

Enter and View – Visit Report

Name of Establishment:	Victoria Care Centre Acton Lane Park Royal London NW10 7NS
Sources of information:	<p>Discussion with – General Manager 2 care staff 6 residents - 3 people had been resident for one or 2 months, and 3 people for a year Brief conversation with and significant observation of Care Activity Coordinator</p> <p>Questionnaires completed and supplied by – General Manager 2 relatives</p> <p>Observations of the 4 Enter and View team over a 3 hour period</p> <p>Healthwatch Brent referred to recent CQC reports prior to the visit.</p>
Date of Visit:	23 rd March 2015
Healthwatch Authorised Representatives Involved:	Ian Niven Helga Gladbaum Catherine Miller-Baldwin Stacey Lewis
Introduction and Methodology:	<p>This was an announced Enter and View (E&V) visit undertaken by Healthwatch Brent’s E&V Volunteers and Coordinator, as part of a planned strategy to look at a range of care and nursing homes within the London Borough of Brent 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, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services.</p> <p>The aim is to report on 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</p>

Enter and View – Visit Report

	<p>along with the feedback from residents, relatives, carers and staff. They compile a report reflecting these, and make some recommendations. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their response to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Health/Safeguarding Overview and Scrutiny Committee, CQC, Brent Council and the public via the Healthwatch Brent website.</p> <p>DISCLAIMER:</p> <p><i>This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on that date.</i></p>
<p>General Information:</p>	<p>The service describes itself on its website as – Victoria Care Centre offers a specialist environment, for the practice of older people's care. The service states all staff are trained in the challenges of dementia care and that all care delivery is person-centred with residents enjoy access to pleasant social environments, a programme of activities and have their personal interests supported. Consisting of en-suite bedrooms, the centre makes an important contribution to local care needs.</p> <p>Owner: Sharda Care Ltd Person in charge: Basu Lamichhane (General Manager) Local Authority / Social Services: London Borough of Brent Council Type of Service: Care Home with nursing – Privately owned, 115 residents Registered Care Categories: Dementia • Old Age • Younger Adults Single Rooms: 115 Rooms with ensuite WC: 115</p> <p>The unit had 99 residents on the day of the visit, and is gradually moving towards its capacity.</p> <p>The communal ground floor and two residential floors were open, with a final 4th floor available for development.</p> <p>Residents can smoke in a designated area on the 4th floor.</p>

Enter and View – Visit Report

Overall impression	<p>The bistro bar on the ground floor was a lovely and stylish environment. The food and drink prices were very reasonable, and we were told it is run not-for-profit. This space is available to residents and visiting relatives. It was also use for a bingo session. There were no sugar free drink options.</p> <p>The ground floor also houses a Cinema / multi-faith room, and hairdressing salon. A library service provided by Brent Library Service includes maps and games.</p> <p>The centre has a number of lounges, one with a reminiscence area. A multi sensory room was near to completion. Tube signs identified each floor on entry, distinguishing each within this uniform building.</p> <p>A large central garden was clearly a safe space. There were chairs and tables and a covered area. The chairs were stacked with no one in the garden. The astroturf was probably a sensible practicality. Near to reception there were photographs of a resident planting in pots. However, there were no natural plants in the garden - one resident said that gardening had always been her life passion – she might have appreciated natural planting. Another resident’s room was full of plants.</p> <p>The lounges and rooms had very comfortable chairs.</p> <p>During the visits the communal areas were spotlessly clean. One relative reported the home and room to be clean; the other said it could be better. None of the residents we interviewed expressed concern about cleanliness.</p> <p>Obvious improvement and responses to the CQC report with trompe l’oeil doors, brightly painted hand rails, and reminiscent pictures in the corridors on the 2nd floor dementia unit. Beside each room there is also a frame with information to remind the individual about themselves.</p> <p>The centre is still being developed as bed capacity increases. For example, a second dining room on one floor was being made ready.</p> <p>Staff were all smartly uniformed and going about their duties in a clearly efficient manner.</p> <p>Despite some senior staff greeting residents by name in a cheery and personal manner, the unit was very quiet with very little social interaction.</p>
--------------------	---

Enter and View – Visit Report

<p>Care Planning:</p>	<p>The manager stated that care plans are developed with residents where they are able, and with family. They are held in the nursing stations on each floor. Visiting professionals have access to these.</p> <p>Care plans are used during the daily 8am handover, if there are any changes, along with a handover from the night shift.</p> <p>Both relatives attend daily and ensure the care plan is followed, or that the care is good, and are involved in planning care.</p> <p>When asked about being involved in their care plan, one resident said - at 98 I don't make many plans, I just take each day.</p> <p>2 residents weren't sure.</p> <p>2 said yes.</p> <p>And one said I can't complain.</p>
<p>Management of Residents' Health and Wellbeing:</p>	<p>We heard from residents about treatment by external health professionals. The manager reported that a GP visits twice weekly.</p> <p>One resident reported having eye tests by a visiting optician.</p> <p>I fell over and couldn't walk very well. The doctor came to see me at home. I got a walker.</p> <p>I get medicine for [my condition].</p> <p>Residents reported being weighed, some said weekly.</p> <p>Breakfast and personal care are the first tasks of the morning. Residents are treated with dignity and in a person centred way, for example by closing the room door and curtains during personal care.</p> <p>Residents reported that drinks were easily available throughout the day.</p> <p>On the subject of privacy, residents said the following -</p> <p>One relative said that privacy was mostly respected.</p> <p>Yes, but every day they ask about my bowels.</p> <p>Reasonably well.</p> <p>It can feel a bit overpowering but I got used to it.</p> <p>As much as they can – it's a bit difficult sometimes due to shortage of staff.</p>

Enter and View – Visit Report

	<p>I have a locked cupboard.</p> <p>I need privacy in the bathroom and I got it.</p> <p>3 people expressed no particular need for religious worship.</p> <p>3 people said they could worship, including a service on a Sunday at the centre.</p> <p>3 residents said they could choose when to get up, get dressed, and go to bed.</p> <p>Dignity tree on ground floor acted as a reminder to all.</p> <p>This could have been replicated on each floor, given that not all residents access the ground floor.</p> <p>Choice is respected by asking what the resident wants to wear.</p> <p>Access to dentist, optician chiropodist</p> <p>The dentist came here and fixed my dentures.</p> <p>We would be told when to see them.</p> <p>I get free glasses and regular visits.</p> <p>I could get the optician to come to the centre.</p> <p>Relatives were aware of health treatment available from external professionals.</p>
<p>Manager’s feedback</p>	<p>The manager took over this role after the 2014 CQC report.</p> <p>The manger and CQC are engaged in an on-going process regarding the monitoring of these issues.</p> <p>In addition to a verbal discussion on the day of the visit, the manager completed our questionnaire. This is available as a separate document.</p> <p>All of the managers responses were found to be accurate in the following ways –</p> <p>Our Enter and View team observed supporting evidence;</p> <p>Staff comments were consistent with the managers responses;</p> <p>Where detail is required, e.g. regarding staff training, care plans, and incident</p>

Enter and View – Visit Report

	<p>reporting, the manager updates CQC directly.</p> <p>The manager also has regular meetings with Brent Council’s Older People’s Placement Team.</p> <p>Staff Training:</p> <p>With the manager, we discussed recent CQC reports regarding staff training.</p> <p>The manager did tell us that improvements had been made regarding referral for health concerns, including bed sores; safeguarding, restrictive practices; and reporting incidents to CQC.</p> <p>The manager assured us that there had been a reduction in the number of pressure sores.</p> <p>He reported that safeguarding and training had improved.</p> <p>Neither of the staff we spoke to was unable to explain the term safeguarding to any degree.</p> <p>Level 2 Health and Social Care, a 3 day induction, dementia training, infection control and moving a handling were training reported by staff.</p> <p>Last reported staff supervision was 3 weeks ago and 1 month ago.</p> <p>Residents said –</p> <p>[the staff are] trained a fully qualified.</p> <p>The staff are very nice and do the best for you.</p> <p>The staff are friendly and all have uniforms.</p> <p>Deprivation of Liberty (DOLS) files were in sight in the manager’s office. We discussed the codes required to operate the lifts and residents’ freedom to go our of the centre. Basu assured us that each resident is assessed individually and that all staff are aware of who has capacity to freely use the lifts or leave the centre. During our visit 3 residents were observed using the lift independently, one of whom said he was going out for a walk.</p> <p>Of the six residents we spoke to, one told us they can walk across to ASDA if needed, but has no money.</p> <p>Another said the staff may be reluctant to let him out – the interviewer was not</p>
--	--

Enter and View – Visit Report

	<p>sure this resident had or understood the instructions for using the lift. He thought the staff would take him out if he wanted to go out. His brother would take him out when he visits.</p> <p>And another said - I am allowed to use the lift, but I'm not sure I have the number [the code for the lift] – the manager confirmed that this person did have the code but his dementia made it difficult for him to be clear at all times.</p>
<p>Staff:</p>	<p>Rather than a deputy manager, there is a floor manager for each of the 3 floors. These managers deputise for the General Manager.</p> <p>General manager – 3 floor managers – nurses (including key-nurse) – senior care staff – care assistants.</p> <p>CQC returns include data on staff turnover.</p> <p>One staff member wanted to be able to speak with the general manager. Another said they can speak to all levels of staff.</p> <p>Staff said that there were enough staff and that bank staff are not used, with the occasional exception where a resident needed one to one support.</p> <p>Staff felt that the home is safe.</p> <p>The manager reported the following –</p> <p>Occasional bank/agency is used to cover emergency sickness etc. Staffing levels varies and depend on the dependency level of residents; today in second floor: 3 nurses and 8 carers for 33 residents in day shift and in night; there will be 2 nurse and 4 carers or 1 nurse and 1 sr carer and 3 carers. There is no compromise on resources as much as it is required and relevant.</p> <p>Approximately 6 staff left and there is ongoing recruitment of approx.. 35 staff due to expansion in service.</p> <p>There will be less staff in the nights. Only nurses and carers will be working on night and it's almost 40-50% reduction in nights in comparison to which will be continuously monitored and evaluated.</p> <p>One relative said that 95% staff were exceptionally good, but that problems arise when agency staff are used. The other relative said that staff skills are variable, and that staff should not be working there if they have no experience.</p> <p>Staff were clearly efficiently going about their caring duties, including the administration of medication.</p>

Enter and View – Visit Report

	<p>Staff were observed responding quickly to one resident’s distress. One buzzer sounding with no apparent response, although our team did not clarify this.</p> <p>Residents said –</p> <p>They are always polite and exceed their duties.</p> <p>Sometimes their English is not so good.</p> <p>They are a friendly bunch.</p> <p>Staff call you by your Christian name.</p> <p>There is no named person to talk to or talk about changes I would like.</p> <p>Yes [the staff talk to me] especially the medical.</p> <p>A staff member was observed asking the team if anyone spoke Tamil to help another resident.</p> <p>If you need anything explained the staff will help you.</p> <p>One resident showed the TV in his room with 100s of channels and was able to play his DVDs. Another resident said he could not play his CDs in his room. The manager said it is possible to watch individual DVDs and CDs in all rooms - this resident had signs of dementia which may have led to some confusion.</p>
<p>Activities:</p>	<p>The August 2014 CQC report observed that the activity coordinator was very active, but that there was little evidence of other staff initiating or following up on social interaction and activity. The activity coordinator now has an assistant and there is a plan to have an assistant on each floor. It seemed clear that it was still the case that activities and social interaction only takes place via the activity team. The manager said it was an on-going point of discussion with care assistants regarding this being part of their role.</p> <p>The interaction between the activities coordinator and residents was very personal and warm. A range of activities was planned and displayed on each floor. The activities team also personally reminded residents. Two activities took place during our 3 hour visit. This level of organised activity was advertised for every day.</p> <p>This team’s efforts were clear to see, however, given the population 99 residents more staff would need to be engaged if residents were to be supported with their interests.</p>

Enter and View – Visit Report

	<p>Relatives reported bingo, individual social activities and motor skills as examples of activities. One to one play therapy, bingo and motor skills were most enjoyed, but that encouragement to participate is always required for one resident.</p> <p>Residents told us that the following activities are available –</p> <p>Bingo, coffee mornings, gentle exercise, hand and feet movement, art, knitting, drawing, and films.</p> <p>Staff said that 11am to 12:30 and after lunch were the times for interacting and engaging residents. There was little or no evidence of this between care staff the residents. Staff reported constant interaction even when tidying a resident’s room.</p> <p>Two residents said the staff are always busy, so no they don’t chat, and another that the staff don’t talk much.</p> <p>One relative said the resident did very little unless encouraged; the other resident most enjoyed interacting with others but wanted more of this, especially when left alone in a room.</p> <p>The opportunity to worship is available, and was observed during the visit.</p> <p>Four residents were sitting in their wheelchairs asleep in the lounge.</p> <p>No residents were interacting within a circle of around 12 residents in a lounge, nor was there any stimulus.</p> <p>There was no observation of physical exercise.</p> <p>One resident said he could do with more exercise, may a fixed bike. A more regimented exercise.</p> <p>One resident said they did not know about the garden.</p> <p>One resident said they were not involved in any activities.</p> <p>There is a woman in charge of activities.</p> <p>One resident said she didn’t know.</p>
--	--

Enter and View – Visit Report

	<p>Regarding activities people would like to do –</p> <p>I have no hobbies.</p> <p>I was a keen gardener when I lived at home.</p> <p>The arts.</p>
<p>Food:</p>	<p>Lunch was served on each floor. The atmosphere was calm and quiet. One relative was present and supporting the resident to eat. Three other residents had one to one support to eat.</p> <p>There was almost no interaction between residents or between staff and residents. One senior staff member said this was intentional to ensure that residents did eat without being distracted by conversation. One resident said she chose to eat in the dining room with others because eating is a social experience. Our observers found the lack of social interaction to be extreme and strange.</p> <p>The Activity Coordinator came and spoke to each resident by name and explained the activities on offer that afternoon.</p> <p>Care plans state whether a resident feeds themselves, is fed or supported according to their mobility. Some residents have high health support needs – we made no observation of these residents at lunch time.</p> <p>Residents were not rushed.</p> <p>Staff read the menu to residents. Choices are made one day in advance. There are three menu choices each day for lunch and supper.</p> <p>One relative said the food was good, the other thought it had declined in quality, and that evening option 2 is always sandwich and soup, and that drinks and private dining are always available.</p> <p>Residents described the choice of food was just as the staff described.</p> <p>I like Caribbean food and get a menu every day.</p> <p>The menu is a bit samey.</p> <p>I couldn't cook this at home – I couldn't afford it.</p> <p>There is a good choice of food available.</p> <p>The choice of eating with others or alone was confirmed by two of the residents.</p>

Enter and View – Visit Report

<p>Engagement with Relatives/ Residents/ Carers:</p>	<p>Relatives are involved in bi-monthly carers meetings and have a say in how the centre is run. Relatives find staff understanding and willing to chat.</p> <p>Few residents commented on having a say on how the home is run, however, one person said there is a monthly meeting, sometimes, if they can.</p> <p>One relative said that improvements were on-going. The other recommended that new staff should work alongside familiar staff until they get to know the resident.</p>
<p>Compliments/Complaints/Incidents</p>	<p>Staff described a process of listening, recording and informing seniors when residents make a complaint.</p> <p>Staff said they would or have recommended Victoria Care Centre to friends.</p> <p>Both relatives would recommend the home to others.</p> <p>In response to the question, would you recommend this home to friends and family, residents said –</p> <p>I have no friends.</p> <p>Yes, I suppose so.</p> <p>No comment.</p> <p>No, because for me it's too restrictive.</p> <p>Yes – it's quite frightening, but staff ease you into it.</p>
<p>What residents like about Victoria Care Centre</p>	<p>People are kind a friendly.</p> <p>It's like a good hotel.</p> <p>It's not too bad.</p> <p>It's very nice.</p> <p>They really care.</p> <p>I'm happy with this place.</p> <p>The staff are respectful and reasonable.</p> <p>All residents reported the centre to be clean.</p> <p>One commented on the up to date décor.</p> <p>Happy to stay here.</p> <p>Both carers reported their family members accepting living in the home, one with variable feelings, with good, mediocre and bad days.</p>

Enter and View – Visit Report

<p>What residents like least</p>	<p>Everything is just fine, Not anything, nothing.</p> <p>Not having the run of the place.</p> <p>I would like to escape from here, it's a prison camp – I would like to have more freedom.</p> <p>Restrictions – it can feel a bit like a prison.</p> <p>Other residents upset other residents at other places, but not here.</p>
<p>Do you know how to complain?</p>	<p>Yes, I tell them about it straight away.</p> <p>You talk to staff – it's very casual.</p> <p>Yes.</p> <p>Nothing to complain about.</p>
<p>What would improve things for you?</p>	<p>I am waiting for a wheelchair.</p> <p>Nothing.</p> <p>Really and truly I am happy with my life at the moment.</p> <p>I would like to have my own mobile – if I need to make a phone call out I can ask the admin office.</p>
<p>Conclusions:</p>	<p>The fabric of this home was excellent, as was the level of cleanliness.</p> <p>The staff team seemed to focussed on meeting residents' physical health needs, including personal care and eating.</p> <p>Beyond the wide range of activities and obvious caring energy offered by the small designated team, there seems to be limited social interaction and between residents, little stimulus for residents, little capacity for residents to pursue individual interest if they require support, and no sign of encouragement from the general staff team.</p> <p>We only interviewed two care staff, but it was concerning that neither had an understanding of safeguarding.</p> <p>There appeared to be a lack of opportunity for physical exercise.</p> <p>There were no sugar free drinks in the bistro.</p> <p>It was clear that Victoria Care Centre has taken many steps to address the concerns of CQC from April 2014. Healthwatch Brent is aware that the detail of these issues is the on-going role of CQC. Healthwatch Enter and View reports therefor do not explore these in detail.</p>

Enter and View – Visit Report

<p>Recommendations :</p>	<p>Besides encouraging the continuation of the good work of Victoria Care Centre, there are a few areas that the centre could improve on -</p> <ol style="list-style-type: none"> 1. We ask the centre to reflect upon and feedback its thoughts and plans regarding our observation of a lack of social interaction. As part of this, the centre might consider – <ol style="list-style-type: none"> a. A review of role descriptions for care staff with regard to fostering social interactions between residents, and maintaining and developing individual residents’ activity and interests. b. Staff training to support this. c. Note - Healthwatch Brent is aware that there can be a cost involved in this, so asks the centre to factor this in to future workable plans. d. Encourage volunteers and befrienders to support residents within the service. e. Ensure that social engagement is included as essential elements of care plans. 2. Review the effectiveness of Safeguarding Training and staff awareness of procedures within the service. 3. Review the amount and type of physical exercise built in to each resident’s day. 4. Create some permanent natural planting in the garden.
<p>Signed:</p>	<p>Ian Niven, Coordinator, Healthwatch Brent</p>
<p>Date:</p>	<p>24/04/15</p>
<p>Victoria Care Centre General Manager’s feedback, queries and clarifications on this draft report</p>	<p>No response was received from the general manager to this report.</p>