healthwatch Enfield

Healthwatch Enfield
Enter & View Report

Eliza House Care Home **10 February 2017**

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Premises name	Eliza House Care Home
Provider name	Peaceform Limited
Premises address	467 Baker Street, Enfield, EN1 3QX
Date of visit	10 February 2017

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 local sources about the standard of care provided in the home. 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

Residents and most relatives who we heard from told us that care at Eliza House is good and that staff are kind and competent. Some relatives, however, had concerns about some aspects of the care.

Leadership appears to be good. The manager, who is very experienced but relatively new in this post, is well-liked and respected by the staff team. Staff told us they enjoyed their work, felt well-supported and would not hesitate to raise any matter they were worried about. Training appears to be thorough, and staff receive regular group and individual supervision.

At present there is no activities co-ordinator at the home, though we heard that the management are currently recruiting for this post. Residents and relatives were not enthusiastic about the activities currently provided. There appears to be little in the way of organised exercise, and little encouragement to residents to maintain their mobility by moving around in the home during the course of the day.

Accommodation is fully accessible and reasonably spacious, but the building, fixtures and fittings appear to need refurbishment. There is good access to open air space and plenty of scope to develop initiatives such as a dementia sensory garden.

We have made a number of recommendations for consideration by the management, which appear on p.3 below, and we are pleased to see that some of them are already being implemented. We also observed a number of instances of good practice, listed on p.6, which we commend.

Recommendations for the management of Eliza House

1. Access to exercise

We recommend that efforts are made to encourage residents to move about from time to time during the day, with support and supervision as required, and to take part in appropriate exercise activities on a regular basis. (p.10)

2. Activities and pastimes

We recommend that a greater variety of absorbing activities and pastimes, both for groups and individuals, should be made available to residents on a daily basis. A new activities co-ordinator should be appointed as soon as possible, and care staff should continue to receive encouragement and training if appropriate, to lead on certain activities, drawing on any special skills and interests they may have. (p.14)

3. Name badges and staff photos

We recommend that all staff in the home should wear name badges, and that photos of staff, showing their names and roles, should be displayed on a notice board. (p.15)

4. Support for relatives when a resident is approaching the end of life

We recommend that the home should make it clear that relatives may stay overnight if the resident they are visiting is gravely ill or approaching the end of life. (p.16)

5. Signage outside the home

We recommend that new signs are installed at the front and back of the property to make it clear how to access the entrance. (p.17)

6. Layout of lounge

We recommend urgent implementation of the manager's plan to re-arrange the furniture in the lounge to ensure that everyone who wants to watch the television is able to do so in comfort. (p.18)

7. Health and safety

We recommend that health and safety procedures should be reviewed with respect to residents or their relatives introducing additional electrical equipment into bedrooms. (p.19)

Response from the management of Eliza House to recommendations made

1. Access to exercise

We recommend that efforts are made to encourage residents to move about from time to time during the day, with support and supervision as required, and to take part in appropriate exercise activities on a regular basis. (p.10)

Response from Eliza House Management: Residents are always encouraged or supported to move around as much as possible. A walk around and out when possible. Our art and drawing activities are done at the small lounge and we encourage all to come to the activity (this is one reason for those who are bound to their wheel chair to come out and exercise). We encourage residents to go to dining room for meal. However, some did not like the idea or would like to have their lunch while watching television. The trick is keeping the fine balance between ensuring the residents are active and moving vs. respecting their choice.

2. Activities and pastimes

We recommend that a greater variety of absorbing activities and pastimes, both for groups and individuals, should be made available to residents on a daily basis. A new activities co-ordinator should be appointed as soon as possible, and care staff should continue to receive encouragement and training if appropriate, to lead on certain activities, drawing on any special skills and interests they may have. (p.14)

Response from Eliza House management: We are in the process of resourcing an activity coordinator. Currently we have external art session (from Creative Minds), which is every Tuesday morning. We have a musician coming once a month or on birthdays, we have a hairdresser every Friday, plus numerous activities coordinated by assigned staff – table based games – darts, fruit tasting, dancing etc. With the weather improving our outdoor activity will kick-in soon, which includes trips (to places of interest, park, beaches, etc.), BBQs, gardening, etc. We have morning and afternoon activity hours incorporated in the rota. Afternoon activities are often one to one: staff sitting with service user and nail filing, table games, etc. We make every effort to offer meaningful activities.

3. Name badges and staff photos

We recommend that all staff in the home should wear name badges, and that photos of staff, showing their names and roles, should be displayed on a notice board. (p.15)

Response from Eliza House management: This recommendation has been fully accepted and we have revised our policy from no ID to staff displaying name badge.

Recommendation 4: Support for relatives when a resident is approaching the end of life

We recommend that the home should make it clear that relatives may stay overnight if the resident they are visiting is gravely ill or approaching the end of life (p.16)

Response from Eliza House management: No request has been refused in this regard. In fact we made some efforts, to encourage next of kin to make visits (when we suspect deterioration in the client's health). We will continue to do all we can to comfort families during bereavement.

5. Signage outside the home

We recommend that new signs are installed at the front and back of the property to make it clear how to access the entrance. (p.17)

Response from Eliza House management: There are signs all around the building leading to the rear. We will review these signs and make them more visible by summer 2017. Some are showing signs of fading and we will replace them as soon as possible.

6. Layout of lounge

We recommend urgent implementation of the manager's plan to re-arrange the furniture in the lounge to ensure that everyone who wants to watch the television is able to do so in comfort. (p.18)

Response from Eliza House management: This has been done and there are more changes in progress. A new flat screen television has been purchased, which can offer a view from wider angles.

7. Health and safety

We recommend that health and safety procedures should be reviewed with respect to residents or their relatives introducing additional electrical equipment into bedrooms. (p.19)

Response from Eliza House management: We encourage residents to personalise their rooms. A portable heater risk assessment is already in place. This was introduced some time ago as from time to time (for emergency) we use safety-inspected, electrical heaters. We will also ensure any other electrical appliances are safe to be left in residents' rooms and risk-assess them accordingly.

Good practice examples

We observed the following examples of good practice at Eliza House, which we commend:

- Care plans are personalised, and care staff appear to know the residents' personal histories
- The home has good links with primary care, as GPs attend regularly and respond quickly when a visit is requested
- Dietary preferences and special requirements are well-known to the cook and appropriate meals are provided accordingly
- Residents can eat breakfast at a time of their choosing and snacks and drinks are available on request
- There is a good rapport between staff and residents
- Mandatory training is undertaken by all staff and attainment levels are monitored to identify if further support is necessary
- Staff are encouraged to attend additional training and some go on to attain professional qualifications
- Staff receive regular group and individual supervision, as well as mentoring on the job
- Good team working is encouraged and facilitated.

The Enter & View Team

The authorised representatives who took part in the visit were Parin Bahl (team leader), Laxmi Jamdagni, John James and Audrey Lucas.

General information

Eliza House is a residential care home for people aged 65 and over, including those with dementia. There are 26 single bedrooms; all but one were occupied on the day of our visit. All current occupants are permanent residents, but respite care can be offered if rooms are available.

Most of the residents have dementia, and we were told that the staff have all been trained in dementia care. Most of the residents come from Enfield, with a small number from other authorities including Hertfordshire, Hackney and Islington; the majority receive council funding. There are more female than male residents. Most are from a white English background, with a small number from Caribbean or African backgrounds. All residents speak English.

We were informed that the manager, Siyoum Beyene, has been in post for about two and a half months; the home is in the process of registering him as the registered manager. Although new at Eliza House, Mr Beyene has previously been a registered manager elsewhere for 16 years. We were told that Mr Beyene is being mentored by the previous manager, who was in post for about 15 months, and that the owner is very “hands on” and is present to provide stability during such periods of change. The home has had 3 managers in the past ten years. We gained the impression that many of the staff have stayed at Eliza House for a long time; for example, the cook has worked there since the home opened 18 years ago.

Eliza House was rated “good” by the Care Quality Commission (CQC) in their latest inspection report published in July 2015. (A previous CQC report, dated March 2015, had given the home an overall rating of “Requires improvement”.)

Methodology

In preparation for our formal visit, two team members went to meet the registered manager in advance. This was to explain about Healthwatch Enfield’s Enter & View programme, and to find out how the home is organised so as to plan our visit most effectively. The proprietor of the care home, Mrs V Patel, was also present at this meeting. Much of the factual information provided in this report, about how the service is organised and managed, was given to us in this preliminary meeting.

We asked the management to put up posters and distribute letters to residents and their relatives, notifying them of our visit in advance, and inviting them to share their comments with us in person or in writing.

On the day of our Enter and View visit, a team of four Authorised Representatives made observations, and engaged in conversation with residents, relatives and staff, focusing on the following five key areas:

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, the manager showed us round the home, answered our questions and facilitated our meetings with staff and residents. We spoke with 8 residents, 3 family members and 5 members of staff including the manager. We also received written comments from 2 relatives.

This report has been compiled from the notes made by the team members during the visit, from the written comments received from relatives, and from 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 Eliza House to be checked for factual accuracy and for an opportunity to respond to the recommendations prior to publishing. The manager responded by sending us comments and explanations which we have included in the text of the report and also on p.4. We welcome this as it reflects a constructive and positive response to our visit. Nevertheless, with one exception, all our original recommendations still stand, based on our findings during the visit. The exception is recommendation number 4 which we have amended slightly.

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 Eliza House including the owner and 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, 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, and the views of relatives who sent us comments in writing.

Key area 1: physical and mental health care

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

All the residents we saw were neatly dressed and looked well-groomed.

Residents we spoke to told us that "the home is good", and the staff are "fine". One said, "Staff are very nice. Looks after us good. Since I come here, have had the best care. Excellent manager and care workers."

The relatives and friends we spoke to were also positive about the home. It was apparent that all the members of staff on duty were friendly and interacted well with the residents. We observed staff providing physical help when required, and also genuine signs of warm feelings towards residents.

However, a relative who wrote to us told us they were "not happy" with all aspects of care in the home. This relative reported that their family member's personal hygiene was not always adequately monitored.

Access to health services

Residents are all registered with 2 GP practices (Abernethy House and Carlton House). We were told that the GPs visit regularly, every three or four weeks, and review their care plans for residents every two months. The doctors see clients privately in their room. We heard that if a resident falls ill, the doctors are very responsive, and usually attend on the same day if needed. However, one relative reported that their family member had appeared sleepy and unwell for a few days before the doctor was called. One resident who had been in the home six months told us she had seen the GP twice.

We were told that members of the CHAT team[1] visit a couple of times a week. They interface with surgeries, deal with new medication, offer support with new cases and generally assist with monitoring the health of residents. The home also has district nurses attending on a regular basis. We heard that staff could access social workers when needed, and we noted evidence of access to an optician in a sample care plan.

We were told that staff accompany residents to hospital, including when an ambulance is called, if a family member is not available to assist.

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[1] The CHAT Team (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

We were able to see the register of medicines prescribed to residents and the process and checks for administering medicines was explained to us by a member of staff who had specific training for this.

Access to exercise

At lunchtime, we observed that some residents were served at a table in the dining area, but the majority had their food brought to where they were sitting in the lounge. It could be argued that giving residents the choice as to where to eat is a way to respect their 'personal preferences'; however, we weren't sure that residents are given much encouragement to move about during the day, which could put them at risk of losing their existing mobility and lead to a general deterioration in their health.[2]

A relative who wrote to us reported that their relative "is not encouraged to move or walk about", and said that their family member's "walking has deteriorated at a drastic rate" since moving into the care home.

Recommendation 1: Access to exercise

We recommend that efforts are made to encourage residents to move about from time to time during the day, with support and supervision as required, and to take part in appropriate exercise activities on a regular basis.

Response from Eliza House Management: Residents are always encouraged or supported to move around as much as possible. A walk around and out when possible. Our art and drawing activities are done at the small lounge and we encourage all to come to the activity (this is one reason for those who are bound to their wheel chair to come out and exercise). We encourage residents to go to dining room for meal. However, some did not like the idea or would like to have their lunch while watching television. The trick is keeping the fine balance between ensuring the residents are active and moving vs. respecting their choice.

Accidents and incidents

We reviewed the incident log book and found this to be up to date, mainly recording falls/loss of balance.

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[2] An article available on www.nursinghome.org states: 'Maintaining mobility has a profound effect on the physical and psychological well-being of the elderly. Disuse or immobility may result in complications in almost every body organ system, which may lead to further disability and illness.' [Examples given include: loss of bone density, muscle weakness, pressure ulcers, sensory deprivation, feelings of helplessness, depression, anxiety]. 'In addition, immobility begins a process in which independence is progressively reduced and dependency on staff for basic activities results. Prevention of immobility and its complications are essential actions that should be considered in every resident's care plan.' Full article available at: http://www.nursinghome.org/fam/fam_017.html

Key area 2: personal choice and control

To find out whether the care is truly person-centred

Care planning and review

We were able to look at a sample anonymised care plan. This included a record of the resident's family history, employment history, likes and dislikes, health and social care issues as well as a risk assessment. A lot of this information is gathered when the resident first comes to the home. We were told that a six week review is undertaken by the manager after the resident is taken on by the home, in order to check that the individual's needs are being met and to confirm that a long term placement will work. We heard that last year they had one younger resident aged 57 who was eventually moved to more suitable sheltered accommodation.

There is a recognition that an individual's needs change and so there is a monthly care plan review; if the home decides that they can't meet the new needs of a service user they invite social workers in to assess the individuals, alongside health colleagues; if necessary the person is moved to a more appropriate placement. A review log showed that care plans were regularly reviewed.

Person-centred care

We were told that life story work[3] is not specifically undertaken. However, it appears that efforts are made to get to know the personal history of residents. This knowledge informs care plans, and staff appeared to be aware of the needs of each resident.

We observed that residents and families are encouraged to personalise bedrooms with photographs, plants etc. Residents can choose whether they want their names and pictures to be on their bedroom door, sometimes with additional information about their interests.

Meeting cultural and spiritual needs

We met a diverse staff team, and were told that where staff have additional language skills these are used to support patients if appropriate.

We heard that residents are able to go to church if they wish.

We noted that the home does not have separate areas for male and female residents in terms of bedrooms, bathrooms, seating etc., which might be preferred by some individuals. This is pointed out to potential residents before admission.

[3] 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 highly recommended. 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. Practical ideas for life story work can be found in ***Life Story Work with People with Dementia*** ed. Polly Kaiser and Ruth Eley, Jessica Kingsley Publishers, 2017.

Food and drink

We observed lunch, and saw that the food appeared to be piping hot and help was offered to those residents who needed it.

We heard that the cook pays attention to individual dietary needs and preferences, and tries to provide healthy meals e.g. hardly using any oil. One resident is lacto-vegetarian and the cook advised that this resident's preferences and nutritional needs are easily met, for example with egg and cheese dishes. Where residents don't want to eat fish on Fridays they can opt for sausages or other alternatives.

The manager was aware that it was not practical for the kitchen to meet the requirements for delivering either halal or kosher meals, so potential residents are informed of this when considering admission. We were told that if a resident wants something which takes a long time to prepare, for example Caribbean 'Ackee and salt fish' this can be bought in.

One resident told us there was "no choice of what you want to eat", and another told us the food was "always the same". However, most of the residents and relatives we spoke to generally thought the food was good. Residents' comments included: "Food not bad sometimes. Cook is very nice". "Tea is good." "The food is ok. Dinner not so great." One relative reported that their family member appeared to enjoy the food and had put on weight since moving into the home. We observed other residents who were eating reasonably well.

We heard that a senior careworker checks how much has been eaten or left by each resident.

At the start of our visit which was after 10 o'clock in the morning, a number of residents were still tucking into breakfast, which indicates that there is flexibility about where and when to eat. Residents seem to be able to follow their own schedule.

We noted that a number of residents had a water supply within reach, and that tea or coffee was provided when requested. Fruit and other snacks were also available during the day, and we saw a resident taking fruit from the fruit bowl.

Activities and meaningful occupation

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.[4] However, residents and relatives did not express satisfaction with the activities which are provided at Eliza House.

[4] 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

We were told that that the previous activities co-ordinator had left, and that the home is in the process of recruiting a replacement; in the interim the manager uses the skills of care staff to help with the schedule. One member of the care staff confirmed that she facilitated the painting activity.

We were shown an annual plan for key events, Christmas parties, Easter, barbeques, 100th birthday parties (they invite the local mayor), outings to parks/pubs. Staff said they take everyone, including wheelchair users, and use Dial-a-Ride for transport.

A birthday party was planned for the afternoon of our visit, and bunting and balloons had been placed outside the home. The resident had a card and chocolates on her chair table.

Staff told us that two activities are planned daily, and we were given a copy of the plan, which includes: keep fit, bingo, karaoke, beauty/hairdresser, "newswatch" (discussing current affairs), song and dance with external entertainers. We were shown recent invoices for payments for specialist activities organisers. Information on a notice board suggested that a range of activities are on offer, but we gained the impression from both residents and relatives that in practice not many activities, other than drawing and painting, actually take place.

We saw paintings by residents on one of the noticeboards. (Two paintings, quite carefully done with narrow brush strokes, bore the signatures of current residents).

We were told that residents have been offered a trip to the cinema but there has been no take up to date. The intention is to arrange additional outings in the summer. We heard that some residents help with gardening.

We saw that a hairdresser had come in that morning. The hairdresser is in attendance twice a week, and there is a dedicated room for this purpose. The room is also available for manicure/pedicure/chiropodist service. Residents reported that there is a charge of £10 for each of these services.

Bedbound clients are not involved in activities when they take place. Care workers say they stay with these clients if they want company. This suggests that more thought needs to be given as to how to provide bedbound individuals with meaningful activity. One to one engagement with these residents would be a perfect opportunity for life story work.

When we asked residents about the activities they take part in, one said, "not much activities takes place"; this person said they tried to do drawing and painting but they were unable to do much as their arms hurt. Another resident said they had not taken part in any activity, but said that people can choose what to watch on TV. One resident who apparently had advanced dementia said: "All I do is sit here. Don't watch TV lots."

A relative who wrote to us reported: "I have not witnessed any activities take place at all. The board that details activities always says 'Watching TV', or 'ball playing'. None of my relative's visitors have ever seen a ball. The TV that is apparently their activity, always has a large pop up box in the middle of the screen detailing things are wrong with the TV, and the majority of staff don't know how to get rid of it. So this is their one 'activity', and they can't even see what's on the TV. My relative says they feel bored all the time."

Recommendation 2: Activities and pastimes

We recommend that a greater variety of absorbing activities and pastimes, both for groups and individuals, should be made available to residents on a daily basis.[5] A new activities co-ordinator should be appointed as soon as possible, and care staff should continue to receive encouragement and training if appropriate, to lead on certain activities, drawing on any special skills and interests they may have.

Response from Eliza House management: We are in the process of resourcing an activity coordinator. Currently we have external art session (from Creative Minds), which is every Tuesday morning. We have a musician coming once a month or on birthdays, we have a hairdresser every Friday, plus numerous activities coordinated by assigned staff – table based games – darts, fruit tasting, dancing etc. With the weather improving our outdoor activity will kick-in soon, which includes trips (to places of interest, park, beaches, etc.), BBQs, gardening, etc. We have morning and afternoon activity hours incorporated in the rota. Afternoon activities are often one to one: staff sitting with service user and nail filing, table games, etc. We make every effot to offer meaningful activities.

Volunteer involvement

The home welcomes involvement from volunteers, particularly to help with activities, but there are no volunteers at present. One volunteer used to assist with taking a resident to church. The manager is keen to develop volunteer involvement. Volunteers are seen as valuable resource, and are required to undergo DBS checks etc.

Key area 3: information, communication and relationships

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

Notice boards and written information

Notice boards in communal areas were up to date, with range of information including the service user guide, activities schedule, menu choices, upcoming staff training

[5] Some suggestions appear in the Appendix on p.23.

sessions. There are pictures of clients taking part in activities on a notice board. We did not see CQC reports displayed. However, the manager has informed us that recent CQC reports along with CQC registration information, liability insurance certificate etc. are all on display on two large notice boards at the entrance to the home.

We were given a copy of the home's service user guide as we had requested it. This seems to cover essential information about staying in the home. We were told that this is given to residents and families when someone moves in. However, we heard from one relative that they had never been given any printed information about the home.

Name badges

Staff don't wear name badges. When we queried this with the management, we were told that it was felt that name badges created an institutionalised feel and they wanted to keep it 'homely'. They wanted to emphasise that it is a small home with a family focus as opposed to a large home run like an institution.

However, some residents and some relatives told us they would like the care workers to wear name badges.

A relative who wrote to us commented: "The staff do not wear name badges. I have no idea who they are, or even if they all work there. I imagined that my relative would have a key worker, but I don't know who this is."

We found that one long-term resident apparently did not know the name of a regular careworker even though they had been working there for some years. We recognise that the resident might have forgotten the careworker's name because of memory problems associated with dementia, but feel this strengthens the case for introducing name badges.

Recommendation 3: Name badges and staff photos

We recommend that all staff in the home should wear name badges, and that photos of staff, showing their names and roles, should be displayed on a notice board.

Response from Eliza House management: This recommendation has been fully accepted and we have revised our policy from no ID to staff displaying name badge.

Response to call bells

We noticed an integrated 'Medicare' alarm call system, enabling the nearest member of staff instantly to identify where the call is coming from. There is call monitor in each room and we were told by the Manager that calls are responded to immediately by care workers. This is in addition to hourly checks of residents in each room.

Response to 'challenging behaviour'

We were told that it is quite common for residents to become argumentative or to display 'challenging behaviour', but that staff are good at de-escalation and restoring a calm atmosphere. If they can't manage, they seek help from the mental health team via the GP. If they need help, they would call an ambulance.

Involvement of relatives and friends

We were told that relatives and carers are welcomed at any time and some visit regularly. We also heard that regular meetings are arranged with relatives and carers.

One of the relatives reported that their family member had been in the care home for several weeks before they (the relative) had a chance to look at the care plan, which they were asked to sign.

One relative told us that they had been concerned to find some possessions of the previous occupant still in the room when they first arrived, but this had been sorted out quickly. An armchair had been replaced at their request, and they now felt very positive about the home.

Opportunity for relatives to stay overnight

The Service User Guide states that "It may be possible (for an additional charge) to provide accommodation to enable a distant relative or friend to stay overnight if required." However, we heard that current practice is that all visitors must leave by 10pm, which does not appear consistent with the statement that "visitors are welcomed at any time".

Recommendation 4: Support for relatives when a resident is approaching the end of life

We recommend that the home should make it clear that relatives may stay overnight if the resident they are visiting is gravely ill or approaching the end of life.

Response from Eliza House management: No request has been refused in this regard. In fact we made some efforts, to encourage next of kin to make visits (when we suspect deterioration in the client's health). We will continue to do all we can to comfort families during bereavement.

Key area 4: the environment

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

First impressions from the main road

Access to the building is strange, awkward and difficult. Although the address of the property is 467 Baker Street, there is no entrance on the Baker Street side of the building, and no clear and welcoming sign to explain that the entrance is at the back of the property. There is no clear sign at the back either to show visitors the way in.

Recommendation 5: Signage outside the home

We recommend that new signs are installed at the front and back of the property to make it clear how to access the entrance.

Response from Eliza House management: There are signs all around the building leading to the rear. We will review these signs and make them more visible by summer 2017. Some are showing signs of fading and we will replace them as soon as possible.

Maintenance, décor and cleanliness

The home was opened eighteen years ago. It has a dated appearance, and some fixtures and fittings appear to need replacement. The manager is aware that money needs to be spent on both redecoration and modernisation, and intends to take an incremental approach to securing improvements. Our observations within the three bedrooms that we saw suggest that modernisation, especially of the sanitary facilities, ought to be tackled first.

The home appeared clean and there were no unpleasant odours, but there was a strong smell of disinfectant.

Accessibility

The communal areas are all on the ground floor, with a lift providing access to other floors. About half the residents use wheelchairs, and the lift is large enough to accommodate them. Secure arrangements prevent residents using the stairs unless accompanied by a staff member. A risk assessment is carried out prior to placement and room allocation, and a resident who is assessed to be at risk if they move around unsupervised can be given a room on the ground floor.

Communal areas

Downstairs there are three main common areas. One is labelled ‘Dining Room’, but in practice it seemed that it is not usual for the majority of residents to eat there.

Immediately inside the dining room there is a notice board displaying the menu for the day, illustrated with pictures of the dishes, a four-weekly menu and a list of

residents with their likes and dislikes, and their dietary requirements (e.g. soft food, diabetes etc.) itemised.

The outer area of the common sitting areas is television-free and could accommodate up to about 10 residents. The larger inner area has a television facing the length of the room, providing easy viewing for those immediately under it, and for those on the right side, and the far end, but requiring those further down on the left to turn their heads to see the screen. One resident, who sits almost in line with the TV, said, "Seating to watch TV is a problem." Another resident said, "To watch TV I have to turn my head to see it and it is painful, so I don't watch much." The manager told us that he intended to reorganise the room, and to replace the TV with one with a curved screen, so that visibility is improved.

Of those present, quite a number were asleep or otherwise not watching the television. It was not turned up high. We were told that the residents chose the channels, but saw no evidence of this.

The armchairs were set back close to the walls, which does not easily facilitate conversation, but we could observe some interaction between residents sitting next to each other.

Recommendation 6: Layout of lounge

We recommend urgent implementation of the manager's plan to re-arrange the furniture in the lounge to ensure that everyone who wants to watch the television is able to do so in comfort.

Response from Eliza House management: This has been done and there are more changes in progress. A new flat screen television has been purchased, which can offer a view from wider angles.

Bedrooms

All bedrooms have an ensuite toilet and a wash basin; some also have an ensuite shower.

We were given access to a vacant bedroom. This had a small built-in shower which looked well worn. Both the shower and the wash basin had seen better days, as had the curtains. We examined the bed, which seemed fully functional. The call button could be placed within reach, but the side light might have been out of reach of less mobile residents.

We were invited into the bedrooms of two of the residents, and observed that residents and families are encouraged to personalise the rooms with photos etc.

We found the first room was light and cheerful, with two windows with a pleasant outlook. We noted that the room was cold, and raised this with the manager. He said

he thought the radiator had been serviced the previous day and would look into why it was not working. We also noted that the resident's relatives had plugged in a small electric fan heater, which was very near the bed and had a lead lying along the floor which was a trip hazard.

The second bedroom had family photos on the walls and a small television set, and looked very cheerful.

Recommendation 7: Health and safety

We recommend that health and safety procedures should be reviewed with respect to residents or their relatives introducing additional electrical equipment into bedrooms.

Response from Eliza House management: We encourage residents to personalise their rooms. A portable heater risk assessment is already in place. This was introduced some time ago as from time to time (for emergency) we use safety-inspected, electrical heaters. We will also ensure any other electrical appliances are safe to be left in residents' rooms and risk-assess them accordingly.

Bed linen

We noticed that there were dark coloured sheets (navy or maroon) on some of the beds, and raised a query about this, as we thought this must make it more difficult to tell if sheets are dirty. A relative also raised this issue with us, saying, "I don't feel this is suitable due to being able to see for example if she's had an accident, or if there happened to be any blood. This wouldn't show up on such dark bedding." The care staff assured us that they can tell if sheets are soiled or not, whatever the colour. One resident confirmed that the sheet on her bed is changed every morning.

Communal bathrooms

We were shown one of the communal bathrooms. There are full bathrooms on each floor, equipped with hoists, where residents who do not have showers in their room are catered for.

Kitchen

The kitchen was clean and everything seemed to be well-organised. The dishwasher wasn't working and we were told that it had been out of use for some time. We queried this with the manager, who told us that it was relatively new and that he was in discussion with the shop to get it replaced. The intention is to try and secure a larger one to better meet the needs of the home.

The laundry is situated off the courtyard.

Noise

We noticed that the upstairs floors creaked when we were walking through the corridors and seemed to be very noisy. The manager indicated that he hoped to address this and replace the carpet with wooden floors.

Access to outdoors

There is a large courtyard at the back of the building, with tables and chairs. We were told that in good weather residents sit outside to have breakfast, drink tea etc. Photos of residents sitting out there were on display. The area could be improved with new outdoor furniture and plant-filled flower pots and planted shrubs. We observed that some of the fencing needs to be replaced.

The manager told us he would like to create a covered area outside, in a courtyard at the front of the building, perhaps with a transparent roof, providing some shelter for residents who wanted to sit out during the summer. We also heard there were plans to develop a dementia sensory garden.

Key area 5: staffing and management

Leadership

The Manager made us feel welcome and was courteous and helpful throughout our visit. He was happy to respond to our many questions.

We heard that the manager is well-liked by staff we spoke to. One said, “He’s fantastic. We’ve had a lot of managers. He’s exceptional. He’s a very patient man. He’s very good.” “Residents are happy.” His leadership style appears to be well-respected. He is seen as supportive, and the staff all seem to recognise that he has an ‘open door’. We also heard positive feedback about the previous manager.

We heard that the manager had previously worked in a large care organisation, and is learning to adapt to working for a smaller company: nearly everything goes through him and he conducts all staff supervision. He appears to be working strategically to gradually improve the overall running of the home. He is in the process of recruiting a deputy, and is also trying to resolve the gap left by the departure of the activities coordinator. Currently care staff are helping to cover this gap and they were pleased to tell us about their additional skills.

Team work

We saw a good team atmosphere and witnessed a senior member of staff intervening effectively and with good humour to support other staff with a resident who had difficulty with walking with a frame. Her intervention also revealed good rapport with the resident.

Staff we met appeared to enjoy working at the home and working with the residents. One told us, "I love working here. Residents smile all the time." They felt that they were taken seriously when they made suggestions and that each staff member was seen as a key part of the team.

Staffing

The home employs 20 staff in total, some full-time and some part-time, including two domestic staff for cleaning and laundry. We understand that there is a low staff turnover. One person mentioned that agency staff can be used for back up if a resident has to go to hospital in an emergency.

On the day of our visit the following staff were on duty: the manager and four care staff, cook, cleaner and maintenance worker.

Shift system

The following shift system is in operation:
Morning (8am – 2pm): 4 care staff, cook, cleaner, laundry worker and maintenance worker.
Afternoon (2pm – 8pm): 3 care staff, cook, cleaner, laundry worker
Night (8pm - 8am): 2 waking staff, with manager on call.

A handover meeting takes place at 8am, with night staff using briefing sheets which record issues e.g. if a person has refused food or personal care, or needs to see the GP.

The manager told us that he currently leaves late and arrives early on different days so that he is able to see staff from all shifts, and says he plans to do spot checks overnight.

Training and supervision

We were told that the home only recruits staff who have previous experience of a care setting, so that staff know what to expect.

We heard that all staff have to go through an induction process and shadow staff as well as being required to undertake mandatory training which includes infection control, moving and handling, food hygiene, medicines management, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), dementia care, safeguarding etc. Training is provided by a mixture of e-learning and classroom based teaching. E-learning scores are monitored by the manager to assess whether staff need additional support in any learning area. Twice a year all staff attend mandatory training, face to face, provided by external trainers.

We were told that all face-to-face training takes place during working hours and is built into staff schedules. Night staff also attend training and their shifts are adjusted

accordingly. If a member of staff persistently fails to undertake essential training, the manager takes a shift away from them.

Staff are encouraged to improve their skills and enrol on NVQ courses, and the manager was proud to report that six staff have become qualified nurses.

Staff confirmed that training is provided and that they are given enough time to discuss any issues arising from it. Staff appeared to have completed their mandatory training and were happy to undertake e-learning.

We were told that all staff have individual supervision from the manager every two months, which is a chance to raise any issues or concerns. Notes are kept of these meetings. Additionally, there is a group supervision session once a month.

Raising concerns/"whistleblowing"

Staff were aware that they could raise concerns about the behaviour of another member of staff or a resident, and appeared to be confident that they would be 'heard'.

Conclusion

Residents and most relatives who we heard from told us that care at Eliza House is good and that staff are kind and competent. Some relatives, however, had concerns about some aspects of the care.

Leadership appears to be good. The manager, who is very experienced but relatively new in this post, is well-liked and respected by the staff team. Staff told us they enjoyed their work, felt well-supported and would not hesitate to raise any matter they were worried about. Training appears to be thorough, and staff receive regular group and individual supervision.

At present there is no activities co-ordinator at the home, though we heard that the management are currently recruiting for this post. Residents and relatives were not enthusiastic about the activities currently provided. There appears to be little in the way of organised exercise, and little encouragement to residents to maintain their mobility by moving around in the home during the course of the day.

Accommodation is fully accessible and reasonably spacious, but the building, fixtures and fittings appear to need refurbishment. There is good access to open air space and plenty of scope to develop initiatives such as a dementia sensory garden.

We have made a number of recommendations for consideration by the management, and we are pleased to see that some of them are already being implemented. We also observed a number of instances of good practice, which we commend.

Appendix: Activities and pastimes

We recommend that a greater variety of absorbing activities and pastimes, both for groups and individuals, should be made available to residents on a daily basis. A new activities co-ordinator should be appointed as soon as possible, and care staff should continue to receive encouragement, and training if appropriate, to lead on certain activities, drawing on any special skills and interests they may have. (Recommendation 2)

Ideas include:

- *arts and crafts, knitting, communal singing, puzzles and games, film club, gentle gardening or looking after plants indoors, multi-faith religious service, performances by local schools or amateur dramatic clubs. Make sure not all group activities need verbal communication e.g. arts and crafts and knitting may be more suitable for residents with hearing impairment or those not fluent in English.*
- *consider doing life story work with all residents who would like to take part, to find out more about them as unique individuals. Ideally staff should receive training in how to incorporate life story work into the overall care plan.*
- *try to ascertain what kind of television programmes residents would like to watch. If the television is switched on, check whether or not the residents appear to be enjoying it. 'Make a date' to watch certain films or programmes together.*
- *make newspapers available – there are now many free titles*
- *try to make a variety of suitable books available, including large print books and those specially designed to prompt memories and stimulate conversation with people who have dementia[6]. Local libraries may agree to donate old stock, and friends and relatives of the residents may also be willing to donate second-hand books.*
- *find ways to give one-to-one time especially for those residents who are bed-bound, or have sensory impairment or other communication difficulties.*
- *try to recruit more volunteers. Volunteers could offer group activities, or help by befriending residents who are isolated.*

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

[6] 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

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

Healthwatch Enfield
311 Fore Street
London N9 0PZ

Email: info@healthwatchenfield.co.uk; Phone: 020 8373 6283

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