

Name of Establishment:	Hilton Lodge Care Home 29/31 Hilton Avenue, North Finchley, London N12 9HB
Staff and others met During Visit:	Ravindra Appadoo (Owner/Manager) Several residents, staff & relatives
Date of Visit:	04/02/15
Healthwatch Authorised Representatives Involved:	Tina Stanton Derek Norman Jeremy Gold

**Introduction and Methodology:**

This was an announced Enter and View (E&V) visit undertaken by Healthwatch Barnet’s E&V Volunteers, as part of a planned strategy to look at a range of care and nursing homes within the London Borough of Barnet to obtain a better idea of the quality of care provided. Healthwatch E&V representatives have statutory powers to enter Health and Social Care premises to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.

The team of trained volunteers visit the service and record their observations along with the feedback from residents, relatives, carers and staff. Written questionnaires are also given to the home to distribute to the relatives who may not be able to attend on the day of our visit so that their feedback can be included. The team 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 Adults and Safeguarding Committee, CQC, Barnet Council and the public via the Healthwatch website.

**DISCLAIMER:**

***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 relatives who completed the questionnaires which are returned to Healthwatch directly.***

General Information:	<p>Hilton Lodge is a care home registered to provide personal care and accommodation for up to thirteen older people, including those with dementia or other mental illness. It provides "personal care" to the residents. The home comprises of two pre-war semi's knocked together which dictates the layout - with a staircase at either side of the home.</p> <p>The home contains 12 rooms for residents - 4 singles on the ground floor, which also has a lounge, kitchen and a small 'quiet' lounge, and one toilet and a shower room.</p> <p>There are an additional 8 rooms, on the 1<sup>st</sup> floor, which also has one toilet and two bathrooms, one with a walk-in bath. All of the rooms are equipped with a wash basin. This floor also has a small quiet lounge for staff to use or relatives wishing to have some privacy.</p> <p>The residents are allowed to bring in personal items of furniture and their own belongings if suitable. Rooms seen were clean and tidy. Rooms were equipped with call buttons and some sensor mats. We were told that the home is at capacity with 13 residents, and a small waiting list. One room is shared by two residents. Many of the residents have dementia at differing stages.</p> <p>There were appropriate fire doors fitted with door closers, fire extinguishers and alarm buttons. A fire drill is carried out every week. There was a laundry area in an outside building.</p> <p>The ground floor comprised a lobby area with a table for a signing in book, but no hand cleaning gel. The E&amp;V flyers were displayed. The main area consisted of a sitting/activity/dining area where most of the residents were located during our visit. At the rear was a small garden, which contained some old furniture and other items which would benefit from being cleared. The garden can also be used for the one resident who occasionally wishes to smoke.</p> <p>The first floor holds the majority of rooms and is accessed by the two staircases or a lift. The corridors are quite narrow and it was noted that the stairs had no barriers at the top. Few of the doors on this floor were labelled, although the toilets and bathrooms were.</p> <p>Internally the property was clean, although possibly</p>
----------------------	--

	<p>in need of some decoration, it smelt very fresh in the house.</p> <p>Healthwatch members had had difficulty in accessing the website for this home and Mr Appadoo would look into this.</p> <p>Although there was free off-site parking outside the home, this road is adjacent to Woodside College and Wren Academy and gets very parked up. Currently there is also an additional problem due to building works at the Wren Academy. There was a small drive for a couple of cars outside the home but Mr Appadoo said there were often difficulties with parking, particularly in an emergency when it could be difficult for an ambulance to park.</p>
<p>Care Planning:</p>	<p>This starts with a pre-assessment visit stage. The care process involves the individual, relatives, social and health workers.</p> <p>Plans are reviewed on a three monthly basis or more frequently if required. We saw one of the care plans which looked very comprehensive.</p> <p>Mental capacity is determined by the GP or social worker.</p> <p>There are currently 2 DOLs in place.</p> <p>None of the residents that we spoke to seemed to have any knowledge of their own care plans, although their relatives did.</p>
<p>Management of Resident's Health:</p>	<p>Most of the residents are registered with the GP from the local practice who attends residents as and when required. Barndoc would be used for any out of hour's service. The Manager would be interested in finding out more about the 'GP care home contract' currently being rolled out in Barnet.</p> <p>Residents are weighed monthly, if there are any concerns this would be referred to the GP.</p> <p>A dentist and optician visit annually and a chiropodist visits every 6 weeks. A hairdresser visits every 2 weeks.</p> <p>End of Life planning is discussed with family members and the GP and any wishes would be noted in Resident's care plans.</p> <p>The home had just introduced a massage therapist and would monitor interest in this.</p>

Staff:	<p>There are 14 care staff in total, when we visited there were 2 on in the morning, in addition to the cleaner and the Manager, 3 in the afternoon and 2 at night. Also a full time cook, with a part-time cook who covered at weekends. There is also a volunteer who attends on a Tuesday and Thursday, and a volunteer on Sunday who takes residents to Church. The home also has a student helping out who is on a placement from Barnet College. Recently a Professor from Cardiff University had stayed at the home for 3 months carrying out some research on care homes and older people. We were told he wrote a very positive report which the Manager has a copy of.</p> <p>One member of staff had been in post for 17 years, and none had left in the past 6 months, Agency staff were not used.</p> <p>Care staff wear a uniform but no one was wearing a name badge. It has been pointed out previously by staff at other care homes that residents with dementia cannot remember names so that the use of name badges could help. Use of name badges would also identify staff to visitors etc.</p>
Staff Training:	<p>Staff completed all mandatory training, some in the home and some at Barnet.</p> <p>Staff indicated that the training was good and said they felt adequately trained. We were also told that they felt well supported in their work and staff morale was good.</p> <p>Supervision were held every two months, and an annual appraisal scheme was in place. Staff said that they could approach the Manager at any time if they needed to discuss anything.</p> <p>The Manager had been approached by the Barnet Integrated Quality in Care Homes Team (IQICH), and was in touch with them.</p>
Activities:	<p>There is no dedicated activities coordinator, but the Manager carried out this role. We saw a schedule of activities for both morning and afternoon, comprising of armchair basketball, and chair exercise, discussions, reminiscence, colouring and crafts and singing. Residents are invited to participate and about 70% did. We also observed staff talking to residents.</p> <p>One of the relatives commented that although</p>

	<p>activities were scheduled twice a day, they did not always seem to take place.</p> <p>If the weather was appropriate residents were taken in to the garden. BBQs were sometimes held.</p> <p>Residents are not allowed out on their own. Last summer residents were taken to Southend, and pictures of outings were on the wall. One member of staff took one of the residents to the local shops and they were able to go for lunch to the fish and chip shop.</p> <p>The residents can have access to a laptop if they wish to use the internet, and the provider has a special large keyboard for them to use.</p>
<p>Food:</p>	<p>The food is cooked on the premises. The menu was on a board, but there is an alternative if residents want something else.</p> <p>The food we saw looked appetising; one resident was diabetic and an appropriate diet was prepared for him.</p> <p>Residents are encouraged to eat in the lounge/ dining area. There were 3 tables which could accommodate 10/12 residents; one lady who had difficulty in feeding herself was in the little anti-room being attended by a member of staff, likewise one gentleman in the main lounge, and one resident liked to eat in her room.</p> <p>The Manager brought in a 'takeaway' meal once a week which residents really liked.</p> <p>Residents were offered lots of drinks and were encouraged to drink them to prevent dehydration and urine infections.</p> <p>We did not observe residents being given the opportunity to sanitise their hands prior to eating.</p>
<p>Engagement with Relatives/Residents/ Carers:</p>	<p>There was a warm and homely atmosphere in the home and staff seemed to be very caring.</p> <p>Relatives that were spoken to all commented that the carers were helpful and caring. One relative commented that they were 'caring, kind and professional and speak to residents in a respectful way'. We saw staff talking with residents whilst helping them eat. The Manager welcomed residents to come and chat to him at any time.</p>

	<p>The manager kept in regular touch with relatives by email and holds meetings for residents/relatives. Relatives indicated that they would attend meetings if they could.</p> <p>The manager did an annual survey to monitor satisfaction, which he told us was all very positive.</p>
Comments/Complaints/Compliments	<p>The manager had a complaints / comments book which went back 10 years. There were no complaints and many compliments.</p> <p>Relatives made the following comments to us:</p> <p>"I cannot praise the care and kindness my relative has been shown in the home highly enough".</p> <p>"When [my relative] first went into the home they were so happy there - when I visited they were afraid I might take them home when I left!"</p> <p>"I thought I was going to lose my [relative], but since coming here in November they are now much better."</p>
Conclusions:	<p>On the day of the visit the team felt that this was seen to be a well-run small establishment taking good care of those who had placed themselves in its care. The home had promoted the visit as several relatives attended specifically to talk to us, and others completed our questionnaire and sent it into us, overall they were all extremely happy with the care. We did feel that the home would benefit from some re-decoration and updating.</p>
Recommendations:	<ul style="list-style-type: none"> <li>• It is suggested that consideration be given to safety at the top of the stairs – perhaps fitting some sort of gate or barrier at the top.</li> <li>• It is suggested that the residents' doors be labelled so that they can be clearly identified. (Perhaps with a picture of the residents).</li> <li>• It would be good practice to provide wipes so that residents can clean their hands prior to eating.</li> <li>• It is suggested that staff wear name badges both for residents and to identify them to visitors.</li> <li>• Check functioning of the website.</li> </ul>
Signed:	Tina Stanton

	Jeremy Gold Derek Norman
Date:	February 2015

We received the following comments very promptly from the manager:

- Garden was on the project list to be cleared and tidied and now the garden is cleared and lawn cut- everything is cleaned now and looks neat and tidy.
- You mention that there is no dedicated activities coordinator but we have a musical entertainment that comes once every month and staff usually carries out the daily activities according to what the residents prefers.
- You also mentioned 'One of the relatives commented that although activities were scheduled twice a day, they did not always seem to take place'. This does not normally take place because the residents prefer to do something else. We asked the residents what they would like to do before the activities are performed. This is according to their wish and we cannot force residents' to do something against their wish.

**Regarding the Recommendations:**

1. It is suggested that consideration be given to safety at the top of the stairs – perhaps fitting some sort of gate or barrier at the top. **Will be considered**
2. It is suggested that the residents' doors be labelled so that they can be clearly identified. (Perhaps with a picture of the residents). **All of the residents doors are now labelled**
3. It would be good practice to provide wipes so that residents can clean their hands prior to eating. **Wipes and tissues are provided and staff always assist in wiping or cleaning residents' mouth after use. Just may be on that day they were busy attending to other residents. This was later attended to. Resident appearance is one of our top priorities that we take into great consideration, which have an integral part of their life.**

4. It is suggested that staff wear name badges both for residents and to identify them to visitors. **Will consider implementing**
5. Check functioning of the website. **We are considering having new website for the organisation. We are in the process.**