healthwatch Enfield

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Enter & View Report

The Lime Trees Care Home **24 May 2016**

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Premises name	The Lime Trees Care Home
Provider name	Mr A Onyerindu
Premises address	2 The Limes Avenue, New Southgate, N11 1RG
Date of visit	24 May 2016

Contents

Purpose of the visit

Authorised Representatives from local Healthwatch have statutory powers to 'Enter and View' 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.

This was an announced Enter and View visit following some concerns we had received from a member of the public. The visit is part of an ongoing project to find out from service users and their relatives about the nature and quality of care in local care and nursing homes.

Executive summary

We found the management and staff at The Lime Trees to be kindly and well-intentioned, and they have created a relaxed and homely atmosphere. Most residents and relatives who we spoke to said they were satisfied with the care received, although some said the care was not so attentive overnight and at weekends.

Efforts are being made to modernise the premises and there is easy access to a pleasant garden. Residents are encouraged to maintain their independence as far as possible; some are able to help with simple household tasks, one helps with the garden, and some manage their own medication.

At present only a limited programme of activities is provided, although the care home is exploring the possibility of engaging expert support in order to extend the range of activities on offer.

We found that housekeeping was not up to an acceptable standard, posing a risk of infection. Cleaning is carried out by care staff, and appears to be rather haphazard, and we observed that soiled linen was not kept separate from other linen. Residents also complained that personal laundry took a long time to be washed and returned, and that items of clothing sometimes went missing.

Although the care home was set up originally to care for frail elderly people including those with dementia, it has recently accepted younger 'step down' clients who are recovering from a stroke or from an episode of mental ill health. This group of residents, who are being supported to regain their independence and are expected to return to the community in due course, have needs which are very different from those of the older, long-term residents. This presents additional challenges to the staff team, who might benefit from further training.

We found that there is an overlap of responsibilities between the owner and the registered manager, which blurs lines of accountability; we suggest that the home would benefit from roles and responsibilities being clearly delineated.

We have made a number of recommendations for the consideration of the care home management and one recommendation for Barnet Enfield and Haringey Mental Health Trust which provides community health services locally. We are pleased to see that the care home management have already implemented some of our recommendations, and have undertaken to implement more of the recommendations in the near future.

Recommendations for the management of The Lime Trees Care Home

1. ***Medication management**: the care home manager should ensure that a GP reviews each resident's medication regularly every six months. Safety procedures for self-administration of medicines should be reviewed. (p.8)*
2. ***Nutrition and hydration**: we recommend that staff receive additional training in how to support residents with eating and drinking. Residents should be provided with protection such as napkins and wipe-down aprons to keep their clothing clean during meals. Fresh water should be within reach of each resident at all times. (p.9)*
3. ***End of life care**: we recommend that staff should receive training in advance care planning and in end of life care. Consideration should be given to applying for Gold Standards Framework accreditation. (p.10)*

   Response from The Lime Trees management: "One member of staff has a level 3 certificate in the principles of end of life care. We will however encourage more staff to do training on end of life care and in due course apply for gold standards framework accreditation. Advanced Care Planning and End of Life Care training is to be included in our training matrix."

4. ***Key workers**: the key worker system should be fully implemented, and residents (and families where appropriate) should be informed who their key worker is. (p.10)*
5. ***Personal laundry**: every effort should be made to ensure that clothes are laundered quickly and promptly returned to the rightful owner. (p.11)*
6. ***Activities and pastimes**: we recommend that efforts to extend the range of activities available to residents are sustained, with specialist input as appropriate. The television should not be left switched on at all times but should be used when residents are keen to watch particular programmes. More opportunities should be provided for residents to go on outings. (p.14)*
7. ***Call bells**: call bells should be overhauled and replaced where necessary. Call bells should always be placed within easy reach of residents. Response times to call bells during the day and at night should be monitored. (p.15)*
8. ***Environment**: upgrading of the property needs to continue. Lighting and signage, including room numbering, needs to be reviewed. Consideration should be given to fitting a hoist in at least one bathroom. (p.17)*

9. ***Hygiene and infection control**: Hand sanitiser gel should be prominently displayed at the entrance and at strategic points throughout the home, and visitors should be encouraged to use it. There should be regular checks to ensure that liquid soap and paper towels are available in all toilets. The home should receive a thorough 'deep clean', and professional attention should be given to the shower room, including refurbishment if necessary. A detailed cleaning schedule needs to be drawn up and carefully monitored. A 'red bag' system should be established for heavily soiled linen. A more hygienic system for cleaning urine bottles should be implemented. Visitors should be asked to use a designated toilet. (p.18)*

   Response from The Lime Trees management: A 'red bag' system is now in operation. Plans are being made to get a professional cleaner who will come and do a thorough deep clean as per your recommendation."

10. ***Staffing and management**: there should be a clearer distinction between the roles and responsibilities of the owner and the registered manager with due regard for different functions such as housekeeping, maintaining care standards, staff supervision, staff training, property management, finance, compliance etc. Consideration should be given to employing a dedicated cleaner or cleaners, freeing care staff to concentrate on their caring duties. There should be closer supervision and support for all staff, including those working overnight and at weekends. All staff should receive mandatory training including 'moving and handling'. Staff may require additional training in order to meet the needs of different client groups. (p.20)*

    Response from The Lime Trees management: "I can confirm that I will comply with all aspects of your recommendation."

Recommendation for Barnet Enfield and Haringey Mental Health Trust

***Community health services**: We recommend that efforts are made to improve continuity of care within the district nurse service. (p.8)*

The Enter & View Team

The authorised representatives who took part in the visit were Elisabeth Herschan, Janina Knowles and Janice Nunn.

General information

The Lime Trees is a residential care home which can accommodate 20 people, with 16 single rooms and 2 double rooms. The building, which is in the process of being refurbished, is an extended development of two Victorian houses. It is situated in a quiet residential street, within walking distance of shops, underground, overground trains and bus routes. On-street parking is partially restricted but there is room for 4 vehicles to park off-road, just in front of the home.

The owner is Aloysius Onyerindu and the registered manager is Gill Milton who has been in post since April 2015, having previously worked with Enfield Council for thirty years. The Care Quality Commission (CQC) visited on 12 March 2015 when there was only one resident; this meant they were unable to rate the quality of the services due to insufficient evidence. Previous CQC reports (January and April 2013, July 2014) had identified a number of concerns.

The home is described on NHS Choices and other online sources as providing care for "people with dementia" and "adults over 65". However, recently the home has also started to accept younger residents with a variety of different needs. On the day of our visit we found that there were 13 residents, including 6 permanent and 3 respite; there were 4 who are on rehabilitation programmes following discharge from local hospitals, including 3 who are recovering from strokes and one who was recovering from an episode of a mental ill health. The age range was from 53 to over 90. We were told that all except one resident had been placed there by the London Borough of Enfield (LBE); the remaining resident was from Southwark. At least two residents are waiting to be rehoused in accessible accommodation by Enfield Council.

After our visit, the CQC made an unannounced inspection[1]; the care home achieved an overall rating of "Good", but was graded as "requires improvement" with respect to the question "Is the service well led?"

Methodology

A team of three Enter & View Authorised Representatives from Healthwatch Enfield visited the home and engaged in conversation with residents, relatives and staff, focusing on the following five key areas:

[1] See CQC report published 30 September 2016: http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2671516912.pdf

1. Physical and mental health care
2. Personal choice and control
3. Information, communication and relationships
4. The environment
5. Staffing and management

During the visit we spoke with the owner, the registered manager, 8 residents, 2 separate family members and 3 members of staff. The majority of the residents were in the sitting room at the time of the visit, and spoke with us there; we conversed with three others in their rooms.

This report has been compiled from the notes made by the team members during the visit and the conclusions and recommendations agreed amongst the team after the visit. The recommendations also appear at the appropriate point in the report, close to the relevant piece of evidence.

A draft of this report was sent to the management of the Lime Trees Care Home, to be checked for factual accuracy and for an opportunity to respond to the recommendations prior to publishing. Comments and explanations which the management sent in response to our draft report have been incorporated at the appropriate points in the text.

This report will be published on the Healthwatch Enfield website, and will be sent to interested parties including the Care Quality Commission and the relevant clinical commissioning groups and local authorities.

Acknowledgements

Healthwatch Enfield would like to thank the people we met on our visit to the Lime Trees Care Home including the owner and registered manager, who welcomed us warmly and spoke to us at length, and the staff, residents and their relatives, all of whose contributions have been very valuable.

Disclaimer

This report relates to the service viewed on the date of the visit only, and is intended to be representative of the views of residents, relatives and staff who met members of the Enter and View team on that date.

Key area 1: physical and mental health care

To find out whether patients' physical and mental health needs are met

Do residents feel well looked after, and do relatives/family carers feel the care in the home is good?

Residents told us they felt safe, and some said the staff were "good". One family carer told us that her relative had been very aggressive when admitted in 2009, but within a year was calmer and happier.

However, we also heard that the standard of care was inconsistent, with reduced staffing levels at weekends, and less attentive care overnight. Some residents told us that there were many staff changes at night, and said some staff were "lazy" and not always "caring". Night staff do not always introduce themselves to the residents by name.

Client mix

At present the care home is striving to meet the needs of very varied client groups. The home was set up to provide care for frail elderly people who may have dementia. Recently, younger people recovering from stroke or from an episode of mental illness have been placed here, including those who are physically ready to go home, but are waiting to be rehoused in accessible accommodation. This changes the dynamics in the care home and also requires staff to have additional skills and expertise. Since our visit, the owner has told us that specialist training to support residents recovering from a stroke has been arranged for staff.

GP and specialist services

GPs do not visit on a regular basis but come when requested. We understand that the doctor who used to provide GP services to the care home is in the process of retiring, but continues to be involved with one long-term resident. Other residents are registered with Bounds Green Group practice, while one resident is still registered with his original GP.

The manager feels well supported by the Care Home Assessment and Treatment (CHAT) Team[2], community palliative care nurses and tissue viability nurse specialists. However, we heard that there was no continuity of district nurses; one resident who needed visits from the district nurse service three times a week had seen nine or ten different nurses.

[2] The Care Home Assessment and Treatment Team, which is part of Enfield Community Services, was set up to provide additional support to nursing and care homes, with input from community matrons, with the aim of reducing unnecessary hospital admissions. See: http://www.beh-mht.nhs.uk/news-and-events/Care-Homes-Assessment-Team-shortlisted-for-double-Nursing-Times-Awards

Physiotherapists visit about three times a week to treat the residents who are receiving stroke rehabilitation and this service is appreciated. We heard from both residents and staff how valuable access to a gym would be. We were told that although patients on the stroke rehabilitation ward at Chase Farm Hospital have access to a gym, stroke patients recovering in the community do not all have access to this facility. Since our visit, however, we have been informed that a specialist gym located in Wood Green has now been found and is used regularly by residents.

Recommendation for Barnet Enfield and Haringey Mental Health Trust

Community health services*: We recommend that efforts are made to improve continuity of care within the district nurse service.*

Medication management

We were informed that some staff have completed level 3 medication administration training. Some patients are permitted to manage their own medication if deemed competent following a risk assessment, and are provided with their own lockable cabinet. However, during our visit we observed that one of these medicine cabinets was unlocked.

Recommendation 1

Medication management*: the care home manager should ensure that a GP reviews each resident's medication regularly every six months. Safety procedures for self-administration of medicines should be reviewed.*

Hydration and nutrition

Residents reported that they were offered frequent cups of tea. On the day of our visit residents had been given ice lollies, but one resident told us this was the first time ice lollies had been offered to them. We observed that no drinking water was available at the bedside in the rooms we visited.

The food served looked appetising, but portions were rather large, and could perhaps be made more appropriate to residents' individual needs, as we observed wastage. Much of what is provided is fresh but some pre-prepared and frozen food is also served.

We observed a number of residents having lunch in the communal area. Some were sitting around small tables, but three people were sitting in easy-chairs and were not best positioned to eat their meal. Residents were not provided with protection for their clothes and we observed paper towels being used to mop up jelly spilt down a resident's shirt.

Recommendation 2

***Nutrition and hydration**: we recommend that staff receive additional training in how to support residents with eating and drinking. Residents should be provided with protection such as napkins and wipe-down aprons to keep their clothing clean during meals. Fresh water should be within reach of each resident at all times.*

Access to social worker and advice teams

Some residents told us they had seen a social worker and the manager said that the residents had regular reviews by Adult Social Care. We heard also that the Citizen's Advice Bureau has provided advice to two residents who are currently on the waiting list for accessible accommodation.

Who accompanies residents to hospital appointments?

If no family member is available to accompany a resident to a medical appointment, a member of staff will be made available and they will travel by cab.

End of Life Care

No residents have died in the home since the present manager has been in post, although we heard that one person had died in hospital. We were told that at present advance care planning is not carried out; this is where the resident's preferences for care as they approach the end of life are discussed and recorded, with the involvement of their family where appropriate. The manager told us that people find this a difficult area to deal with and not everyone is able to discuss these issues - for example, to say whether or not they would like resuscitation to be attempted in the event of a cardiac arrest. However, this approach means that people may not die in the place of their choice; it also has an impact on attempts to reduce unnecessary hospital admissions.

Care for people who are approaching the end of their life, is part of the core business of any care home for frail elderly residents.[3] It is therefore essential for care home staff to receive appropriate training so that they are confident to initiate conversations about these sensitive topics with residents, and their families where appropriate, so that each person's wishes can be recorded and then carried out when the time comes. Care home staff also need training to be able to provide compassionate end of life care, with the support of the community palliative care team, for those who do not need or wish to be admitted to hospital when they reach

[3] The government has recently published a 'National commitment on end of life care' identifying the following six key elements which people approaching the end of life are entitled to: "honest discussions between care professionals and dying people; dying people making informed choices about their care; personalised care plans for all; the discussion of personalised care plans with care professionals; involvement of family and carers in dying people's care; a key contact so dying people know who to contact at any time of day". http://www.ncpc.org.uk/news/national-commitment-end-life-care

this stage.[4] The Gold Standards Framework is the nationally recognised accreditation scheme for excellence in end of life care.[5]

We have received the following statement from the management of the care home: "Page 13 of our Care Plan discusses End of Life Care, which states preferences, arrangements, funeral plans, resuscitation status and care of the terminally ill etc. However, if a person tells us they do not want to discuss it and have family that will be making decisions we respect this. We include residents and their families, (if appropriate) in the process of compiling their individual Care Plan. We have residents with DNR's in place. We want to ensure that resident's wishes are adhered to in all respects and work closely with families, friends and residents to maintain this."

Recommendation 3

***End of life care**: we recommend that staff should receive training in advance care planning and in end of life care. Consideration should be given to applying for Gold Standards Framework accreditation.*

Response from The Lime Trees management: "One member of staff has a level 3 certificate in the principles of end of life care. We will however encourage more staff to do training on end of life care and in due course apply for gold standards framework accreditation. Advanced Care Planning and End of Life Care training is to be included in our training matrix."

Key area 2: personal choice and control

To find out whether the care is truly person-centred

Is care-planning and delivery person-centred?

We were informed that residents are normally assessed by a manager prior to admission to the home. Care plans are then drawn up in discussion with the resident (and family members if appropriate), and reviewed monthly. We were told that residents are each allocated a key worker, but none of the residents we spoke to was aware whether they had a key worker or not.

Recommendation 4

***Key workers**: The key worker system should be fully implemented, and residents (and families where appropriate) should be informed who their key worker is.*

[4] Courses on offer locally include: 'Introduction to palliative care for health care assistants and support workers', 'Communication and advance care planning', 'End of life care and dementia', which are all provided by North London Hospice. http://www.northlondonhospice.org/for-clinicians/education/.
[5] http://www.goldstandardsframework.org.uk/ North London Hospice is a regional Gold Standards Framework (GSF) centre offering the 'GSF in Care Homes' training programme.

The manager showed us two different care plan templates, and explained that she is hoping to replace the template which is currently in use with a newer version, recommended by the council, which is more person-centred, with sections for the residents' individual needs, wishes and preferences.

Residents' personal information is kept in the office which is on the top floor of the house. It was not clear to us that care staff were aware of the personal histories of the residents, for example their former occupation, their interests and the people who are important to them.[6]

We have received the following statement from the management of the care home:
Both the Care Plan that we are using and the New Care Plan [which we are considering using in future] include former occupations, hobbies, past and present, interests and preferences and are recorded and shared with staff. Any identified need is detailed and how to manage it, for example, 'can display challenging behaviour.' We detail the level of the challenging behaviour and if it can be managed within the home and if outside agencies are involved or need to be involved. We state known triggers for the behaviour and if these can be avoided. We detail how best to manage the behaviour should it occur. We discuss the progress at handovers and monthly staff meetings. All care plans are read and signed by staff that they have been read. We discuss all residents at our monthly staff meeting and record any changes that are needed to care plan. The minutes of the meeting are provided to ensure that any staff, not able to attend the meeting, are made aware of items discussed. The minutes of the meetings are kept in the Meetings Folder."

Personal laundry

Residents and relatives informed us that personal laundry takes a long time to be washed and returned, and that residents' clothes sometimes go missing. It is very important for residents' dignity that every effort is made to help them maintain a well-groomed appearance, wearing the clothes of their choice.

We have received the following statement from the management of the care home:
"We did have two complaints regarding laundry some time ago and recorded in the Complaints Book. How we resolved this was to do their washing separate when that had accumulated a small machine load and return it straight away. This also avoided any items going missing. Since then we have not had a problem that I was made aware of."

Recommendation 5

Personal laundry: *Every effort should be made to ensure that clothes are laundered quickly and promptly returned to the rightful owner.*

[6] A helpful template for capturing this personal information is available from the National Activity Providers Association (NAPA) http://napashop.mamutweb.com/Shop/List/Publications/1/1

Personal schedules

A number of residents said they were happy that the home is relaxed over breakfast times and that they are given flexibility on when to get up and go to bed, etc. One resident has lunch later in the day.

Food and Diet

Lunch is served at 1pm. On the day of the visit there were choices of main meal with a vegetarian option and jelly and ice cream dessert. Special diets e.g. for diabetic residents are catered for, but we were informed that specialist foods e.g. kosher would have to be bought in or frozen foods supplied. A light meal such as soup and sandwiches or fish fingers is served between 5pm and 6pm and milky drinks and biscuits around 8pm. Sandwiches can be provided overnight if requested.

One resident cooks his own meals and has been risk-assessed in order to use the kitchen facilities.

Emotional, spiritual and cultural needs

Double rooms are available if couples wish to reside in the home together.

We were informed that one resident attends his own church in Edmonton and that someone comes to take him there, usually twice a week. Another resident told us an Anglican vicar visits the home.

We noted that there is a cultural imbalance between the majority of residents (white English) and the majority of staff (from a mixture of black and minority ethnic backgrounds). Although this has no bearing on the standard of care provided, it does mean that the staff may have a limited appreciation of the social history and cultural references familiar to the residents, which may lead to miscommunication and could make life story and reminiscence work more difficult.

It might be helpful and interesting for the staff as a whole to embark on a group reminiscence project, which could involve residents and their family members sharing their memories of times gone by, and building up displays of memorabilia from the past. Detailed life story work, whereby trained staff work with individual residents and their family members to create a scrap book or memory box recording and celebrating significant aspects of a person's life is also highly recommended.[7]

Activities such as this have a double benefit as they are absorbing pastimes for residents, and also help staff to find out more about each resident's background, which enables care to be more personalised. There are now many books and other

[7] See: ***The reminiscence skills training handbook*** by Ann Rainbow, 2003, Speechmark. Available from: https://www.memorycarestore.com/shop/books/the-reminiscence-skills-training-handbook-ann-rainbow.html and ***Reminiscence and life story work: a practice guide*** by Faith Gibson, 2011, Jessica Kingsley Publishers. http://www.jkp.com/uk/catalogsearch/result/?q=reminiscence+and+life+story+work+faith+gibson

resources[8] available which are designed to prompt memories and stimulate conversation with people who have dementia.

Activities and pastimes

Interesting and absorbing activities and pastimes for care home residents, including those with dementia, have been shown to confer major benefits to health and well-being.[9] A schedule of activities was posted on the sitting room wall, which appeared rather limited: it included chair-based exercise, walking, ball games, puzzles and board games, and drawing and painting. No organised activities took place during our visit.

It appears that the management of The Lime Trees recognise the value of providing stimulating activities for residents and are making efforts to widen the range of activities on offer. During our visit we met a representative from an organisation called Creative Minds who was visiting to assess what activities she could offer the residents. We hope that the care home will go ahead with this initiative.[10]

There was a good range of books, games and paints with paper on the shelves in the sitting room. It is important that staff encourage residents to make use of these resources.

We were informed that residents are encouraged to help in the house, for example setting tables for meals. One resident also helps to care for the garden. This is good practice and could be extended. With appropriate risk assessments, residents could be involved in preparing vegetables, baking and cake decoration, and tasks such as watering indoor plants.

We were told all residents are invited to come to the sitting room for activities and are sufficiently mobile to do so.

We noticed that the television was on in the sitting room for the duration of our visit, including during lunch, but that no one seemed to be paying it any attention. The background noise and flickering screen can be disturbing for people with dementia and can make it harder for residents to sustain conversations if they are hard of hearing. Television, radio, CDs and computers can all be used to contribute to residents' enjoyment and provide opportunities to pass the time pleasantly, but thought needs to be given as to how to make the most effective use of these resources. For example, a weekly "film club" can be instituted to create a sense of occasion and shared enjoyment.

There were pictures of outings on the wall, but none of the residents we spoke to had ever been offered the chance to go on an outing. Care staff sometimes take residents

[8] For example see: https://www.alzproducts.co.uk/picture-books-for-people-with-dementia.html and https://www.alzproducts.co.uk/reminiscence-therapy-for-dementia.html

[9] For example see: http://www.carehome.co.uk/news/article.cfm/id/1560721/benefit-of-having-meaningful-activities-in-care-homes-is-huge-says-director-of-napa

[10] Further ideas, resources and training courses are available from the National Activity Providers Association (NAPA) http://www.napa-activities.com/

to local shops, and some are taken out by their families or friends. They are encouraged to go out into the garden.

It is worth noting that at present The Lime Trees is providing accommodation and care for people with a range of different needs, including older people with dementia and younger people who have survived a stroke. The activities on offer need to be sufficiently varied and flexible to meet these diverse needs.

We have received the following statement from the management of the care home:
"We are always striving to include more and more meaningful and enjoyable activities in our daily programmes. However we do provide many activities. Residents' likes and dislikes regarding activities are recorded in the individuals care plan. We have many reminiscence books which we discuss in groups and individually. We have all the usual activities, music CD's, films, painting, drawing, bingo, cards, dominoes, quizzes etc. We encourage inclusion with laying and clearing tables, general house-keeping, looking after house plants and gardening. We have impromptu fun times much like we would have in our own homes.

"We have found a suitable gym for the residents that have suffered a stroke and wished to have gym facilities. It is called Different Strokes located in Wood Green. Two residents attend their religious meetings on a regular basis. A third has his minister visit the Home. Catholic residents have regular visits from a Catholic priest visit the Home. We have a small group that have a Bible group meeting. One resident regularly goes to classical music concerts. Quite a few residents daily watch the birds in the garden. They watch out for the one legged pigeon to arrive which always creates excitement. We have bird books for reference.

"We encouraged friendships between the younger client group which proved to be very successful. These younger clients now hold and conduct resident meetings."

Recommendation 6

***Activities and pastimes**: we recommend that efforts to extend the range of activities available to residents are sustained, with specialist input as appropriate. The television should not be left switched on at all times but should be used when residents are keen to watch particular programmes. More opportunities should be provided for residents to go on outings.*

Smoking Arrangements

No smoking is permitted in the home, but residents may smoke in the garden.

Key area 3: information, communication and relationships

To find out about communication and interaction between patients, staff and relatives

Interaction between residents and staff

Most of the staff we observed had good English language skills. We observed that staff spoke to residents politely, and in a kind and compassionate way.

Call bells

During our visit we observed that staff responded promptly to call bells, and two residents stated that they were always answered quickly. However, one resident said that night time responses varied in length of time; another said that at night the call bells were never answered. Two others said they had never needed to use the call bell.

Most of the call bells are in a poor state of repair, with triangular pulls missing or broken, and they are not located in the best position for residents to reach them.

Recommendation 7

***Call bells**: call bells should be overhauled and replaced where necessary. Call bells should always be placed within easy reach of residents. Response times to call bells during the day and at night should be monitored.*

Do relatives/carers feel informed and involved?

Two family members stated they felt informed and included. Relatives and friends are allowed to visit at any time. We were told that if a relative wished to stay overnight with a very sick resident they could be provided with a room.

How are residents' and relatives' views and concerns taken into account?

Relatives and residents said they found the manager very approachable, and felt they would be able to approach her with any issues or concerns.

The owner told us there were meetings for residents and carers. However, one resident, when asked, was unaware of this and we were not given evidence of any meetings. We saw a residents' and relatives' satisfaction survey carried out earlier in 2016, which gave positive feedback. The owner told us he had not received any complaints, so we did not see any complaints reports.

Key area 4: the environment

To find out whether the physical environment is pleasant, clean, comfortable, safe, facilitates movement and good interaction between people

Communal areas

The Lime Trees Care Home consists of two adjoining houses which have been added to over the years. Work is ongoing to improve the facilities provided, and some of the rooms have recently been re-decorated to a good standard.

There is a very attractive quiet sitting room at the front of the house but we did not see residents use it, as our meeting with the management was held there.

The other sitting room, which doubles as a dining room, lies between the old house and the new extension. From here, there is good access to a pleasant and well-maintained garden with a barbeque and bird table. The garden is laid with grass and ramps, making all areas accessible.

Accessibility

There are ramps throughout and a small lift to the first floor, but the layout of the home is rather confusing due to the way the house has been converted and the various extensions. The corridors are narrow and twisting, and we heard that one resident had difficulty manoeuvring in their wheelchair without scraping the walls. One of the double rooms on the first floor, along with a toilet and a 'quiet sitting area', can only be accessed from the landing where the lift arrives via a short flight of stairs. One resident who uses a stick said they found the ramps steep and used the rails for extra support.

Bedrooms and en suite bathrooms

The bedrooms are of various sizes; all have washbasins, and most also have en suite toilets. The toilets are small, without much room for manoeuvre, and it would be difficult for a staff member to provide assistance if required in such a small space. One resident informed us that they had to use the communal bathroom as they didn't have a raised seat in their en suite toilet.

We noted that some mattresses were new, and one room had a hospital bed. The manager said she is gradually renewing the bed linen and would like to match this to the curtains.

Some bedrooms are not occupied at present; they are awaiting re-decoration and are being used for storage.

Communal bathrooms

There are two shared bathrooms and a shower room. The bath has an internal raised seat and the shower has a chair on wheels. We noted that there is no hoist to assist residents in and out of the bath.

The shower room is small; if assistance is required, care staff have to stand in the corridor with the door open and a privacy curtain drawn round the outside, which makes it difficult to protect residents' dignity. The shower room is badly marked and although we were informed it had been scrubbed vigorously, stains remain.

During our visit, we were not made aware that there was a toilet designated for staff and visitors, and our team members were invited to use a toilet in an unoccupied bedroom.

Lighting and Signage

Lighting throughout the home is variable. Brighter lighting is required in some areas as there are some dark corridors and corners which may constitute a trip hazard. Lights above beds are positioned over the centre of the bed and not above the pillows, which makes it harder for residents to read in bed.

The windows of some rooms look out on to an outside wall; this obstructs the light and makes them very dark.

Some of the signage, in writing and pictures, is very good. However, some signs need to be updated as the purpose of the room has been changed. Also, the rooms in the new wing have the same numbers as the older rooms, which is confusing and could be a potential risk.

Recommendation 8

Environment*: Upgrading of the property needs to continue. Lighting and signage, including room numbering, needs to be reviewed. Consideration should be given to fitting a hoist in at least one bathroom.*

Hygiene, cleaning and laundry

None of the team saw any hand sanitiser gel while they were on the premises. Not all washbasins had soap available and we did not see any paper towels. The team noted that some areas of the home did not look as if they had been cleaned for some time. We observed that a 'red bag' system, whereby heavily soiled or infected linen is kept separate from other linen, was not in operation.

We observed a urine bottle being emptied into a resident's toilet, and rinsed out in the resident's wash basin before being returned to the resident.

We were concerned that the overall standard of hygiene in the home was unsatisfactory, and that this could create a risk of infection. [11]

We have received the following statement from the management of the care home: "Hand sanitiser was and is available in the hallway and in toilets. All bathroom and toilets in use have soap and green towels. The observation that soiled linen is not kept separate from other linen is incorrect: we have "So-lu Strip" laundry sacks, where we put soiled linen, before we put them into the sluice washing machine. But following your recommendation, a 'red bag' system is now in operation. Bedrooms in use are cleaned on a daily basis and recorded. We have a detailed checklist in place for recording cleaning programme. Haringey Social Services did an unannounced health and safety inspection in March 2016 and found the home to be clean and comfortable. We also had an unannounced kitchen inspection the same day and obtained 5 stars and no requirements. We continually ensure that adequate cleaning is maintained in the whole premises."

Recommendation 9

***Hygiene and infection control**: Hand sanitiser gel should be prominently displayed at the entrance and at strategic points throughout the home, and visitors should be encouraged to use it. There should be regular checks to ensure that liquid soap and paper towels are available in all toilets. The home should receive a thorough 'deep clean', and professional attention should be given to the shower room, including refurbishment if necessary. A detailed cleaning schedule needs to be drawn up and carefully monitored. A 'red bag' system should be established for heavily soiled linen. A more hygienic system for cleaning urine bottles should be implemented. Visitors should be asked to use a designated toilet.*

Response from The Lime Trees management: A 'red bag' system is now in operation. Plans are being made to get a professional cleaner who will come and do a thorough deep clean as per your recommendation."

[11] The Department of Health has published a guide on prevention and control of infection in care homes with detailed guidance on cleaning and laundry systems. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214929/Care-home-resource-18-February-2013.pdf It may be helpful to refer also to the 'Linen and laundry guidance' issued by Hertfordshire Partnership NHS Foundation Trust: http://www.hpft.nhs.uk/_uploads/documents/the-trust/freedom-of-info/disclosure/laundry-linen-guidance.pdf

Key area 5: staffing and management

Leadership

The owner and the registered manager share the leadership role, and both expressed a desire to run a good service for residents in a relaxed and informal setting. However, the overlap between their roles made it difficult for us to ascertain exactly who is responsible for each area of management, including how the staff are managed.

Staff numbers and responsibilities

We were informed that there are between 9 and 12 permanent staff. More staff have been hired in recent months because the number of residents has increased. The owner has a team of bank staff he can call on, and occasionally uses agency staff if required.

It appears that all staff have multiple responsibilities: the owner's wife is the cook, the senior careworker and the activities coordinator. Care assistants are expected to do a share of the cleaning as well as their caring duties.

Shift patterns and staff allocation

We were told that the shift pattern is as follows:

9am to 4pm or 5pm: 4 members of staff including the manager

5pm to 9pm: 3 members of staff

9pm to 9am: 2 awake staff members, with the owner or manager on call.

One member of staff told us they had done a twelve hour shift.

The owner told us that staffing numbers were the same at the weekend as during the week, but residents told us that fewer staff seemed to be available at the weekend.

Staff training and supervision

We were given a copy of the staff training schedule which lists a number of different courses and shows which staff have taken each course. According to this schedule, some of the training has been done quite recently, while other courses were undertaken several years ago and are due to be refreshed.

One member of staff we spoke to had been employed since February and is working towards a QCF level 2 and a medicines course. This staff member had not received 'moving and handling' training. Another member of staff said they had done three mandatory training courses this year.

The owner told us that he had meetings with staff and showed us brief minutes of meetings between himself and the manager.

The comments we heard about night staff not being sufficiently attentive suggests that more effective supervision is required.

Recommendation 10

Staffing and management*: there should be a clearer distinction between the roles and responsibilities of the owner and the registered manager with due regard for different functions such as housekeeping, maintaining care standards, staff supervision, staff training, property management, finance, compliance etc. Consideration should be given to employing a dedicated cleaner or cleaners, freeing care staff to concentrate on their caring duties. There should be closer supervision and support for all staff, including those working overnight and at weekends. All staff should receive mandatory training, including 'moving and handling'. Staff may require additional training in order to meet the needs of different client groups.*

Response from The Lime Trees management: "I can confirm that I will comply with all aspects of your recommendation."

Conclusion

We found the management and staff at The Lime Trees to be kindly and well-intentioned, and they have created a relaxed and homely atmosphere. Most residents and relatives who we spoke to said they were satisfied with the care received, although some said the care was not so attentive overnight and at weekends.

Efforts are being made to modernise the premises and there is easy access to a pleasant garden. Residents are encouraged to maintain their independence as far as possible.

At present only a limited programme of activities is provided, although the care home is exploring the possibility of engaging expert support in order to extend the range of activities on offer.

We found that housekeeping was not up to an acceptable standard, posing a risk of infection. Cleaning is carried out by care staff, and appears to be rather haphazard, and we observed that soiled linen was not kept separate from other linen. Residents also complained that personal laundry took a long time to be washed and returned, and that items of clothing sometimes went missing.

Although the care home was set up originally to care for frail elderly people including those with dementia, it has recently accepted younger 'step down' clients who are recovering from a stroke or from an episode of mental ill health. This group of residents, who are being supported to regain their independence and are expected to return to the community in due course, have needs which are very different from those of the older, long-term residents. This presents additional challenges to the staff team, who might benefit from further training.

We found that there is an overlap of responsibilities between the owner and the registered manager, which blurs lines of accountability; we suggest that the home would benefit from roles and responsibilities being clearly delineated.

We have made a number of recommendations for the consideration of the care home management and one recommendation for Barnet Enfield and Haringey Mental Health Trust which provides community health services locally. We are pleased to see that the care home management have already implemented some of our recommendations, and have undertaken to implement more of the recommendations in the near future.

What is Healthwatch Enfield?

Healthwatch Enfield is an independent organisation which exists to represent patients and service users. Our job is to make sure local people's voices are heard by those who design and deliver services. We are part of a national network of Healthwatch organisations.

What does Healthwatch Enfield do?

- Healthwatch Enfield is here to help secure improvements to services such as GP practices, dentists, opticians, pharmacies, hospitals, care homes and day centres.
- We work on behalf of the local community, children, young people and adults.
- We provide information about the health and social care system.
- We collect the views and experiences of local people about health and care services; what works well and what needs to be improved.
- We have formal powers called 'Enter and View' so we can go and see for ourselves how adult health and social care services are working.
- We have a place on bodies like the Health and Wellbeing Board and we attend the Clinical Commissioning Group. This enables us to influence the way services are planned, commissioned and delivered.
- We work with local Healthwatch organisations in neighbouring boroughs because their residents share some services with Enfield residents.
- We pass on information and recommendations to Healthwatch England, to the local Council and the Care Quality Commission.

Further information about Healthwatch Enfield can be found on our website: www.healthwatchenfield.co.uk

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Healthwatch Enfield is registered as a Community Interest Company no 08484607 under the name of Enfield Consumers of Care & Health Organisation CIC.

What is Enter and View?

Healthwatch Enfield has the authority to carry out **Enter and View** visits in health and social care premises to observe the nature and quality of services. This is set out in Section 225 of the Local Government and Public Involvement in Health Act 2007.

Enter and View is part of our wider duty to find out what people's experiences of local health and social care services are, and use our influence to bring about improvements in those services. We can hold local providers to account by reporting on services and making recommendations. Further information about Enter and View is available on our website: http://www.healthwatchenfield.co.uk/enter-and-view