

Enter and View – Visit Report

Name of Establishment:	Franklyn Lodge Care Home 8 Forty Lane, Wembley, HA9 9EB
Staff Met During Visit:	Bilem Adamu, Deputy Manager, Activities Coordinator and Care Assistants
Date of Visit:	Monday 21 st March 2016
Healthwatch Authorised Representatives Involved:	Helga Gladbaum and Elaine Fletcher
Introduction and Methodology:	<p>This is an announced Enter and View (E&V) visit undertaken by Healthwatch Brent E&V Volunteers, 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 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. They 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 Health/Safeguarding Overview and Scrutiny Committee, CQC, Brent Council and the public via the Healthwatch website.</p> <p>DISCLAIMER:</p> <p>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.</p>

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<p>General Information:</p>	<p>The Care Home is owned by Residential Care Services Ltd and the residents are placed by the local Authority. This Care Home is for adults with sensory impairment, learning and physical disabilities who are permanent residents. It is a converted residential house, located on a main road, a gated property with several parking spaces, including a minibus, which takes the residents to and from the Learning Day Centre in Neasden on weekdays. The forecourt and the approach to the house looked neglected and uncared for – see the home’s response below. The capacity of the home is nine residents and the accommodation is on two floors with an office on the top floor. Four rooms are on the ground floor, five on the second floor.</p> <p>We visited all the rooms; they all had en-suite facilities with simply dated furniture. All rooms had relatively small windows with dark, heavy curtains which made the rooms look gloomy – see the home’s comments below. All the windows have window safety restrictors fitted for when the windows are open.</p> <p>The lounge was furnished with several sofas, armchairs and two television screens.</p> <p>We visited all nine rooms. One of them has special physical needs and has a 1:1 carer.</p> <p>We saw the dining room which contained a long dining room table with chairs. All looked old and tired. Some had areas that were distressed. A white plastic garden chair looked distinctly dirty. It was explained to us that one of the service user’s has a syndrome which makes them bite and chew on objects including furniture, and this is why some of the chairs needed replacement. The company has placed an order for new set of chairs which would be delivered in June 2016.</p> <p>Adjoining the dining room is the kitchen. Residents are encouraged to help with the preparation of the meals with a view towards independent living although we were told that this was a long term goal.</p>
<p>Care Planning:</p>	<p>For placement at the Care Home, the Deputy Manager explained that the Social Worker sends in the history of the</p>

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	<p>person, a needs assessment and risk assessment is then done based on the history of the person. A detailed care plan was observed. It records the care needs, likes and dislikes of the resident, the level to which the resident is able to communicate for example any signs to express if they are unwell and experiencing discomfort.</p>
<p>Management of Residents' Health and Wellbeing:</p>	<p>Each resident has a key worker to get to know and observe their behaviour. Should they notice any cause for concern, for example scratching, then an appointment would be made for medical treatment. Generally the residents are supported to go out to the dentist and GP surgery. However some do not want to go out, then the GP would be called in. The chiroprapist and optician visit the home.</p>
<p>Staff:</p>	<p>The Deputy Manager explained that the staff operate on a shift system. There is a ratio of 5 staff to 9 residents and 2 waking night staff. They have long serving staff of between 1 and 8yrs. Even the agency staff recruited are long term, to minimise any adverse effect on the residents. They have no nurses available as no nursing care is provided at the Care Home.</p> <p>Three Care Assistants (CA) were interviewed. One had worked at the home since 2010. She told us that she liked working at the home "because they [staff and residents] like me" and "we give to them as a family". She works a full time rota with other CAs and stated "you need heart and patience for this job." She gives personal care, once/day but sometimes more often with residents who experience incontinence. Another CA said "you need patience, and care to work here."</p> <p>One CA had worked at the home for a year as an agency worker. She said that she has a good relationships with her colleagues and residents. 'It is like being at home'.</p> <p>When asked about the cleaning of the home, one CA said that staff do the cleaning but occasionally outside cleaners come in, as well. Her command of English was not very well developed and she was unable to answer further questions.</p>

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<p>Staff Training:</p>	<p>One CA reported that she had received training on challenging behaviour, medicine, mental capacity, epilepsy, manual handling. Another CA added food hygiene, food preparation, personal hygiene and regular refresher courses to the training list. The training is repeated annually.</p>
<p>Activities:</p>	<p>We were introduced to six of the residents, one of whom was a male respite resident. A game was organised by one member of staff which involved matching pictures. This was the only activity observed during our 2 hour visit. We were told that the residents have a full programme of activities at their own Learning Day Centre.</p> <p>We observed a Sensory room with a computer, puzzles and beading. We were introduced to one resident who spends a lot of time in her room and likes music. We saw a collection of CDs and heard music which she enjoys listening to. We were told that should a resident show any specific interest they the support provided in their rooms. We observed that some residents chose to spend time together in the lounge and others to be alone in their room.</p> <p>We were told that it was the practice for all CAs to prepare a meal, to invite the resident supported to participate in the activity, depending on their capability and if they are willing. Residents are encouraged to help with the preparation of the meals with a view towards independent living although we were told “that this was unlikely to happen”.</p> <p>Parents visit from time to time, one does so every day, and some take their family member home for a day or so.</p> <p>One CA mentioned that she goes shopping on a 1:1 with a resident and also takes them to church.</p> <p>The residents are taken on annual holidays for example to Butlins Holiday Camp. They have 1:1 support and the home would engage extra agency staff for this.</p>
<p>Food:</p>	<p>One of the residents is a Muslim and separate halal food is provided for her.</p>

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	A meal time was not part of the visit.
Engagement with Relatives/Residents/ Carers:	<p>Residents are unable to express themselves verbally, so they were not interviewed.</p> <p>They communicate with the Care Assistants through body language and other signs but none of the CAs know Makaton or any other sign language.</p> <p>We were told that the residents take part in a meeting bi-monthly. They take it in turns to choose a topic to communicate.</p> <p>The Staff look out for any improvement in independent living skills. A big improvement would be for a resident to take a plate from the dining table into the kitchen after a meal.</p> <p>One resident who is able to use the computer likes on-line shopping. She had chosen a watch which she clearly liked and was excited to show it to the Manager and our visiting team. She wanted the manager to order it for her at that time. The Manager explained that she will when it is time for her to get presents. Although she had to repeat this point, the resident clearly understood and accepted what was said.</p> <p>The boyfriend of a resident visits.</p>
Compliments/Complaints/Incidents	We observed that the staff interacted with the residents warmly and compassionately.
Conclusions:	
Recommendations:	We observed that the Care Home was in need of refurbishment. We would recommend that the home could be decorated to look bright and more welcoming.
Signed:	Elaine Fletcher
Date:	04/04/16
Registered Deputy Manager's comment	We are not in agreement with the statement – The forecourt and the approach to the house looked neglected and uncared for - our forecourt is not neglected or uncared for in any way. There is currently building work going in the garden area, and

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	<p>as a result building materials have been safely & neatly arranged to the left of the forecourt.</p> <p>We disagree with the statement - All rooms had relatively small windows with dark, heavy curtains which made the rooms look gloomy - the type of curtains in the bedrooms have been provided to prevent excessive sunlight into the rooms during long summer days and to keep the room warm in the winter, moreover the curtains are in pairs to allow the curtains to be drawn open when required.</p> <p>We welcome objective comments and reports as this helps us improve our services. We will take on board your recommendation.</p>
Date	15/04/16