

Enter and View – Visit Report

Name of establishment: Roseacres
80 – 84 Chandos Avenue
Whetstone
London N20 9DZ

Staff met During Visit: Thomas GmitterManager
Care Team Leader
Maintenance Manager

Date of visit: Thursday 28th April 2016.

Healthwatch authorised representatives involved: Derrick Edgerton
Ellen Collins
Margaret Peart
Monica Shackman

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

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organisation, the Health Overview and Scrutiny Committee/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 who completed and returned questionnaires relating to the visit.*

General Information

Roseacres was founded in the 1960s and is now a care home for up to 34 residents that is formed out of 3 houses joined together. Approximately 16 years ago, the home became part of the larger organisation, Advinia Health Care, which operates approximately 20 homes throughout the country.

The building is set back from the road and has adequate off street parking. The exterior of the building appeared well maintained and the parking areas neat and tidy. There were several visible doors from the street, the path to the main entrance being paved and partially covered with a flower arch, but not clearly labelled as such.

At the rear of the premises was a large accessible garden that was well maintained and planted. At the end of the garden was a portacabin like building that contained the administrative offices, staff, storage, records and training rooms.

The main entrance, which was secured with a keypad type lock, led in to a small lobby area, which contained separate signing in books for staff and visitors and several notices about registration, insurance and forthcoming events to which residents and relatives were invited. The Healthwatch visit was listed as was a Relatives/Residents meeting on 5th May. An antiseptic hand gel dispenser was available.

On the ground floor were several residents' rooms. Also on this floor was the U-shaped communal area which consisted of an L-shaped lounge split into two areas, one with a television. The other side of the U was the dining area. Seating was arranged in small groups. Off this area was a conservatory which was used as a "quiet" area. Access to the garden was through this. The kitchen formed the centre of the U. Also on this level were the laundry and manager's office.

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On the first floor were more residents' rooms. There is a lift between the floors and also a stair lift.

Rooms vary in size and 19 are ensuite, although all rooms have a wash basin. Some rooms are carpeted. There are bathrooms and toilets on each floor.

Because of the layout of the building and the way the individual houses were linked in the past, it is not particularly wheelchair friendly. The links between the buildings slope and are relatively narrow, however they have an interesting and stimulating decor in the form of a "bamboo bridge/amazon jungle" with artificial vegetation and birds. The residents helped in the preparation of the bridge. There is also a video screen that plays various themed film clips in a loop.

In process is a scheme to make each residents door to their room look like a front door, with letter box, knocker, house number and individual's name. Several different bright colours are used. Next to each door is a "memory box" containing suitable memorabilia.

Each room has a TV point and Wi-Fi is available (few residents use internet). Residents are able to bring their own furniture in.

At the time of our visit, there was an even breakdown of male to female residents.

Care Planning

There is a standard questionnaire that is used as a pre assessment tool covering all relevant areas. It was explained to us that due to the nature of the building it is difficult to house those that need to use a wheel chair. This home does not provide nursing care but makes use of District Nurses and other agencies to provide that which is required.

The majority of the residents had dementia of some level.

Care plans are put together with input from the resident (if able), relatives and relevant individuals. They are reviewed monthly or more frequently if necessary (e.g. after hospital discharge).

End of Life care is planned in consultation with relatives and the professions and involves liaising with the local hospice.

We were told that Roseacres would soon be starting the process of training and accreditation to achieve the Gold Standard for End of Life Care.

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Management of Residents' Health and Wellbeing

A GP from the local practice attends weekly on Wednesday morning and is available at other times if required.

There was mentioned an issue with the transfer or obtaining of records from the residents previous GP to the GP practice that the home uses. It was stated that the surgery had asked the home to arrange this.

District nursing service is used to monitor diabetics and those on anticoagulants.

A chiropodist attends every 6 weeks (there is a charge) as does a hairdresser.

An optician visits twice a year and this company now looks after hearing aids.

Residents are asked to stay registered with their own dentist and are taken as necessary. If unable to go then a referral from the GP is required to get a dentist to visit.

Staff

There are 6 care staff on duty in the mornings, 5 in the afternoon and 3 overnight.

In addition there are 2 chefs and 2 kitchen aids, cleaners, admin staff, activities coordinator and maintenance staff. Contractors were used for the gardening.

Since the current manger took post just over 2 years ago, there has been a relatively high staff turnover as new procedures and practices have been introduced. The manager has recruited staff that meet his criteria and some new staff benefits have been introduced, so turnover has dropped significantly in the last few months, hence the use of agency staff has also dropped.

All the staff the team came in contact with were friendly and all appeared to interact well with the residents. It was noted that the majority of care staff were female and the manager said that having some male care staff might be beneficial.

We were told that there were short daily briefings, weekly staff meetings (their length dependant on work pressures) and formal staff supervision took place at least 4 times a year. Staff felt supported by management.

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Staff Training

The mandatory training is done in house or electronically. The parent company is becoming more involved in the provision of training but the effect of that has yet to be seen. Staff are encouraged to do NVQs etc and some staff have been promoted as a result of obtaining qualifications. Staff have attended meetings organised by IQICH.

Activities

There is a full time activities coordinator who covers 5 days and an additional person has recently been recruited to cover the other 2 days. There is a large activities board in the communal area which lists pictorially the activities available during the week on laminated cards. On the reverse of the cards are details as to how to organise/run that activity so any staff member could run it. These include playing cards, reviewing newspapers and the like.

Use is made of the garden in appropriate weather with afternoon tea and meals being taken there, Barbeques are held regularly.

The coordinator arranges several events throughout the year and involves residents and relatives. We were shown pictures of "A Wizard of Oz" themed party and a "Cowboy" themed party. The residents were involved in making decorations. We saw an exercise activity occurring. We also noted some residents knitting. The coordinator plans activities for both morning and afternoon sessions. She has some wonderful ideas such as 'movie star of the day', creating an Amazon forest, butterfly garden and Santa's grotto (during the Christmas period) in the entrance area. The residents help in the preparations.

There is a plan to make bird feeders for the garden.

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Food

All the food is cooked on the premises and the residents and relatives were extremely complimentary about it. That which we saw looked very appetising.

Residents are encouraged to eat together but can eat in their rooms. Help is given to those that require it.

Alternatives and special diets are available.

Engagement with Relatives/Residents/ Carers

There are regular relative meetings. It would appear that relatives interact well with the home and provide assistance with special events. We were told that the meeting being advertised was to decide what the next major project would be.

Compliments/Complaints/Incidents

Below are a few comments from relatives, residents and staff which are self explanatory.

Conversation with resident

"I love living here. The staff are all so friendly and always stop to have a chat to me, especially when they see me sitting by myself. The home is kept very clean and the food is wonderful. You can always choose something else if you don't like what's on the menu. I am usually fussy about food but I can't complain at all. I know I am able to eat in my room but I like to eat in the dining room so I can be with other people."

The same resident told us that they enjoy the activities and that there is something different every day. They said they usually join in. They also said that volunteers often come into the home to help the activities coordinator.

This resident said that they are aware of a care plan but doesn't know much about it. If they had a concern about anything they could go to any member of staff and would discuss it with them. They said that they have attended residents meetings in the past but doesn't know how often they are held.

Conversation with a relative

A relative told us that their spouse, who has dementia, has been in the home for about 18 months. They could not praise the home enough for the care and support that has been given. They told us that Roseacres has become a second family and that they feel sure the

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resident is happy, safe and secure.

The relative explained that the staff are friendly, caring and professional and that they seem to cater for such a variety of individual needs. They told us their relative was in hospital for a week recently and did not like it there. As soon as they got back to Roseacres, they were much happier and at ease again.

They marvelled at the number of activities on offer and praised the creativity and enthusiasm of Beverley, the activities coordinator.

Conversation with staff member

We spoke to a care assistant who has worked at the home for nearly a year. She likes her job very much and told me that all the staff support one another and work very well as a team. She said that agency staff are used only occasionally. Usually there are 6 staff members on duty every morning. She looks at the care plans regularly and explained that they are evaluated every month. A daily record is kept for each resident every day,

Conclusions

The manager was extremely open with us and explained that when he was appointed two and a half years ago the home had many issues. Since that time, the home has had several visits from the CQC (whom he described as “meticulous, but fair”) who had highlighted these issues. These issues he had addressed with support from the parent company, but in doing so, there had been a large turnover in staff initially. The staff currently in post appeared settled and dedicated.

From what we saw and heard of from staff, residents and relatives the only drawback for the home is the unfortunate layout of the building. The atmosphere within the home was of a caring professional environment where the residents are the focus, so as to make it their home.

Recommendations

As said at the beginning, from the road there appear to be several ways in to the premises and the main entrance is not obvious. Some form of signage might resolve that issue.

Healthwatch to clarify the transfer of patient notes between GP practices.

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Responses from the Manager:

We were very happy to meet your Volunteers and show them how we care for our residents.

The recommendation has been taken on board already. We have ordered new signage and we will be making the main entrance more visible from main road. Also, we will be making the front of the house more appealing and "fresh".