



Name of establishment:	Acacia Lodge
Staff met During Visit:	Owner – Mrs J Bethuel 6 members of staff 1 relative (plus 2 questionnaires received) 6 residents
Date of visit:	24 April 2017
Healthwatch authorised representatives involved:	Tina Stanton Marion Kafetz Maureen Lobatto Helena Pugh

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. They compile a report reflecting all of these, and making some recommendations. The Report is sent to the Manager of the facility visited for validation/correction of facts, and for their response to the recommendations. The final version is then sent to interested parties, including the Head Office of the managing organisation, the Health Overview and Scrutiny Committee/Adults and Safeguarding Committee, CQC (Care Quality Commission), Barnet Council and the public via the Healthwatch website.

DISCLAIMER: This report relates only to the service viewed on the date of the visit, and is representative of the views of the staff, visitors and residents who met members of the

Enter and View team on that date, and those who completed and returned questionnaires relating to the visit.

Executive Summary

The Healthwatch team were generally very impressed with this home and the staff looking after the residents in their care. All of the relatives and staff that we spoke to were happy with the care and support that they were offered. There were a couple of things that we noticed which could be improved such as the use of shared rooms, and some updating of the bathrooms. Overall the residents seemed well looked after and the staff that we met were well supported and happy in their work.

General Information

Acacia Lodge is a privately run residential home for up to 32 older people, the majority of whom have some form of dementia. The home also provides a respite service. The home is located in a quiet residential area of North Finchley close to shops and restaurants. There were 28 people living there at the time of our visit. The Healthwatch team met the owner of the home on the visit as the Manager was away at the time, and she gave us as much information as she could and the Manager had prepared the answers to our questionnaire in advance.

The Healthwatch team tries to engage with as many residents and relatives as possible when conducting an Enter and View visit. The managers are sent copies of the 'residents/relatives questionnaires' to distribute to relatives in advance of the visit; stamped addressed envelopes are provided, addressed to Healthwatch Barnet, so that these are received directly and not returned to the Home. We were sorry that we only received two completed questionnaires from relatives but information from these questionnaires and comments from interviews held with relatives during the visit, are included in this report.

When we arrived we found that the reception area had a signing in book and hand gel available; we were pleased to see several notices announcing our visit. There was also a notice with 'dignity champions' on display and details of good practice. The hall had been recently decorated, and there were also lots of old style travel posters in the hall which brightened up the area.

The residents are generally frail and some have conditions such as dementia, epilepsy and some other conditions. The home comprises

of two houses on three floors. The ground floor contains the kitchen, laundry room, toilets, bathrooms, large lounge, dining room and some bedrooms, a few of which go straight out onto the garden. All of the rooms have a sink, call bell and sensor mat (if required). Residents could personalise their rooms by bringing in their bed if they desired, and other furniture as appropriate.

The home has 7 shared rooms and we were told that residents had the choice as to whether they wanted to share. The owner told us that for some with dementia it is comforting for them to share with another person. The majority of the rooms were en-suite, with some rooms sharing bathroom facilities.

On the first floor there is an office, and a quiet lounge which was previously used for laptops, but there is little need for these now as some residents have their own or iPads in their rooms (Wi-fi is available throughout the building). There is a locked treatment room which contains medication and is used when health professionals and the district nurse visits. We noted that some of the bathrooms were quite old fashioned and would benefit from being updated to the more popular wet rooms or walk in showers.

A lift is available from the ground to the first floor and there is also a stair lift. The top floor contains bedrooms and bathrooms and is only used for residents with less difficulty walking as there is no lift access. There is a garden at the rear with wheelchair access. We noted that the staff room was rather small. We saw that staff were wearing temporary sticky labels with their names on.

The exterior of the premises are well maintained with some parking facilities on site. The home has a large back garden with a marquee which has just been erected with a ramp and rail for access during the summer months.

All of doors of the residents' rooms had their names and room numbers outside, but no pictures of the residents or memory boxes as have been seen working effectively in other homes. The dining room had posters of old film stars on the walls and was equipped with sufficient tables for residents to eat at the same time, if they wanted, though we were told that some residents preferred to eat in their rooms. Currently there are no residents who smoke, but if this was required residents could smoke in the garden or in the front porch/conservatory in the winter months; a member of staff would always accompany residents and the porch would be aired after the person had finished smoking.

The home is in touch with IQICH (*Integrated Quality in Care Homes Team, at Barnet*)¹ and attend the training days that are provided.

Care Planning

The Manager would go to assess any potential new residents in their own homes or in hospital. They would speak to family members', doctors and other health professionals before making a decision about their suitability for admission. A pre-assessment would be in place for up to a month in order to observe, assess and get to know the residents before the care plan is implemented, this would be agreed and signed by the resident or their representative. A risk assessment would be implemented once the care plan is in place and be kept with the care plan.

Staff get to know residents needs by communication and a life history provided by the family wherever possible. On chatting to staff we were told that the job of writing the care plans is left to the manager. We were slightly concerned that this placed an undue dependency on the Manager and wondered if it would be better if this responsibility was shared amongst more staff, and whether it would be beneficial for the Manager to have a deputy.

When we asked residents and relatives 'do you understand your relative's care plan – are you regularly involved in planning their care'?

The relatives that completed questionnaires said they did.

Mental Capacity

Residents were assessed for mental capacity using a FACE² assessment. 21 of the residents have DoLs (Deprivation of Liberty Safeguards³) in place. All DOLs are kept with the care plans.

Discharge from Hospital

The Manager commented that they sometimes had difficulties when residents were discharged from hospital without discharge notes or details of medication. Also DNAR (Do not attempt Resuscitation)

¹The Integrated Quality in Care Homes Team at Barnet Council support care homes in maintaining quality at local care homes.

² FACE = Functional Assessment of the Care Environment – it covers the following needs: communication, physical well-being, psychological / emotional well-being, medication, personal care, interpersonal relationships, social circumstances

³ Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

forms are not returned to the home, as ambulance staff would take them from the home and not return them.

Management of Residents' Health and Wellbeing

The home has a red folder where all visiting professionals write their visit notes. They have a monthly meeting with the District Nurse where any non-urgent safeguarding issues are also raised. The local GP visits each week and as the surgery is very near residents can be taken at short notice. Out of hours, the home would access the rapid response team. The GP undertakes regular medication reviews.

Residents can access the chiroprapist at the local health centre but they also have one who visits every 8 weeks. An optician visits once a year and a dentist on request, or residents are taken to the local dentist.

Any incidences of pressure sores would be recorded and monitored by the district nurses.

Management of weight

We were told that residents are weighed once a month, or more frequently if there are any concerns. The care staff check weight and BMI checks monthly, and when required refer to the GP for a dietitian appointment if needed.

Staff

We were told there are normally 5/6 staff in the mornings. There is a minimum of three staff on at night and they would be in different parts of the building with two on the first floor; care staff do hourly rounds at night.

Agency staff are not used, and the home has its own bank of staff to call on. The owner is a registered nurse and can step in to help when required. Many of the staff have been there for many years, but two had left employment in the last 6 months.

We spoke to a Care worker who had been in post for several years, having worked their way up. They have been supported to achieve NVQ 3 and is continuing to higher level NVQs. They felt that the Home is well organised and homely with no restrictions on visitors. Staff are offered staff development opportunities.

Other staff that we spoke to commented on the supportive staff team and enjoyed working at Acacia Lodge. One senior carer had worked there for over twenty years and said that the staff know the residents very well and know the residents' needs and how to care

for them. We got the impression of caring, committed staff and satisfied residents.

Staff training

We were told that all care staff completed a care certificate in February 2017 (Care Certificate UK from Skills for Care) and that all mandatory training is up to date. Recently staff had completed: diabetes training, epilepsy awareness, pressure care and medication training. They had also undertaken deaf awareness, transition from private to public living, safeguarding, communication skills, and advocacy skills. All Staff have completed or are enrolled on NVQs. Staff supervision is carried out every 8 weeks as per company policy and annual appraisals are in place. A whistleblowing policy is in place. Staff that we spoke to confirmed that they have ongoing training and regular supervision and staff meetings.

When relatives were asked '**if staff had the right skills and experience**':

- 'yes, absolutely'
- 'the staff are trained very well'

Activities

There is an activities co-ordinator and an events manager and residents' individual needs are met as per their care plans. We were told that they had recently: worked with the 'Arts Depot' on 6 week community arts project leading to the Mayor visiting Acacia and were waiting for framed photos. They had also worked with Barnet Comic Relief team on creating two mosaics, which we saw on display in the hall.

We were told that the Activities Organiser has a full programme of activities including: sitting netball, reading the papers, quizzes, painting and puzzles, there was a list on the noticeboards. Activities are held in the lounge, dining room and garden; they hold events including concerts and on the day of our visit two students were playing the cello to residents. The coordinator knows the residents well and was very positive about working at Acacia Lodge. One person commented that there could more events and activities at the weekend.

Religious/Spiritual needs

We were told that a church service was conducted each week in the home and that a Catholic Priest and other Religious Ministers visited regularly.

Food and Drinks

All of the food is provided by the resident chef on site who had been at Acacia Lodge for 24 years. He works from 6.00 a.m. till 1.00 p.m. Monday to Friday and is covered by his Deputy at weekends. They cater for liquid, vegetarian, diabetic and soft diets. The Chef showed us the prepared cold, salad-type food in the fridge, for the evening meal which he and his Deputy prepare first, before making Lunch. These ingredients can be served as the evening meal according to Resident's choices. They take food hygiene very seriously and have won several awards for it. The chefs do not have much direct contact with clients, but will help to serve if needed.

On the day of our visit the menu was written on the whiteboard, notice boards and tables. Residents were sitting and eating in the dining room, with just one resident needing assistance, we noted that the food looked very appetising. There was a list of residents' birthdays on display in the kitchen and the chef makes a birthday cake to each person's needs and taste. Most residents and relatives told us that the food is very good, well cooked and well served.

We asked: **'What do you/your relative think of the food here?'**

- 'very good, varied and nutritious'
- The food is excellent'

Drinks

We were told that drinks are available throughout the day and that people at risk have a fluid chart in place.

When we asked relatives: **'Can residents always get access to a drink if they want one?'** The following comments were received:

- 'Yes'
- 'Yes any time they want'

Engagement with Relatives/Residents/ Carers

Resident satisfaction is monitored by an annual survey and we were told that overall clients and residents were very satisfied.

When we asked: **'Do you attend residents/relatives meetings regularly and see any follow-up?'** Relatives said they did and would contact the Manager if they had any concerns.

When we asked: '**Do you feel you and your relative have a say in how the home is run day to day?**' The relatives were very satisfied.

Compliments/Complaints/Incidents

There was a complaints book and also a compliments book available.

One relative whose parent had transferred from another Care Home a year ago was very happy and content, as they felt their relative was "well looked after" and pleased with the Care

When we asked relatives who we spoke to or who completed questionnaires: '**What would improve your relative's experience here?**'

- 'My parent and my family are very happy with things at present'
- 'everything is good, nothing needs to improve'

Would you recommend this home to a friend/relative needing care? All said yes

Conclusions

The team were generally impressed with the ambience, the daily activities, quality of food, staff commitment and level of care.

Recommendations for Acacia Lodge

- 1) To review the Manager's sole responsibility for care planning; we wondered if it would be better if this responsibility was shared amongst more staff, and whether it would be beneficial for the Manager to have a deputy.
- 2) Some of the bathrooms were old fashioned and would benefit from wet rooms or walk in showers, though we appreciate the cost of updating these. As redecoration/refurbishment work is undertaken it would be good to see this being addressed.
- 3) Clarify the regular use of proper name badges for staff.

Response from the Manager

- 1) I did have a deputy for a few months last year, but did not work out, though I have never objected to the idea of having a deputy. The Team Leaders do work very hard and take responsibilities from the deputy job description. I am currently training some of

the staff to write care plans and risk assessments, so I will be receiving help in the near future.

- 2) Regarding bathrooms- we have already made some changes. When a room becomes available, we do the refurbishment and we do change the existing bath tubs into walk-in showers. It is a costly process and is done in stages. We do have service users who prefer to have a bath, we also have service users who are petrified of showers, so we are trying to combine the needs of the residents with budgets and health and safety.

All current bathrooms with baths, are safe to be used and very clean.

- 3) Name badges will be in place soon.

Date: June 2017