to move about more in the care home, rather than sitting still most of the time, and there should be more frequent scheduled exercise sessions such as chair-based exercise.

It appeared that residents have few opportunities to go out of the care home either for short trips or for organised outings. Management told us they believed that not many residents would want to join in on organised trips. However, residents told us:

> 'I think we should go out as it is good to have a break from here.'
>
> 'No one has asked me but I would love to go to the seaside.'

We got the impression that residents only went out if they were taken by friends or family.

Recommendation for Green Trees management:

<u>4. Opportunities for going out:</u> Residents should be given more opportunities to go out of the care home. Opportunities could range from simple walks along the road, and trips to the local shops or open spaces, to more ambitious outings to the seaside, places of interest etc. Local community and voluntary sector organisations also offer activities which residents might enjoy, for example, the Singing for the Brain sessions at the local branch of the Alzheimer's Society. Activities such as this would provide mental stimulation, opportunities for social engagement and companionship, as well as gentle exercise. Volunteers could be recruited to assist with outings.

Meaningful occupation when not taking part in planned activities

The television was on in the lounge for the duration of our visit even though very few residents appeared to be watching it. Having the television on made it difficult for residents to engage in conversation between themselves. One resident suggested that the television is on 24 hours a day. Staff told us that if they do turn the television off, the residents insist on it being put back on again. We were told that on a recent occasion, one resident had asked for the channel to be changed because there was a programme about the war on, which she found upsetting, and her request had been granted. Staff also informed us that residents enjoy watching DVDs or box sets of popular dramas and recently residents had watched the World Cup together. The sub-titles on the television are always switched on for those with hearing difficulties.

It appeared to us that the residents spend a lot of time sitting in the lounge in a passive manner. It did not seem that residents were encouraged to take part in the activities of daily living such as helping to lay the table. The small kitchen makes it difficult for residents to help with preparing food or making a cup of tea. Although

the care home is set in beautiful grounds, access to the garden is very restricted (see section on Environment below) so residents do not benefit from this.

There is a home cat at the care home and residents' own pets may visit.

Recommendation for Green Trees management:

5. Other meaningful occupation: Where possible, residents should be encouraged and supported to take part in the activities of daily living, under appropriate supervision. Examples include laying the table for dinner, watering plants, tidying their bedrooms, folding their clean clothes etc. The television could sometimes be switched off in the lounge and chairs moved round so that residents are able to talk to and hear each other more easily. Conversations between residents could be facilitated by staff or volunteers. Whilst the television is off, different kinds of music could be played for the residents to enjoy. A larger selection of books, preferably in large print, should be made available and easily accessible to residents. The care home could ask for suitable donations from relatives, and could also ask the library service if they have any suitable volumes which they are disposing of. We recommend that the Care Home tries to arrange for regular visits from the Enfield mobile library service.

Choice and control of daily schedule

The residents that we spoke to informed us that they could get up in the morning when they chose to and can follow their own personal schedule, e.g. one resident likes to sleep in until late and has breakfast when they get up. We did however get the impression that meal times were at set times. Residents informed us that they have never asked for snacks but they do receive tea and biscuits in between meals.

The care home smelled clean and fresh, and all residents appeared to be clean and wearing clean clothes. However, we were surprised to learn from management that residents normally have only one bath or shower per week. This seems inadequate for residents who may suffer from double incontinence. We were however told that if residents asked to have a bath or shower more frequently, they could do so. A resident informed us that they had asked to be showered every other day and this personal choice was being honoured.

A hairdresser and a manicurist visit the home every fortnight, and these services are provided at no extra cost.

Choice of food

We thought that the food choice was good and the lunch looked appetising. The meals were well presented and the dining room was cheerful, comfortable and sociable. Water and juice drinks were freely available with the meal. Residents praised the food highly and said they could choose what to eat. One resident stated:

> 'The food is delicious, you cannot fault it. I love fish and there is always a good choice available.'

There was a choice of meat, fish or a vegetarian option. We witnessed staff catering for residents' needs, e.g. food was cut up before serving and one resident informed us that their special dietary requirements were followed with no issues. We asked four residents if larger portions were available or if they could have more if they wanted to. They were all unsure as they had never asked, but felt that the food portion received was sufficient.

Cultural and spiritual needs and preferences

We were told that English is the first language of all the current residents. In the past there have been Greek speakers and they have asked relatives to help with interpretation. We were also told that staff are experienced in understanding and responding to non-verbal methods of communication.

We were informed that an Anglican vicar comes in once a month and gives Holy Communion to the residents who wish to take part but we got the impression from some residents that they were unaware of this. One resident stated that they have never seen him. A member of staff said that they had had one resident who was a Roman Catholic but despite strenuous efforts they had not been able to persuade a Catholic priest to attend to say Mass for her, nor to give her the last rites when she was dying. Eventually the Anglican vicar gave her a blessing before she died.

Recommendation for Green Trees management:

6. Access to spiritual services: we recommend that the staff should endeavour to develop closer relationships with local spiritual leaders, to ensure that appropriate spiritual care can be provided to residents whenever it is needed.

Recommendation to partner services:

Access to spiritual services: local clergy of different faiths and denominations should be prepared to attend this and other care homes as required to meet the needs of residents, particularly when a resident is approaching the end of life.

End of Life care planning

Upon asking whether resident's thoughts and wishes regarding end of life care were discussed and recorded, we were told that it was difficult to have these conversations when new residents are settling into the care home. We did not get the impression that there was a system for making sure that advance care planning and end of life care planning took place at a later date. However, we were informed that DNAR (Do Not Attempt Resuscitation) statements have been recorded for some residents.

Recommendation for Green Trees management:

7. Advance Care Planning for End of Life Care: We recommend that the views and wishes of residents regarding end of life care are discussed with residents and relatives in a tactful and supportive way as part of the overall admission process (within the first couple of months). It is good practice to hold these conversations before the health and mental capacity of the person concerned deteriorates too far, while they are still able to make informed choices. Training and support materials for staff engaged in holding these difficult conversations are available.

Key area 2: Communication and Relationships

We were welcomed to the home and asked to sign a visitors' book on arrival.

Residents who we talked to told us they felt safe in the home and they seemed generally content with living at Green Trees.

Staff were respectful to residents but we noticed that residents were not addressed by name by all members of staff. Similarly, we found that some residents were unsure of some staff members' names. We asked the management about the lack of name badges and were informed that the staff members name was embroidered on to their uniform. None of us had seen these embroidered names, which suggests that staff names need to be more clearly displayed.

Recommendation for Green Trees management:

8. Staff names: Names of staff on uniforms should be more prominent and easy to read. Senior staff/management should also wear name badges. We suggest a display board should be put up, showing photos, names and responsibilities of staff.

Some residents said that they thought the managers were approachable and 'very good' and that the majority of staff members are 'very good' also. We observed one member of staff talk to residents in the sitting area after lunch in a way that was clearly well received.

Communicating with residents who may have dementia, and/or have sight or hearing loss

We observed one resident being asked if they wanted tea or coffee in a way that was not clearly understood by the resident. The staff member did not check that the resident had understood the question and consequently misinterpreted the resident's response as not wanting a drink. Following intervention by a relative, it was apparent that the resident did want a drink and we felt that this should have been clarified by the staff member without the need for a relative to intervene. Obvious concerns are for when the relative is not there to advocate for the resident.

We observed that this staff member did not smile when offering the residents their drinks. The drinks were stone cold upon arrival and replacement drinks were also stone cold. The issue of the cold 'hot drink' was taken up later with management, who said that while they have to take care that drinks are not scalding hot, a stone cold cup of tea or coffee was not acceptable and they would ensure that this does not happen again.

We witnessed a staff member trying to bring a resident to the dining room by holding their arm whilst the resident was pulling away.

Some residents suggested that one or two staff members appeared to be short-tempered and to 'have an attitude', and one said some of them 'talk back to you'.

These examples suggested to us that staff need further training in how to support and communicate well with people who may have dementia.

(*See recommendation 14 for staff training on page 21.)*

Response to challenging behaviour

We asked the management how staff respond to challenging behaviour and were informed that in general the resident's GP is asked to examine the resident for any underlying medical reasons. We were told that the use of sedation and anti-psychotic medication was used sparingly and kept under review.

Relationships between residents

A member of staff told us that relationships between the residents are warm and that they 'all talk to each other' and 'look after each other'. The staff member said that residents miss their fellow residents when someone is taken into hospital or passes away and during this time, staff encourage residents to express their feelings of loss.

Relationship between relatives and care home staff

Relatives who we spoke to said that they felt they were listened to by management and that their concerns were taken seriously.

Staff told us that relatives are encouraged to be involved in drawing up residents care and support plans when they move into the home and that relatives are invited to attend meetings when the support plans are reviewed, but that many relatives made it clear that they did not want to attend such meetings. This appeared to be confirmed by several forms we saw where relatives had indicated their preferences.

Staff told us that they had spoken to every resident and their relatives (where applicable) after the recent CQC report and had updated care and support plans accordingly. We were also informed that staff members now seek residents' and relatives' opinions more frequently.

The Assistant Manager showed us about a dozen Quality Assurance Questionnaires that had been distributed and completed by relatives of the residents within the past few weeks. Most of the respondents had given scores of 'very satisfied' or 'satisfied' on almost all the measures and several had added complimentary comments about the care their relatives receive. One or two added suggestions for certain improvements, but as time was short we were unable to find out how this feedback would be acted on.

We were informed by staff members that relatives are free to visit unannounced at any time between 8am and 8pm and by arrangement later in the evening. We heard that one relative likes to help get their relative to bed at about 10pm. Relatives are also welcome to stay overnight or for extended periods if the resident appears to be nearing the end of their life, although there are no folding beds for relatives to sleep on.

One visitor said that they had been informed they could have tea or coffee when visiting but that no one offered to make it for them, and they did not feel they could make it for themselves.

Involvement of volunteers

We learned that the care home used to have one volunteer in the past but that currently no volunteers are involved. The Assistant Manager informed us that they are actively considering recruiting some volunteers via the Enfield Volunteer Centre.

Recommendation for Green Trees management:

9. Volunteers: We support the aspiration of the care home management to recruit some volunteers to contribute to the life of the care home. Consideration needs to be given to what specific roles volunteers might take on, for example organising activities, helping with residents' life story projects, helping with outings etc. Enfield Volunteer Centre is able to provide advice and to assist with recruitment. Relatives of current and former residents may be interested in becoming volunteers.

Key area 3: Access to Good Healthcare

Hydration and nutrition

During our visit residents were offered a drink mid-morning and with and after lunch. At other times, some residents had water or juice on their coffee tables which were conveniently situated close to their chairs in the sitting room.

Food appeared to be nutritious and drinks were served with hot meals. Some meals were cut up or liquidised.

We observed staff feeding two residents in their own rooms. We noticed that one of these residents was being fed with the carer seated on the bed at right angles to the resident. This suggests that the carer had not had adequate training in either back care or assisted feeding techniques.

Access to GP services and regular health checks

Management told us that the care home enjoyed a good relationship with two local GP practices (Addington Medical Centre in New Barnet and Cockfosters Medical Centre), and that the GPs, District Nurses and Palliative Care Team were always supportive when a visit was requested, even at short notice.

The GPs do not have regular scheduled visits and we were concerned to learn that instead of the GPs visiting the care home to carry out medication reviews in person, the Registered Manager discusses the residents' medication needs over the phone with the GP.

Access to hospital services

Residents are taken to hospital appointments as necessary by hospital transport and accompanied by a relative or staff member. Staff told us that they sometimes drive residents to hospital, if they are able to travel by car, and acknowledged that this was preferable as there is often a long wait for hospital transport.

The management expressed satisfaction with the London Ambulance Service.

Management said there had been some issues with unplanned discharges from hospital but this had improved in the past year. Examples given were of some residents being taken to A&E at Barnet Hospital and being returned without a discharge plan.

We were told of one resident who had suspected Parkinson's disease and had waited six months for an appointment to get a diagnosis and then the appointment was cancelled at the last minute.

Access to mental health services

Management told us that they did not always find it easy to get local mental health services to engage with their residents, and that some residents had not received help from the mental health crisis team when they needed it. However, we were informed that some members of the mental health team have recently provided good support.

Eye and hearing tests

We were told that residents have a six monthly eye tests by a visiting optician and any concerns regarding hearing loss are referred to the residents' GP. The staff are aware that they can make use of the local audiology clinic rather than the expensive private companies who contact them looking for business.

End of life care

We were told that the care home aims to offer a home for residents until they reach the end of their life, and that residents approaching the end of life are supported by district nurses and the community palliative care team from the North London Hospice. Management reported that as far as they could recall, no one had been moved from the home for end of life care and they were happy to continue providing this support as long as it was manageable.

However, we did not see any evidence that the staff have had specialist training in end of life care, or that the care home has a coordinated approach to this aspect of care. The national End of Life Care Strategy, published by the Department of Health in 2008, states: "Every organisation involved in providing end of life care will be expected to adopt a coordinated process, such as Gold Standards Framework." Training and support for care homes working towards attaining Gold Standards Framework is available locally from the North London Hospice.

Recommendation for Green Trees Management

10. End of life care: we recommend that the management establish a programme of staff and organisational development so that the care home can be accredited for excellence in end of life care by a nationally recognised body such as the Gold Standards Framework.

Recommendations to partner services:

Access to GP services: We recommend that the GPs with whom the residents of Green Trees Care Home are registered should make scheduled visits to the care home so that they can review each resident's health at regular intervals. We strongly recommend that medication reviews should be carried out in person, not over the phone through a third party.

Hospital transport: hospital transport should be improved so that residents do not have to wait so long to be picked up to attend appointments and to be brought home again afterwards.

Hospital discharge arrangements: local hospitals must ensure that no patient is discharged without a discharge plan.

Arrangements for diagnosis of serious conditions: outpatients appointments and cancellations must be kept under review to ensure that patients do not suffer undue delay in receiving a diagnosis of a serious condition, leading to delayed treatment.

Access to mental health services: Barnet Enfield and Haringey Mental Health Trust should offer more consistent support to the residents of the care home, and in particular should provide crisis support when this is needed.

Healthwatch Enfield will draw these issues and recommendations to the attention of the commissioners and providers of these services.

Key area 4: The Environment

The care home occupies a large house in a conservation area in a leafy suburb. Some of the bedrooms are on the ground floor and some are on the first floor. There is a lift from the ground floor to the upper landing. There is a stair lift on the main staircase, but we were informed that it has been out of order for a while and needs replacing.

There are twelve single bedrooms and two double bedrooms, and we were told that some residents preferred to share a room as it is more companionable. All bedrooms have a television, and radios or CD players can be supplied. All residents have their names on their door.

Accessibility

Two of the upstairs bedrooms are difficult to access. The occupants of these rooms either have to walk up the main staircase to the lower landing, and then up an additional short flight of stairs to their bedroom doors; or to go up in the lift to the upper landing, down a short flight of stairs to the lower landing and up the additional flight of stairs to their bedroom door. These additional flights of stairs do have handrails but lead directly to the resident's bedroom door with no landing in between. This means that the bedroom doors lead straight out onto a short descending staircase. Management assured us that the occupants of these rooms are fully mobile and not considered to be at risk of falling, but it appeared to us that these residents could not safely enter or leave their rooms without close supervision. We were told that falls were infrequent in the care home but one resident told us that they had a history of falls. We did not ask to see a written record of accidents and incidents.

Recommendation for Green Trees management:

11. Safe movement within the care home: The redundant stair lifts should be removed or replaced as a matter of urgency. Consideration should be given to installing stair gates. Ideally the two bedrooms which are accessed only by short flights of stairs should be decommissioned as they are not suitable for frail residents who may be subject to falls.

Bathrooms, toilets and washing facilities

All the bedrooms have a washbasin and most have an en-suite toilet. There is one bathroom and one shower room, fully equipped with mobility equipment such as hoists. These are shared by all residents but management informed us that the bath and hoist were not used often as most residents preferred to have a shower. These bathing facilities seemed to us to be inadequate for sixteen residents, but we accept that they meet legal requirements.

Shared living areas

There has been recent decoration of the dining and sitting room and there are plans to redecorate the hallway. There was a small fish tank and a keyboard in the sitting room but there were not any paintings on the walls. The sitting room was comfortable with chairs and individual coffee tables. Chairs were arranged around the television screen in rows. Although this does not encourage conversation, residents informed us that they liked it that way so they could all see the television without anyone in the way. The standard of cleanliness was good and there was evidence that infection control measures (such as providing more convenient hand hygiene facilities) have been improved since the CQC inspection.

Access to outdoors

The home has a large garden with unique features such as a pond with ducks and fish and a water feature. It is however unfortunate that the doors to the garden have to be kept locked as it is not safe for the residents to go outside without supervision. There are a number of hazards including an uneven surface, lack of paving, a rickety fence marking the boundary with a neighbouring property, and

several piles of "junk" (discarded household items and equipment) in different places. There is no fencing to prevent residents leaving the garden and walking out on to the road.

Management informed us that they hope to improve safe access to the garden.

Several residents told us that they would like more opportunities to go outside into the garden but staff members informed us that when asked if they want to go out, residents often refused. We were told that if the door to the garden is left open for some air, residents complained that they were cold, even in the hot weather.

Recommendation for Green Trees management:

12. Access to the garden: We recommend that urgent action is taken to make the garden safe, so that residents can go into the garden whenever they want. Dangerous objects and hazards should be removed. There should be better paving, more seating, and no access to neighbouring properties or to the road. Residents should have the opportunity to take part in gardening activities such as planting, weeding etc. A volunteer might be able to help out with supervising gardening activities.

Key area 5: Staffing Issues

Management and leadership

The Assistant Manager and proprietor who we met were open regarding their recent CQC inspection and informed us of the actions they have taken to meet the recommendations made. These include improvements in infection control such as contracting an external company to complete an infection control audit, providing all staff with hand washes to clip on to their uniform, putting liquid soap and hand towels in every room and updating their infection control policy to comply with current legislation. Improvements to the home's training schedule include booking more training courses. Furthermore, we saw that Quality Assurance Surveys had been distributed to relatives and partner professionals and completed since the CQC visit.

We wrote to the Registered Manager prior to our visit to announce our visit and sent leaflets and letters addressed to residents and relatives in a separate envelope to explain who we are and what we do. When we phoned to confirm that our letters had been received, we learnt that no post addressed to the Registered Manager had been opened as the Registered Manager had been on leave for the past week. This meant that the staff were unaware of our forthcoming visit. We explained about our visit over the telephone but due to some confusion about identifying the envelope containing the letters and leaflets addressed to the residents, the residents' relatives did not get much notice about our visit. This incident reflected poor office administration and it was evident that no system was in place to ensure that urgent mail was dealt with in the absence of the Registered Manager. This posed obvious concerns as the Registered Manager was on leave for two weeks.

We were also surprised to find that after the phone call alerting the home to our announced visit, but before our visit took place, a negative comment was posted on the Healthwatch Enfield Facebook page by someone using the name June Haydon, which we recognised as the name of the Registered Manager of the home. This comment alleged that Healthwatch is a 'waste of money'. The negative tone of this post contrasted strongly with the constructive conversations about service improvement which we held with the Assistant Manager and one of the proprietors on the day of our visit.

Staffing levels

The care home has been run by the same business partners since 1991 and many of the staff members have worked there for several years. There are currently 14 members of staff at Green Trees Care Home, including four full-time, seven part-time and three proprietors. We were informed that there are three shifts: 8am – 3pm, 3pm – 9pm and 9pm – 8am. The shifts do not overlap, which means that staff are not paid for any time spent handing over to the staff on the next shift.

We were told that two members of care staff are on duty at any one time with a cleaner, cook and at least one of the management team. A supervisor was on long-term sick leave and we were informed that this post has not been covered by agency staff as the management team felt that they covered this role sufficiently themselves.

We were told that they rarely need to use agency staff as they can usually cover staff leave within the team. On the rare occasion that agency staff are used, these are from Personal Care Bank in Barnet. Residents appeared unsure if they had one care worker allocated to them as their key worker but one resident did indicate that 'all the care staff members are my care workers'.

We were told that at night there is one waking member of staff and one sleeping. The waking member of staff makes a two hourly check on all the residents. No staff member is allocated to night duties until they have been assessed for competency during day shifts. No manager is on the premises overnight but they are available on call at any time. All rooms have emergency pull cords. One resident informed us that they feel 'very cared for' at night.

Residents' records of activity and care are held on a Care Management System via a terminal in the hallway and office. All managers have remote access to this system so that they can monitor residents at any time.

Recommendation for Green Trees management:

13. Arrangements for handover between shifts and for covering staff leave:

We recommend that shifts are rearranged so that they overlap, to give staff time to pass on information about residents' current status to the new shift. We recommend that more effective arrangements for covering staff leave are put in place including comprehensive handover procedures. It may be necessary to bring in more temporary staff when permanent staff members are on leave. It is also essential that there is a protocol to ensure that correspondence is opened in the absence of the Registered Manager to highlight anything important that cannot wait until the Registered Manager returns.

Staff satisfaction

Two members of staff who we spoke to were happy working at Green Trees and said that they felt supported. One said:

'I have worked in another home and this is so much better'.

We learned that one staff member who had completed their work experience at the care home had moved on to become a permanent member of staff. This member of staff praised their induction training and is currently studying at college for their QCF Level 3 in Health and Social Care.

Staff training

We were shown the staff training matrix and plans for future training. We were informed that the Registered Manager is a qualified trainer and provides some of the staff training. They also use external training companies such as Social Care TV Online Training and some of their training is provided by the Hertfordshire Care Providers Association. Management told us that they had been rather disappointed by the London Borough of Enfield training courses on the Mental Capacity Act and Deprivation of Liberty Safeguarding.

We noted that the dementia training that most of the staff had received was from an Alzheimer's Society training pack published in 2002. There have been many developments in dementia care since that date. Management and staff did not appear to be fully aware of current good practice and innovative ideas for the holistic care of people with dementia; they seemed unfamiliar with the principles of person-centred care, and unaware of the importance of supporting independence and autonomy and stimulating cognitive functioning. Further dementia training is planned for October 2014, but like much of the training which is made available to the care home staff, the planned training is an online course. Courses on infection control and first aid are classroom-based.

We noted that according to the records, staff had not received formal training in end of life care.

We also noted that no training appeared to be planned for the proprietors of the care home. A member of staff informed us that they had studied a number of additional courses online at their own expense.

Recommendation for Green Trees management:

14. Staff training: We recommend that the care home's training programme should not rely so heavily on online training, but should also include opportunities for staff to take part in interactive classroom-based courses, so that they can learn by discussion and exchange of ideas. The proprietors of the care home should also take part in the training programme as they are all in regular contact with the residents and sometimes undertake cover duties for other staff. In particular, we recommend that the whole staff team should take part in an up to date interactive, classroom-based course in dementia care, including communication skills. Staff would also benefit from interactive training in life story work, and in how to plan and lead activities for people with dementia. Additionally, we recommend that the proprietors and senior managers of the care home undertake leadership training. (See also recommendation 10 on page 16.)

We were told that since the recent CQC inspection, a system of regular individual staff supervision sessions at three monthly intervals has been put in place. We were told that staff members do not have team meetings as the team is so small. Verbal handovers take place at the end of each shift.

Recommendation for Green Trees management:

15. Staff support and supervision: recent initiatives to provide regular individual supervision sessions for all staff should be maintained. Regular team meetings where all the staff can meet together, listen, contribute and share their experiences would help in team-building and inter-staff communication.

Relationships with partner organisations and providers

Management told us that Green Trees has a good relationship with two local GP practices. We saw several complimentary comments about the care home on the Quality Assurance Questionnaires completed by professionals who work closely with the care home such as GPs and physiotherapists.

We were informed by one relative that they had chosen this home after receiving positive feedback about the home from local GPs and nurses.

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What is Healthwatch Enfield?

Healthwatch Enfield is an independent organisation which exists to represent patients and service users. Our job is to make sure local people's voices are heard by those who design and deliver services. We are part of a national network of Healthwatch organisations.

What does Healthwatch Enfield do?

- Healthwatch Enfield is here to help secure improvements to services such as GP practices, dentists, opticians, pharmacies, hospitals, care homes and day centres.
- We work on behalf of the local community, children, young people and adults.
- We provide information about the health and social care system.
- We collect the views and experiences of local people about health and care services; what works well and what needs to be improved.
- We have formal powers called 'Enter and View' so we can go and see for ourselves how adult health and social care services are working.
- We have a place on bodies like the Health and Wellbeing Board and we attend the Clinical Commissioning Group. This enables us to influence the way services are planned, commissioned and delivered.
- We work with local Healthwatch organisations in neighbouring boroughs because their residents share some services with Enfield residents.
- We pass on information and recommendations to Healthwatch England, to the local Council and the Care Quality Commission.

Further information about Healthwatch Enfield can be found on our website: www.healthwatchenfield.co.uk

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Healthwatch Enfield is registered as a Community Interest Company no 08484607 under the name of Enfield Consumers of Care & Health Organisation CIC.

What is Enter and View?

Healthwatch Enfield has the authority to carry out **Enter and View** visits in health and social care premises to observe the nature and quality of services. This is set out in Section 225 of the Local Government and Public Involvement in Health Act 2007.

Enter and View is part of our wider duty to find out what people's experiences of local health and social care services are, and use our influence to bring about improvements in those services. We can hold local providers to account by reporting on services and making recommendations.

Further information about Enter and View is available on our website: http://www.healthwatchenfield.co.uk/enter-and-view

Response to Enter and View Report from Green Trees Care Home

Note from Healthwatch Enfield:
We reproduce the response received from Green Trees Care Home in full below. We accept that there were some inaccuracies in the draft report and have made changes accordingly.

Green Trees Care Home
Response to Healthwatch Enfield Enter and View Report 27th August 2014

This report does not give any real indication as to the abilities, either physical or mental of the client group that this home cares for.

In order to understand how the home operates and to comment, one must first have an understanding of its residents, the relationship with their relatives and the relationship with the various health professionals that support the home and its residents.

For the record, the home had at the time of the visit 16 residents, 10 of which have a medical diagnosis of dementia and of those 7 have Deprivation of Liberty applications outstanding.

Of these 16 residents, 3 are fully mobile, 6 use a mobility aid and have very limited mobility and 7 are bed/chair bound. Average age of residents is over 88.

It may have been beneficial to the Healthwatch Enfield Enter and View Authorised Representatives, the residents, and the management and staff of the home if they had done some homework first and do what the home does by sending questionnaires to relatives and the health professionals to gain some insight into their thoughts about the care offered, before descending on the home in force. Many relatives and almost all the health care professions simply do not have the time to attend these meetings, particularly if they are satisfied with the service. The background information may have been extremely useful to them in assessing a dementia unit where the answers given to them by the client group may not have been totally reliable. In fact even asking the management on duty which residents had capacity and which did not, may have been useful.

We have enclosed for your consideration, a copy of our own written quality assurance survey that was carried out in the same month, prior to your visit and this bears no resemblance to your report.

Finally, 4 representatives visiting a 16 bed home is undoubtedly overkill and feedback from the management and staff on duty indicated that they felt that they were being "grilled" and one of the partners found the experience quite pressured with questions being asked in quick succession by different Healthwatch representatives.

Response to Enter and View Report from Green Trees Care Home continued

Response to comments and recommendations

Key area 1: Personal Choice and Control

Individual care and support plans / Personal histories.
Comments accepted, we already had "My Life Story" books, from Dementia UK and will now make a determined effort to get these completed.

Choice of planned activities
The activity programme given was monthly not weekly. *(Healthwatch Enfield: we have corrected this.)*

Our own quality assurance survey showed that all but one survey was marked as either satisfied or very satisfied on the activities offered.

However, as a result of an audit from London Borough of Enfield, whose report I assume is available to you, we have received an "Activities Program Selection" and it is our intention to discuss this with our residents to see if there are any social activities or hobbies & crafts that interest them and that they feel able to undertake. The results will be incorporated into the individual care plan and kept on the residents file for future reference.

Access to physical exercise
We respectfully suggest that before commenting on this, the people concerned should look carefully at the age, mental and physical abilities of our client group as well as consulting their families as to what they deem is in the best interests of their loved one.

There are absolutely no restrictions on residents moving about the home, other than any Health & Safety requirements.

We have a qualified physiotherapist who visits every fortnight and who undertakes chair based exercises for those residents whom she deems able and who wish to be involved.

Opportunities for going out
When appropriate we have taken residents to a local café and for walks around the local area and will continue to do so, following risk assessment, if any resident wishes to.

Other opportunities for going out that may emerge as a result of work to improve activities will be explored and assessed for each resident.

Meaningful occupation when not taking part in planned activates.
Whoever made the comment about the kitchen appears not to have Health & Safety or Infection Control training.

We do have one or two residents that assist at meal times and one or two that carry out other activities of daily living, but much again depends on their mental and physical abilities as well as their personal choice.

We accept that the television could be turned off, and music could be played, but again this is a matter of residents choice and not anybody else.

A survey will be undertaken as to whether or not our residents would like a visit from Enfield mobile library. Interestingly this used to visit this area regularly but the service was stopped over 10 years ago

Choice and control of daily schedule
Lunch and suppers are at set times as our cooked food is served fresh. Any resident who does not wish to have their meal at that time is always catered for.

The representatives again did not understand the toileting regime. This is not a regime for helping people to the toilet, those that are continent go when they want to, either aided or unaided. The regime is for those that are incontinent and have lost the ability to recognise the need. *(Healthwatch Enfield: We have removed the paragraph this comment refers to.)*

In our experience, some residents are reluctant to have more than one shower a week and over the years we have continued to use this as a base line. Our care planning for this is based on individuals requirements, both as to quantity and time of day, all of which is recorded.

Choice of food
We have always had pride in both the choice and quality and quantity of the food provided.

Cultural and spiritual needs and preferences
It is not surprising that you got the impression that some residents were unaware that the vicar visits monthly, after all this is a dementia unit. Our vicar makes a point of seeing every resident when he visits, including those that immediately after he goes, will forget he was there.

Whilst we can cater for cultural needs we are not able to force representatives from other religions to visit, not even the one at the bottom of our garden.

End of life planning
Advance end of life planning does take place, some at the time of admission, i.e. funeral arrangements etc, and other nearer the time, i.e. pain relief, palliative care, DNAR etc. We have received many good comments on our end of life care, not only from relatives, but from palliative care teams and the CHAT team. Some of these are written and some verbal.

Response to Enter and View Report from Green Trees Care Home continued

Key area 2: Communication and Relationships

We find it strange that none of the representatives noticed the embroidered names on the blue uniforms as these are in white stitching, over half an inch tall and in our opinion are prominently displayed on the left breast and easy to read. It is not surprising that some residents could not remember staff names as it is a dementia unit.

Communicating with residents who may have dementia, and/or have sight or hearing loss
We suspect that the staff member who misunderstood a resident as not wanting a drink was very nervous at being watched by strangers.

However we recognise that our dementia training is quite old and early next year we intend to ensure that our staff undertake up to date training. Our manager, who is a register tutor has a course from the Alzheimers Society already in hand.

Factual inaccuracy
Staff members present have stated that whilst the first drink was cold, the second was most definitely not. *(Healthwatch Enfield: We stand by our statement and have not changed the text of the report in this instance.)*

Key area 3: Assess to Good Healthcare

Access to GP services and regular health checks
We are not aware of how, or when GPs review medication, this is a matter for them. Our manager will sometimes phone a GP when she feels that possibly a medication may not be the right one, or it may be having an adverse affect or an allergic reaction, but normally in those cases the GP will visit.

The suggestion that our residents may not have access to specialist health services is grossly unfair, both to the home and the health services that support it. *(Healthwatch Enfield: the paragraph and recommendation to which this comment refers have been deleted.)*

We have excellent relationships with both of the GP practices, the district nursing service, the palliative care team and the CHAT team with its own specialist service team. All of these are extremely supportive. Our residents do not lack any medical care, in fact today health services are better than they have ever been.

Access to hospital services
We have no problems in this area other than the well publicised pressures on the service.

End of life care
This has been commented on earlier in the report
Our assistant manager recalls telling a Healthwatch representative that we already have the paperwork for the Gold Standards Framework and have in fact already used some of it. We will develop this further next year.

Response to Enter and View Report from Green Trees Care Home continued

Key area 4: The Environment
Accessibility
It was stated that the stair lifts are decommissioned and would be replaced if required. Today they are not.

We acknowledge the risk posed by the two 1st floor bedrooms, one with a short flight of stairs, the other with a two steps. These stairs are not steep, they are regulation-sized. We understand fully risk assessment, hence only fully mobile residents are considered for these rooms, and that has been the situation for the last 20+ years. If any resident had been assessed as subject to falls, they would not be placed in those rooms. *(Healthwatch Enfield: we have deleted the word "steep".)*

Bathrooms, toilets and washing facilities
Factual inaccuracy
Both bedrooms occupied by two residents have privacy screens available and have had for many years.
We totally disagree with the representatives opinions in this section. Over the last 20+ years we have been inspected by a number of differing regulatory units and never has the number of bath/shower rooms been an issue. We met all the requirements of the Care Standard Act. We currently meet all of the assessed needs and choices of our residents in this area and the comments made are out of order. *(Healthwatch Enfield: we have deleted part of this section of the report.)*

Shared living areas
We totally disagree with the opinions of the representatives regarding the sitting room. When the home was extended in 2000, the communal space was calculated and met all of the requirements of the legislation in force at that time, and was duly registered by the regulatory body. *(Healthwatch Enfield: we have deleted the comment referred to.)*

Access to outdoors
We acknowledge that the garden requires some improvement and are planning to make the existing paved areas safe for residents in the spring of 2015 or earlier, weather permitting. We have been exploring options to expand the paved area but as the home is in a conservation area, planning consent is required, this is something we are considering.

Key area 5: Staffing issues

Management and leadership
The comments made about the information sent prior to the inspection is not exactly accurate. The post was addressed to the manager personally, not to the business and had no Healthwatch stamp on the exterior, hence the reason it was not opened, the staff thought it was personal mail. Not unreasonable of the staff not to open it

The comment posted by the Registered Manager (or someone logged into her account) on the Healthwatch Enfield Facebook page was a personal opinion and made

as a private individual, the post, which has not been quoted in full, does not indicate that she is involved with Green Trees or that she is the registered manager. As a partnership we will always endeavour to engage with organisations seeking to improve the care industry, particularly if we are legally obliged to. Please remove these comments as the suggestions are not fact, and the management team has cooperated fully with Healthwatch Enfield. *(Healthwatch Enfield: we have amended this paragraph.)*

Staffing levels
Whilst we accept the recommendations, it should be noted that we operate a touch screen computer system for all residents records, including daily notes. These are available to all staff immediately they log on to the system and update immediately any record is recorded. Furthermore it has its own email system whereby any urgent notes can be recorded.

We are happy with our arrangements for staff cover as our experience has shown that bringing temporary agency staff into a dementia unit is not satisfactory from a resident viewpoint. It should only be used as a last resort.

Arrangements for handover between shifts and for covering staff leave
The recommendations are noted and will be considered by the management team.

Staff training
We acknowledge the recommendations made and agree that some training should be other than online, this will be reflected in our 2015 training program, we will also review any training planned for the remainder of this year with a view to seeking alternatives.

Relationships with partner organisations and providers
The first sentence of the last paragraph of page 22 should be removed as it is not factual. *(Healthwatch Enfield: we have deleted this paragraph.)* In May of this year we had an inspection from the London Borough of Enfield contracts monitoring team and as a result, they have themselves been extremely helpful in assisting us in various areas. It is also a fact that we are lucky enough to be a member of the Hertfordshire Care Providers Association and if Enfield had a similar organisation that could provide the same facilities then things would be different. We would respectfully suggest that if improving quality is the aim, then someone within the London Borough of Enfield, or Healthwatch Enfield should seriously look at what this organisation provides not only for providers in Hertfordshire but their health partners.

End of response from Green Trees Care Home