

### Enter and View – Visit Report

Name of Establishment:	Baxendale Woodside House, Woodside House, Baxendale, London, N20 0EH
Staff Met During Visit:	Jacqui Gordon Manager Housekeeping Manager
Date of Visit:	27 <sup>th</sup> January 2015.
Healthwatch Authorised Representatives Involved:	Mr Derrick Edgerton Ms Maureen Lobatto Mr Jeremy Gold Mr Alan Shackman
Introduction and Methodology:	<p>This is an announced Enter and View (E&amp;V) visit undertaken by HealthwatchBarnet’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 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. Relatives who are not able to be present are also given the opportunity to give feedback via a structured questionnaire which is returned directly to Healthwatch. The team compile a report reflecting all of this, 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</p>

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	<p>organisation, the 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, and those who responded to the relatives/carers questionnaires which are posted directly to Healthwatch.</i></b></p>
<p>General Information:</p>	<p>This home, which is run as a Charitable Trust (registered charity number 211211) has been on the current site since the early 1960s. The building is home to a maximum of 55 residents in single rooms all with wash basins, located on the first to third floors.</p> <p>Within the last 5 years, the registration of the home was modified to allow care to be given to those with dementia. A separate and self-contained dementia wing (with capacity for 6 individuals) has been built and a third floor added with 11 ensuite rooms, some with showers as well, a dining room and lounge area. Some of the original rooms have been modified to be ensuite, but doing this reduced the total number of rooms. The trustees are currently planning future developments.</p> <p>There are an adequate number of bathrooms/shower rooms and toilets all with appropriate aids, all renovated within the last few years. All bedrooms on the first and second floors have wash basins.</p> <p>There are several well lit staircases between floors and a lift (which is of a type that can be used for</p>

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	<p>evacuation purposes in case of fire). The majority of doors have “hold open” devices which automatically close if the fire alarm sounds. There appeared to be adequate numbers of fire alarm points and extinguishers in prominent locations.</p> <p>On the ground floor was the entrance lobby (an inner and outer door), both doors with electronic locks which contained the visitors signing-in book and hand cleansing gel. This led to the main lobby which was adjacent to the administration office and manager’s office and was pleasantly decorated. This contained a notice board, one of several seen, all with details of the visit on.</p> <p>Also on the ground floor was the main lounge (off of which was a smaller “quiet” lounge and library). The dining room with adequate tables and chairs for all residents (in association with the room on the third floor) and the kitchen (refurbished within the last 5 years and awarded 5 stars by the Food Standards Agency, the certificate for which was on display on the reception notice board).</p> <p>On floors 1 to 3 were the individual rooms, but also lounge/seating areas. There was a room set up as a hair dressing area. All areas that were seen were clean and well maintained.</p> <p>Residents are allowed to bring their own furniture (including their own bed) and TVs etc in. The home is covered throughout by wifi.</p> <p>Externally there is a large patio area and a large garden dominated by a lake, around which there is a path. There has been careful landscaping and planting done to ensure residents safety.</p>
Care Planning:	Care planning starts with the potential resident

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	<p>being assessed and information being gathered from all relevant sources. We were told that although the home is registered for taking dementia clients, it was unlikely that new residents with dementia would be taken as those already resident who developed dementia, would be moved in to the dementia unit. This unit was at capacity.</p> <p>Potential residents were invited to a “guest day” to see if they like the home.</p> <p>It had been noted by the CQC in February 2014 that there were issues with record keeping and the sharing of information. A major project has been undertaken implementing a new record keeping system (Standex System). This involved retraining all staff and rewriting all care plans. This new scheme had only been in place for a few months but the team were impressed at how comprehensive the documentation was. Comprehensive handover sessions at the start of each shift also occurred.</p> <p>Each resident has a “key carer” who sees the resident on a daily basis (subject to shift patterns). All care staff have access to care plans and these are updated daily. Plans are reviewed on a monthly basis and discussed with residents/relatives as necessary. The relatives who completed questionnaires were complimentary about the level of care and their involvement.</p>
<p>Management of Resident’s Health:</p>	<p>The home pays a retainer fee to a local GP practice. A GP visits weekly (Wednesday) and as required at other times. Out of hours BarnDoc is used.</p> <p>Chiropodist visits every six weeks. Residents have an annual sight test. Dental visits are on an as and when basis and are funded by the residents.</p> <p>Residents are weighed on a monthly basis (and</p>

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	<p>apparently take a great interest in how much they weigh) and are regularly checked for pressure sores etc.</p> <p>Medicines and prescription drugs are supplied in blister packs by a local pharmacy, which also monitors stock and looks for drug mismatches. Drugs are kept securely and issued by appropriately trained staff.</p>
<p>Staff:</p>	<p>There are approximately 60 staff who work at the home. The care, housekeeping and catering staff all wear uniforms and all staff had name badges. All the staff the team interacted with were friendly, approachable and dedicated.</p> <p>Apart from the general manager, there is also a housekeeping manager, training officer (who also monitors documentation and quality) and an activities coordinator (currently vacant).</p> <p>The manager meets with trustees regularly and with the full board, 4 times a year.</p> <p>There were 4 catering staff and 5 domestic staff on duty.</p> <p>With respect to care staff, on the morning shift 10 staff would be on duty in the main home, 2 in the dementia unit, the afternoon shift has 8 and 2 and at night 5/6 and 1.</p> <p>If needed bank staff are used in preference to agency.</p> <p>Staff have supervision meetings every 2 months and an annual appraisal.</p>
<p>Staff Training:</p>	<p>The majority of training is done in-house, either by the training officer or trainers who are bought in. Evidence was seen of the type and frequency of the training given. Training on Deprivation of Liberty Safeguarding (DOLS) and Mental Capacity</p>

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	<p>was being arranged.</p> <p>Some use had been made of training offered by the London Borough of Barnet.</p> <p>All staff had been trained in Dementia Awareness.</p>
<p>Activities:</p>	<p>Baxendale publicises a comprehensive program of activities. Whilst there, the team saw music therapy in the main lounge. Many of the activities are led by paid external providers.</p> <p>There are outings arranged to a local carvery or The Wylllyots Centre.</p> <p>Quiz nights and other social activities are also organised for residents and relatives.</p> <p>During those months when able to, a Garden Party and other events are held in the grounds. There are several large troughs in the garden designed especially for residents who like or want to partake in gardening activities.</p> <p>Residents are allowed to go out alone (if capable) or escorted by staff (if staffing levels allow) or with relatives. Two residents expressed the desire to go out more often (even in to the grounds) but did not wish to ask staff to escort them as they felt this would be an imposition.</p> <p>They have regular screening of films on a very large screen TV. There are also lots of books available for reading.</p> <p>The hairdresser is always fully booked.</p> <p>One relative commented on the fact that their relative had "good days" and "bad days" and wondered if it were possible to exploit the good days further.</p> <p>The team also wondered whether those capable residents could be more involved e.g. laying tables for meals, so as to improve their feeling of involvement.</p>

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	<p>The post of Activities Coordinator had been vacant for some time. The team felt it was creditable that the level of activities being maintained was good, but felt having the post filled would be beneficial. The post is in the process of being recruited to.</p>
<p>Food:</p>	<p>All the food is prepared and cooked on the premises. The catering staff are able to cater for the many differing dietary requirements that are present. These included vegetarian options, kosher/halal, soft/pureed food and low salt.</p> <p>The menu was published in advance and was varied. Residents made their choice the previous day.</p> <p>The lunch meal the team observed was well managed. Each care worker covers a specified table(s) and we saw several assisting residents to eat. The food looked and smelt appetizing and there was little waste. Catering staff did go round offering "seconds".</p> <p>It was commented on by a relative that the food delivered to the dining room on the third floor could be hotter. It was also mentioned in some of the relative's questionnaires that, on occasions, the food was "bland", particularly the deserts.</p> <p>There was an awareness that hydration was important and water jugs were in every room and on each table in the dining room for individuals to help themselves. Drinks were also offered mid morning and mid afternoon.</p> <p>We were told that meals could be taken in resident's rooms but some responses we received from the questionnaires indicated that some residents were unaware of this.</p>
<p>Engagement with Relatives/Residents/</p>	<p>There was awareness that resident meetings were not held as often as they should occur but there was a commitment to improve on that. This was</p>

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<p>Carers:</p>	<p>also mentioned in several of the returned relative questionnaires.</p> <p>One or two residents wanted to go out into the garden, but did not ask as they did not think this was allowed or were unaware that they could. Encouragement to do this could be in the form of the provision of capes/cloaks hung by the door so that residents would not have to return to their rooms for coats etc.</p> <p>Questionnaires had been made available to relatives prior to the visit particularly for those who were unable to attend on the day of our visit, and 11 were returned. All were mainly extremely positive in their feedback, praising the staff, food, care, cleanliness.</p> <p>The main points raised were the lack of formal resident/relative meetings (although others said they could contact the manager anytime) and some suggested more activities such as craft (knitting), cards, gardening (window boxes).</p>
<p>Comments/Complaints/ Compliments</p>	<p>It was obvious that there was a good two way relationship between the staff and residents, with both residents and staff greeting each other by name. Whilst there is a formal procedure the manager said that all issues have, until now, been dealt with satisfactorily in an informal manner. The final arbitrator (if required) is the board of trustees (initially the secretary to the board).</p> <p>Residents spoken to on the visit were complimentary about the home. This was largely supported by the relative questionnaires.</p>
<p>Conclusions:</p>	<p>A well run home that is liked by both residents and staff.</p>
<p>Recommendations:</p>	



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	<ol style="list-style-type: none"> <li>1) Seek ways to ensure food served up in 3<sup>rd</sup> floor dining area is hot.</li> <li>2) Encourage residents to drink with their meals (e.g. by pouring out water)</li> <li>3) Instigate regular formal resident/relative meetings.</li> <li>4) Once the activity coordinator is in post, review activities with the view of possible resident involvement in day to day activities and the introduction of further individual activities, particularly exploiting resident's 'good days'.</li> </ol>
Signed:	Derrick Edgerton, Maureen Lobatto, Alan Shackman, Jeremy Gold
Date:	February 2015

The following comments have been received from the manager in response to the recommendations.

1. We always seek to ensure that meals served on the 3<sup>rd</sup> floor are hot and a hot trolley is used for transporting food. All 3<sup>rd</sup> floor residents are asked to complete a questionnaire after each meal.
2. Jugs of water are always on the table at mealtimes and residents are encouraged to drink by having their water poured for them.
3. Residents do partake in engaging activities when able to eg filling of salt and pepper pots, assisting to fold the laundry eg tea towels, towels, handkerchiefs etc.