

Enter and View – Visit Report



Name of establishment: Elm Park Lodge
4 Elm Park Road
London, N3 1EB

Staff met During Visit: Ms Melissa Lim – Registered Manager
Ms Josephine Lavelle - Manager Sheltered Accommodation (note
not part of this E&V visit)
Support Workers
Maintenance worker

Date of visit: 19 September 2016
24 November 2016

Healthwatch authorised
representatives involved: Stewart Block
Alison Wright
Marion Kafetz
Lisa Robbins

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 who are not able to attend on the day of the visit but wish to give their feedback. Only one completed questionnaire was returned on this occasion. The volunteers compile a report reflecting all information gathered, 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. These responses are included at the end of the report. In this case the manager asked the team back to the home to discuss the report and to see the

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work that has started since the original visit. The findings of this second visit are also included in this report. The final version of the report is 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.

DISCLAIMER: *This report relates only to the service viewed on the dates of the visits, and is representative of the views of the staff, visitors and residents who met members of the Enter and View team on these dates, and those who completed and returned questionnaires relating to the visit.*

Executive Summary

The generally good standard of care and good relationship between staff and residents is let down by the poor decorative state of the physical environment. A brighter, fresher, cleaner environment would, in our view, have a positive effect on Residents' well-being and do more to encourage them to take responsibility for their own environment.

General Information

Elm Park Lodge care home is registered to provide accommodation and personal care for up to 27 persons experiencing or recovering from a with mental health condition. Current service users are aged between 18 – 65 with a primary diagnosis of schizophrenia, bi-polar affective disorder, depression, and obsessive compulsive disorder and personality disorders. They aim to deliver effective pathways of care that help service users towards an independent future.

The service consists of a large, three-storey detached house and a property next door with a total of 25 rooms. Two of these rooms are double occupancy. There were 25 residents at the time of our visit. There is a small, well-maintained garden with attractive wooden garden furniture, and we were told that this furniture was made by one of the residents, clearly a skilled carpenter. There is an attractive art room off the garden and an allocated smoking room as the facility is part exempt and permitted to have a separate smoking room with access from the garden and the house. Residents are not meant to smoke in their rooms and are strongly discouraged from so doing but there was

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acknowledgement that some residents nevertheless do smoke in their rooms with the windows open. We were advised that a working smoke alarm is located in each room, which is activated if someone smokes in the room.

On our first visit we felt that the resident's rooms that we saw looked tired and worn and in need of decoration. Some of the fixtures and fittings looked tired, and worn, and some curtains need replacing or repairing. On our second visit we saw a number of rooms, one of which had been redecorated since our first visit. This was freshly painted with new flooring and was welcoming and comfortable. We also saw some of the bedrooms which were due to be redecorated in the near future and saw the plans to do this. Some rooms were bare but others full of photos, books etc depending on Resident's preference.

Although each Resident has her or his own room and are invited to bring personal items to furnish the room with, they are not all en-suite and the rooms we viewed seemed just about adequately furnished. On the first visit, one room had an unpleasant smell and the floor was very dirty, and the curtains were falling down, but on the second visit this room was much fresher and we were told about the residents needs which are quite significant, and the staff team explained the ways in which they are working with the resident to help manage the situation. Staff explained that if the residents didn't clean their room within a reasonable time then they would step in and do it with them. Residents are encouraged to take responsibility for their own personal hygiene and rooms, though staff step in as necessary. Obviously they are trying to encourage independence skills and caring for their own room is a step towards this.

On our first visit the team felt that some of the communal areas badly need refurbishing and spring cleaning as well. In particular the hallway and the passage going down to the kitchen were dirty, with chipped plaster and paintwork. It gave a poor impression on entering the building. We felt that the stair carpet needs replacing. However on our second visit we were pleased to see that the planned decorative work in the stairs and communal areas had been brought forward and was underway, and we saw the plans for the redecoration over the next few months.

There is a TV room which is available until 11pm.

Wifi is available and there are laptops available for residents to use if they wish.

The Manager told us that she had been to Barnet Council's Quality in Care Homes meetings but noted that she did not always feel they were very proactive.

Care Planning

A personal Care Plan is developed for and with each new resident on a one-to-one basis and they are helped to settle in and shown the layout of Elm Park Lodge. Each resident has a nominated key worker. Residents spoken to said that support workers are approachable. Two residents spoken to were able to name their keyworkers and both said they had a good relationship with the staff.

There is a written Care Plan for each resident. We reviewed one with the prior permission of the resident. We were told that staff got to know residents and their needs through observation, residents' history and conversation. This is used to produce a resident-centred Care Plan. Instead of being written in the impersonal third-person, "the resident likes.." or "...the resident's family.." it is written in the first person "...I like.." or "...my family.." We were told that all residents sign their Care Plan though some spoken to said that they were not aware of their Care Plan; though this, of course, may reflect their state of health. We were told that Care Plans are reviewed every six months. All staff have access to Care Plans.

We were given a copy of the Order of Documentation in a Care Plan. This covered, inter alia, Respecting and involving service users, Promoting mental health, Medicine Management, Consent to care, Safeguarding, Care, Welfare and Nutrition.

We observed that medication was not always given to residents at the exact due time, but we were assured that all staff are regularly trained in administering medication.

We were told that the issues raised by the recent (January 2016) Care Quality Commission (CQC) Report (e.g. risk analysis, medicines management and review) have been fully addressed.

Management of Residents' Health and Wellbeing

GP services are provided by Torrington Park Group Practice (which we were told is now full), Langston Way Surgery in Mill Hill, or, if reasonably local, by the resident's existing GP. Other services are provided by the walk-in centre at Finchley Memorial Hospital. Dental, chiropody and optician services are provided locally as required. There were no particular issues raised with us about these services. General health is monitored by an annual GP check-up, weight is monitored monthly.

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The nature and extent of any Talking Therapies offered depends on each individual requirement and Elm Park works closely with their Barnet Care Coordinators, though not all residents have a care co-ordinator.

In the event that a resident refuses medication the issue is escalated as necessary with the Barnet Care Coordinator and then a Case Planning Approach meeting, including a psychiatrist, is held as necessary.

Staff

There are 16 support workers plus a Housekeeper and Chef. Agency staff are not used. The staff/resident ratio is 1:6 during the day and at night there are sleeping staff and one awake. We were told that two more staff are being recruited. In the event of staff shortages we were told that management would help out.

The Manager told us that “staff don’t go, they say it’s a nice place to work”. Staff said they enjoy working there- “It is a homely atmosphere”. Residents noted that the staff were friendly. We observed this at lunch time where there was a warm atmosphere between staff and residents.

There would appear, according to our feedback, to be a shortage of staff at weekends. We were told that at weekends “sometimes the toilets are dirty”. Cleaners, we were told, are only employed on weekdays.

The support workers, we were also told, cover all cooking and cleaning at the weekends.

Staff Training

We were told that all support workers have reached NVQ Level 3 and have been trained in food hygiene, mental health awareness, moving and handling, safeguarding and DOLS (Deprivation of Liberty Safeguards) and fire safety. Fire drills including both staff and residents are held every month.

Internal and external staff training is carried out with support from Barnet Council and IQIH.

There are staff supervision sessions every eight weeks.

We were told that there is a half hour handover between shifts and the whole staff team meet every three months. When asked about support for a staff member having a

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difficult day the manager said that she observed staff and if necessary would find a quiet spot where they could talk. There appears to be peer support and advice amongst the support workers.

We were told that there is a whistleblowing policy in force in which staff are trained.

We were told that following the January 2016 CQC Report staff recruitment is now subject to more rigorous background checks. The manager experiences some challenges in recruiting to some posts, and is frustrated by the length of time taken to get DBS (Disclosure and Barring Service) clearance for new staff.

Activities

Activities are personalised for each resident, and include art, cinema, walking and swimming and occasional outings. IT courses are also arranged. We were told that Elm Park Lodge doesn't have its own transport. The Art Room seemed well used as there was evidence of residents work on the walls. When shown round there was an art therapist there working with a Resident. If necessary, staff will go with Residents for hospital appointments or shopping trips. Some residents and a relative mentioned that swimming had been enjoyed but was no longer offered.

There were several communal pets; a budgie in the sitting room, a rabbit in a hutch with a long run in the garden and the manager's dog.

Activities are noted in each Care Plan as are religious and spiritual needs. We spoke to a resident who attends a local church.

Food

On Weekdays there is a chef who prepares the evening meal, but support staff prepare lunch and all week-end meals. There is a cold buffet-type breakfast but some residents prepare their own cooked breakfast under supervision.

There is one sitting for the meals. The dining room has 16 seats, but it is rare for all residents to eat together as many go out for meals. If residents are late then the staff are flexible and will serve their meal later on. The staff eat separately after they have served the meals to the residents. The three residents we spoke to all said the food was OK or not bad. On the day of our visit lunch was wraps which looked appetising and were

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prepared with fresh vegetables. There was plenty of fresh fruit available and the storage areas had plenty of fresh food.

Regular Menu Meetings are held with residents to discuss and review meals.

We noticed an open dustbin in the kitchen. Food supplies are kept in the locked basement. There was an almost empty refrigerator in the kitchen, but a Support Worker told us that they do not keep food in the kitchen as some residents are compulsive eaters.

Two vegetables in the basement storage area were beyond the recommended sell-by-date. We were assured that the food supplies are checked regularly and that the routine food inspection had not yet been carried out at the time of our visit.

Engagement with Relatives/Residents/ Carers

Resident satisfaction is measured by an annual survey. Meetings with relatives/carers are held every six months. The Manager said with regret that these are not well attended by family and carers – some residents do not seem to have much involvement with family.

We were given a copy of the 46 question Service User Satisfaction Survey - Policy and Procedure. The Policy states that the survey will be carried out every three months. It is suggested that timing and follow up be reviewed with the Manager.

Compliments/Complaints/Incidents

There is a Complaints Policy which is explained to each resident on admission and which they sign to confirm their understanding. A record is kept of compliments, incidents and complaints.

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Conclusions

The generally good standard of care and good relationship between staff and residents is let down by the poor decorative state of the physical environment. A brighter, fresher, cleaner environment would, in our view, have a positive effect on Residents' well-being and do more to encourage them to take responsibility for their own environment.

Recommendations

1. We felt the standard of decoration and décor was poor and should be at a higher standard. We were pleased to see that work has started on redecoration and plans are in place to refurbish many of the rooms and communal areas and would like to ensure that these are completed.
2. Introduce a more regular, higher level of cleaning and also at the weekends.
3. Efforts should be made to make the residents' rooms look more homely.
4. The timing of the Service User Survey and follow-ups should be reviewed with the Manager.
5. In view of some Residents' comments, re-confirmation that all residents have seen and understood their Care Plan and regularly meet with their Key Worker.
6. Ensure that physical activities such as swimming are available for those residents who want to do it.
7. Ensure that catering at the weekend is at the required standard for all residents.

Response from the Home Manager

Following the visit carried out by Healthwatch Barnet we have received the written report and recommendations, and also met again with them to discuss the report and show them the work this is underway. Elm Park Lodge strive to provide a good service for the service users and welcome any feedback. We would like to make the following comments on the recommendations and the report:

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Recommendation 1

As stated in the report, there were observations of works and redecorations being carried out. At the time of the first visit, 2 bathrooms and a lounge were being refurbished. This year we have redecorated several bedrooms and 4 bathrooms and documented plans have been made to redecorate other parts of the home. I hope it can be appreciated that this all takes time, and funding needs to be considered for these planned works. We have accelerated the planned redecoration work and have undertaken the following since the team's first visit September.

Recommendation 2

A more robust cleaning schedule will be compiled, and we are in the process of recruiting additional staff to enable this to happen.

Recommendation 3

All efforts are made to ensure the service users' bedrooms are homely and decorated in the way that they like. However it has to be considered that the service user's wants are paramount and some of them do not want alterations made to their bedrooms despite being offered, this is their choice and this is documented in the notes.

Recommendation 4

Service User Surveys were completed quarterly however it was felt that due to regular service user meetings including relative meetings and menu planning meetings being regularly carried out, an annual survey would be adequate. We have now reformatted each survey indicating that they are carried out annually.

Recommendation 5

All service users have individual care plans and we aim where possible to make them person centred so that the service user is involved in the care planning process. As stated in the recommendation however, some service users, due to their mental health, are unable to be actively involved in the care planning process and if this is the case it is completed on their behalf and this is evidenced and documented, e.g. - if a service user does not agree to sign their care plan, this is documented. If a service user chooses not to take part in the care planning process, he or she may not fully understand what it is and what it contains despite attempts to involve them.

Recommendation 6

Activities including swimming are available to the service users. We organise many activities for the service users both in house and in the community and the activities the service users want to take part in are documented in their care plan. If the service users no longer want to take part in activities, alternative activities are made available to them

Recommendation 7

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Everyday, hot meals are provided for the service users. During the week a continental breakfast is offered and a hot meal for both lunch and dinner (during the warmer months the lunch may consist of sandwiches) during these months there is always at least a hot meal offered. Every weekend hot-cooked breakfasts are offered, a hot lunch and a hot evening meal consisting of 2 choices. This is evidenced in the menu planning meeting minutes as well as the daily 2-week rolling menus. All service users have a choice of menu, which is filled in by them every day.

General Comments

Some of the issues raised in the report we feel are helpful and insightful and we will make every effort to make improvements. There are some areas of the report where I feel it would be helpful to make some further comments for clarification.

It was mentioned that there was an unpleasant smell in one of the bedrooms, where I can appreciate this, the challenges we face need to be considered. Many of the service users we look after have poor personal hygiene and although we support them with their personal care, this can prove to be difficult at times taking into consideration the cooperativeness of the service user. It also needs to be considered that recently it became a requirement that all windows in the home have guards fitted so that windows cannot be opened any more than 2-3 inches, this creates a problem when it comes to airing the room when cleaning.

It was mentioned about some of the service users rooms looking tired and worn, where we can appreciate that some of the rooms require re-decorating, many of the service users are hoarders and do not want staff to clean their bedrooms or move any of their belongings. Where we understand that maintaining a clean environment is important, the mental state of some of these service users needs to be taken into account. This is an on-going issue we have with some of the service users and for these individuals, it is in their care plan and risk assessments. The care coordinators are also aware of this and together we work to tackle these issues.

There was reference made to an opened bin in the kitchen, I would like to take this opportunity to rectify this and inform you that the bin does have a lid, if the bin was in use at the time, for example the service users using it after meals whilst clearing their plates or staff are using it whilst preparing food, then of course the lid would be taken off for this duration.

I hope this feedback has been helpful and I strive to make Elm Park Lodge the best that's it can be with the support and input from Healthwatch Barnet.