Enter and View – Visit Report

Name of establishment:	Appletree Court Care Home 158 Burnt Oak Broadway Edgware HA8 0AX
Staff met During Visit:	Patricia Waldron, Home Manager Other care staff
Date of visit:	10th November 2015
Healthwatch authorised representatives involved:	Derrick Edgerton (Team Leader) Tina Stanton Monica Shackman Helena Pugh Janice Tausig Jeremy Gold

Introduction and Methodology

This is 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, announced or unannounced, 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. Questionnaires are provided for relatives/carers/friends who are not able to attend on the day of the visit, but wish to provide some feedback. These are returned directly to Healthwatch. The volunteers 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 organisation, the Health Overview and Scrutiny Committee/Adults and Safeguarding Committee, CQC, Barnet Council and the public via the Healthwatch website.

Enter and View – Visit Report

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 who completed and returned questionnaires relating to the visit.***

General Information

This is a purpose built home opened in 2006 with accommodation for 77 residents in single rooms, each with ensuite toilet and wash basin. It is part of a group of six homes owned by the same individual spread throughout Southern England (Surrey, Milton Keynes, Dagenham).
The building has four levels. The basement contains the kitchen, laundry, and staff facilities. On the ground floor, off the lobby area, are the administration and managers offices. Also on this floor are 25 rooms for residents with medical conditions. On the first floor are 26 rooms for residents with medical conditions and dementia. On the second floor are 26 rooms for residents with dementia. Access to the first and second floors is controlled by digital electronic locks. Entry and exit from the building was secure.

On the door of each of the residential rooms was a photograph of the resident, their name and the name of their key worker. Each room had an alarm pull.

Each residential floor has at least one lounge, a separate dining room and a number of shower rooms.
Also available is a medical consulting room, a "serenity" lounge, a specially designed 1950s lounge, a hairdressing salon and a cinema room.

There are two lifts serving all levels (access controlled on floors 1 & 2). These were not available for use in case of fire. There were also several staircases.

Externally, there was adequate parking provision. There was a large garden, which appeared well planted and tendered. In the garden were

several tables and chairs, a swing chair (with restraints), a "beach" area with sand and a barbeque area.

No hand cleansing gel was seen.

The lobby contained details of the Home registration, the Food Standards Agency rating (5 star) and CQC rating. Also in this area were two sofas and a display cabinet.

Off this lobby was a residential corridor, containing several notice boards on the walls with details of staff awards, activities, policy statements, menus and general information. This is where we saw the Healthwatch notice, but it was not very prominent, and very few relatives were there to meet us. There were additional small notice boards on every floor containing information (e.g. menus). The walls of all the corridors were well hung with pictures and paintings covering a multiplicity of subjects. The corridors were segmented by fire doors with "hold open" devices fitted. There appeared to be adequate extinguishers (with up to date service labels), alarm points and fire instructions posted.

At the time of our visit there were 74 residents, and two were expected by the weekend. If couples are accepted as residents, they can have adjacent rooms, one as a bedroom the other as a sitting room. Residents are allowed to bring in their own furniture, if suitable and hang items on walls. One or two rooms are kept available for "respite" care.

Overall, the fabric was clean and well maintained, but "tired". It should be noted that a major refurbishment was due to start imminently. This would involve painting all of the common areas, new furniture (specifically suited for the elderly and infirm) in the common areas, new curtains. New floor covering (easy clean type) was to be installed on the first floor to replace the current carpet. This would make cleaning much easier. It was noticed that some of the floors were sticky, including one of the lifts, but we were told replacing the floor covering on the other floors was under review.

On arrival, the team was admitted by the admin clerk and when the manager arrived she outlined the home's philosophy. After an orientation tour the team split into pairs, a pair for each floor, and spoke to the manager, staff, residents and relatives and observed.

The home belongs to the Care Home Research Network, which is run by Kings College in London. It also takes students from the University of Hertfordshire for Adult Branch Nursing.

Care Planning

It would appear that most residents come via referral from social workers or hospital. The process starts with the gathering of information about the potential residents likes and dislikes from relatives and social workers. The potential resident is then assessed. All this is done using a proforma with some input from the GP who visits the home to assess each new resident.

A care plan is drawn up based on this gathered information and would cover their physical and nutritional requirements and notice would be taken of particular likes, habits and dislikes in order to accommodate these.
Care plans are reviewed monthly and staff and relatives have access.
An application is made for nearly every resident for DOLs. (Deprivation of Liberty) At the time of the visit 65 DOLs were in place.

A Carer commented that she uses the Care Plan to discover a resident's specific likes and dislikes so that she knows how to interact with them. She also uses it 2 or 3 times a day to complete 'food fluid and comfort charts'. It was unclear how the Nurses used the Care plans, other than to note medications given.

Management of Residents' Health and Wellbeing

There were residents with many different types of medical conditions. These included 16 Diabetics (2 insulin dependent), cases of Multiple Sclerosis, Chronic Obstructive Pulmonary Disease, Rheumatoid and Osteoarthritis and individuals on anti-coagulant therapy. Several residents were wheelchair users.

District nurses attend the residential dementia unit daily to give insulin (although we were told this may soon change and home nurses will take this on) and good use was made of the RRTT (Rapid Response Treatment

Team) from Barnet and STARRS (Short Term Assessment, Rehabilitation and Reablement Service) from Harrow. This was aimed at preventing residents from having to be admitted to hospital.

A local GP based at a nearby health centre attends weekly (on a Wednesday) and on any other weekday when called. The home pays for this. The manager stated that it was felt to be money well spent as it was a comfort to relatives to know that a GP was always available. At weekends, if needed, a doctor is obtained from the Harmoni out-of-hours service.

It was commented on that when residents had to be admitted to hospital, they were often discharged at inappropriate times (eg late Friday evening).Medicines were dispensed from blister packs.
An optician and podiatrist visit as required. There is a dental centre adjacent to the home, which is used. Residents are taken, as required, to hospital for blood tests and other appointments or treatments. They are always accompanied by a staff member.

Residents are weighed monthly (MUST – Malnutrition Universal Screening Tool - score calculated) and any weight loss is discussed with the GP and relevant action taken (e.g. weekly monitoring, increase food intake). Food intake is monitored, as is fluid intake. Charts and other documentation were seen to be left visible on a corridor table, so not being kept confidential.

Monitoring for pressure sores is done and there have been none reported for some time.

Appletree deals with residents needing End of Life Care (EOLC) and we were told that in the past Staff had undergone Gold Standards Framework Training in this area. However, this has not been continued this year.
EOLC was described as talking to residents and families, helping with bereavement issues, calling in a priest/religious leader when needed and providing the room and food for a Wake if required.
Some Residents were bed bound and no Care Staff or Nurses were seen to be in attendance even when a confused patient was calling out from their room. Care Staff were however continuously engaged in dealing with other mobile residents.

All the residents that were seen were clean and well dressed.

Staff

We were told that there were approximately 100 staff on the books. No agency staff are used, but there is a staff bank[1]. Some staff had worked at the home for several years, at least one since it opened.
We were told that there was a dedicated housekeeper per floor. There was a chef that works Monday – Friday and another working at weekends. They cover each other's holidays. The chef is supported by a kitchen assistant. There are also laundry staff, an activities coordinator and a maintenance person.

We were told care staff work shifts of 12 hours, starting at 8am, have a 15 minute break any time between10:45 and 12:00 noon. They have 45 minutes for lunch, starting at 2pm – presumably staggered – and then continue from 2:45 until 8pm without a break. It was unclear if there are additional part time staff.

We were told that on each floor during the day were 5 carers and 1 nurse (supporting 25/26 residents). There is additional support from the manager, deputy manager and activities co-ordinator as required. At night we were told there were 5 carers and 2 nurses covering all floors. Several people who we spoke to said in reality that it was often the case that just one member of staff would be covering one floor at night if staff were called to assist on another floor. It was also stated that sometimes confused and frustrated residents become too difficult/physical for female Care Staff some of whom were not as strong as the residents. There are currently only 4 male care staff.

A recently appointed deputy manager, who appeared to be very well regarded, had left after two months, due to a change in personal circumstances.

[1] Staff bank – this is where staff are recruited to work specifically to provide cover for planned and unplanned shortfalls in staffing, covering vacancies and staff absences, as well as bringing specific required skills for short periods of time.

We were told an annual appraisal system was in place and that staff supervision occurred very two months. Some staff members told us that supervision did not occur regularly, and there were no team meetings when staff got together.

Care Staff were observed working well together being very supportive of Residents and each other in difficult situations. They responded well to a violent interaction between two residents. We observed one situation where a Care Worker managed a difficult situation, enabling the Resident to act in a co-operative manner. Nursing Staff were not observed to interact as well in challenging situations and some staff had indicated that they needed to work better as a Team. Care Staff felt that the relationship between the Nurses and themselves was not equitable in terms of how Care Staff were addressed and treated, the relationships Care Staff had with Residents and the way in which Nurses used their time.

The home makes use of volunteer helpers to assist at mealtimes.

Staff Training

Currently, we were told, training provision is a mixture of bought in and in-house. The training provided by the Barnet IQICH[2] team is heavily utilised and well thought of by the manager. Staff were supported in doing NVQ qualifications with supervision being provided in-house.

We were told that all staff received training in Health and Safety, Manual Handling and Dementia Awareness and that training is also given in Medicines Safety and Medicines Administration. However, team members were told by various staff members that little training had been done in the past year and a proportion said they had received no dementia training and were unaware as to the meaning of "safeguarding". We were made aware that not all staff appeared to be competent in the use of hoists.
We had no opportunity to see training records.

2 IQICH - Integrated Quality in Care Homes Team

It was stated that from January 2016 a lot of e-learning would be used in addition to other methods of training. There was an awareness of the shortcomings of e-learning and we were told that careful monitoring of outcomes would be in place.

We were unclear what training the Volunteers had been given for their role, but were told that they had previously been family carers for residents who had lived in the home but who had now passed away.

Activities

The home employs an Activities Coordinator (Monday – Friday) who had been in post since 2006. We were told an additional post had been created to cover the weekends and this will be recruited to shortly. The Activities Co-ordinator attends meetings with other Co-ordinators in Barnet. Her role also includes working with the Manager on EOLC. She said she had recently attended the Silver Sunday event held in Barnet Town Hall with a few residents.

She explained that activities were organised on all 3 floors starting around 10:30-10:45 and lasting for around 1 hour. After that residents often lost focus. The Co-ordinator enjoys working with other Care Staff, volunteers and work experience students from Stanmore College whom she supports to deliver activities to provide for all 3 floors. The Cinema Room was apparently very popular.

There was on display a timetable of daily activities (although no activities were seen to be happening during the team's visit). We were told group outings occur regularly utilising a hired minibus. There were photographs on display of outings to Friary Park and the seaside. Some individual residents were taken out on a weekly basis (at fixed times) to go to the local shops. We were told that residents also get taken to the local Costa, Harvester and Chinese restaurants. From the questionnaires that we received there was a consensus that there were adequate activities available that seemed well liked. The manager has control of a monthly budget for outings etc, so there is no additional cost to residents.

Enter and View – Visit Report

Food

The food was prepared in the kitchen in the basement and distributed in food trolleys to the dining rooms on each floor. We were told that special diets (halal, diabetic) were catered for. A number of residents had their food pureed. The main meals that were seen looked satisfactory, but about half the main course was potato. We were told by some, that the quality was variable and not all were satisfied with it. The home's kitchen was clean and tidy, but seemed small for serving the needs of nearly eighty residents who need good quality food made from healthy ingredients. The chef explained that she works five days a week, that a colleague works weekends and that they cover each other's leave. From this it would seem that there must be several occasions per year when these key staff are working seven days per week. A brief look in the larder suggested that soups and puddings are made from commercial catering mixes rather than from fresh ingredients.

We observed several residents being assisted in eating, although in some instances it appeared to take up to 10 minutes for a care worker to come, hence cold food. A relative was also seen helping.

The dining rooms on each floor were not set up to accommodate all the residents. Some ate in the lounge, some in their rooms. We were told that residents were grouped according to their needs (whether assistance was required) an according to their behavioural issues. The team observed an incident of food and water being thrown at a member of staff. This situation was dealt with in an understanding way but the resident was not offered replacement food at that point.

Several residents/relatives told us they liked to be able to eat with friends/relatives through the 'come dine with me' initiative.

Engagement with Relatives/Residents/ Carers

We were told that residents or relatives meetings are held alternate months. The residents' meeting is chaired by one of the able residents. Whilst we did not see any minutes of either sets of meetings, we were told that changes are made as a result of requests/discussions at these meeting, but this could not be verified. Several relative questionnaires

were received after the visit and the opinions expressed have been incorporated in this report.
One Care Worker told us she really enjoys speaking with the residents; another that working with Dementia residents was her 'passion' and she had specifically chosen to work in this Home to give her this experience.

Compliments/Complaints/Incidents

The last formal complaint was in April 2015 and we were talked through the way that that was handled.

There had been incidents where an individual resident had started wandering at night. Pressure mat alarms had been installed in these rooms to alert staff to this happening.

Some relatives who we spoke to were very happy with the care provided and we were told by one that
"This place is like a country hotel"

Conclusions

The team came away with some mixed impressions, based on facts obtained from staff, relatives and residents and their own observation whilst going round. The home is spacious and comfortable and the staff clearly work hard to look after residents who suffer from significant physical and mental health conditions. However there are some significant weaknesses and our misgivings are expanded on below.

The management style was seen to be very hands on and enthusiastic (this was also commented on by several staff), but was felt by some to be overwhelming and potentially undermining of an individual's self confidence. In terms of training, we were told that some individuals received a lot of external training, whilst others did not, even though they would benefit and were qualified for it. There was some concern over the standard of training in the use of equipment. There was a varied level of understanding as to what "safeguarding" was. The role of e-learning was discussed and whilst it was stated that careful monitoring of outcomes would be in place, it is felt important that it is.

We were told that food and fluid intake were monitored and recorded. The team observed no member of staff making note of anything, although staff told us they did. It is therefore assumed that all record keeping is done retrospectively from memory.

With respect to staffing levels, the team's observation and from information given to us, was that staff appeared stressed and rushed, particularly on the first and second floors, whose residents had more demanding needs. The implication of this was that sometimes, those who demanded less direct care were left unattended. There were indications given that relationships between different groups of staff were not as smooth and professional as they should be. There were a variety of opinions expressed about appraisal and supervision, some not understanding what they were.

The majority of residents were not able to comment on their care and accommodation, but the team saw no evidence to cause concern about their wellbeing, with the possible exception of those unable to leave their rooms. The team felt that the staff interacted with the residents in a pleasant manner but got the impression that they would interact more if time permitted.

We are concerned that the home appears to be run on a very tight budget given the very challenging nature of many of its residents and that this may be inhibiting the manager from making improvements in the areas which have caused us concern.

Recommendations

1) There should be a review of staffing levels, particularly on floors 1 and 2, where the more demanding residents are for both day and night. This should include a reassessment of the needs of the residents on those floors and the tasks that are required to be done.
2) Records to be updated in real time.
3) There should, with the implementation of e-learning, be put in place a system by which individuals can be checked to see that their

understanding of those areas being covered is adequate (e.g. Safeguarding) and that the practical application of the training is up to standard (e.g. Manual Handling).

4) Supervision and appraisal is carried out regularly for everyone, so ensuring all have an understanding as to its purpose and benefits.
5) Meetings with Nurses and Care Staff to be held regularly, in addition to handovers, to build a spirit of co-operation, teamwork and a feeling of mutual cultural and professional respect.
6) Involve residents - where possible - and relatives, in devising different menus, using the advice of a dietician or nutritionist.
7) Consider reappointing a Deputy Manager, to ensure that there is someone at senior level with the time to deal with important administrative matters and thus complementing the "hands on" leadership style of the Manager.
8) Fill the Weekend Activities Co-ordinator post to ensure activities continue over the weekend period.
9) Review replacing the floor covering on all floors.

Signed:	Derrick Edgerton, Janice Tausig, Monica Shackman, Helena Pugh, Jeremy Gold, Tina Stanton
Date:	November 2015

The following comments were received from the Manager of Appletree Court Care Home:

Responses to the Recommendations:

1. The staffing levels were reviewed in March 2014 using the Dependency Classification System. Since that time the CQC Compliance Inspector came in August 2014 and looked at our skill mix, rotas and our dependency levels. Since August 2014 prior to your visit, staffing has increased by I carer on each floor 7 days a week. The manager and senior nurse also looked at new ways of working, for example the

trained nurse should oversee the protected meal times, and support the carers with feeding, and carry out medication rounds just after lunch. We looked at how staff took their breaks during the day to ensure we had staff on the floors when they are needed. We introduced the night time experience whereby the night staff spent time with residents that were still up, and then started the night time experience at 9pm by dimming the lights and then taking the individual residents that wanted to go to bed to their bedrooms. I personally came and worked on nights to support staff with new ways of working on night duty.

2. I am currently working with a Quality in Care Advisor from Adults and Communities London Borough of Barnet, on care planning, documentation and risk assessments. She is coming to Appletree shortly to start oversee some of our documentation and implementation. This is a wonderful opportunity for us, as we are learning environment for our Adult Branch student nurse training, taking students from the University of Hertfordshire. The e-learning was launched in January 2016 along with the budget for dementia and any training that is identified for nurses professional development. 8 carers have embarked on the NVQ Level 2 and 3 prior to Christmas 2014.
3. Supervision, appraisals and team briefings and meetings have already started, to enable the nurses and carers to understand their individual roles and to promote team work.
4. We have a relatives meeting one month, followed by a residents meeting the next month. This was already happening and I am very surprised to see it as a recommendation as we had the minutes for the team to view, if they had requested them.
5. In relation to a dietician we work very closely with our dietetics at Edgware community hospital and we currently have about 20 residents on personalised snack plans, for example cream in soups, full fat milk, full fat yogurts and puddings high in calories.
6. In relation to the Deputy position, this has now been filled, and the Deputy hopes to start in February 2016.
7. The home has now been completely refurbished and looks beautiful.
8. We now have activities at the weekend, and this has been a wonderful for Appletree Court as weekend living is different than Monday to Friday as we can incorporate family activities.

General Comments from the Manager:

Enter and View – Visit Report

Training:
15 staff were on duty on the day of the visit, and out of 15, 3 staff were new, 12 staff had completed their dementia training. Because of English not being first language, some will not always recognise the term clinical supervision and the wording safeguarding. The dementia awareness training is run over 3 months and is accredited by the Alzheimers society, so this really surprises me. All staff were introduced to the safeguarding policy and training.

General:
I am disappointed about the significant weaknesses, as we had worked so hard all year improving our standards, for example implementing 75 Dols, introducing the night time experience, working on dependency levels and reaching out to the community with our therapeutic activities.
I am disappointed that you can capture in a 3 hour visit, the training that goes on at Appletree Court and not having viewed our training matrix. We have had manual handling running every 2 months at Appletree, so I cannot understand this area. I also do not understand the perception that we run on a tight budget when in actual fact it is the opposite. I have been here for 7 years and we have made significant changes to make Appletree - a rich learning environment and a caring one.

It was pleasure to have our visitors here, and of course I will take the recommendations very seriously.