

Name of establishment: Elmhurst Residential Home
81 – 83 Holden Road, N12 7DP

Staff met During Visit: Deputy Manager – Jasmine Pandiya
Head of Care – Myrna Ouana
3 other members of staff
4 relatives (plus 5 questionnaires received)
7 residents

Date of visit: 24 August 2017

Healthwatch authorised representatives involved: Tina Stanton
Linda Jackson
Margaret Peart
Alan Shackman

Introduction and Methodology

This is an announced Enter and View (E&V) visit undertaken by Healthwatch, Barnet's E&V Volunteers, as part of a planned strategy to look at a range of care and nursing homes within the London Borough of Barnet to obtain a better idea of the quality of care provided. Healthwatch E&V representatives have statutory powers to enter Health and Social Care premises, announced or unannounced, to observe and assess the nature and quality of services and obtain the views of the people using those services. The aim is to report the service that is observed, to consider how services may be improved and how good practice can be disseminated.

The team of trained volunteers visit the service and record their observations along with the feedback from residents, relatives, carers and staff. Questionnaires are provided for relatives/carers who are not able to attend on the day of the visit but wish to give their feedback. The volunteers 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 Elmhurst Residential Home and the care provided by the staff on the day of the visit. All of the residents, relatives and the staff that we spoke to were happy with the care and support that they were offered. There were a couple of points that we thought may enhance the day-to day lives of the residents such as targeted dementia- based activities and increased use of the outside spaces, but this would add to the level of satisfaction and care that we found on the day of our visit.

Overall the residents seemed well looked after and the staff that we met were well supported and happy in their work.

General Information

Elmhurst Residential Home is a privately run residential home for up to 30 older people living with dementia. The home also provides a respite service. The home is located in a quiet residential area of North Finchley. There were 29 permanent residents living there at the time of our visit and one person receiving respite care. The Healthwatch team met the Deputy Manager and Head of Care on the day of our visit, as the registered Manager was not available.

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 handed 5 completed questionnaires from relatives at the time of our visit which had been collected by the staff, but none were sent in by post. Information from these questionnaires and comments from interviews held with residents, relatives and staff during the visit, are included in this report.

This two storey detached property combines two properties into one and has a large basement. There is a large area for parking at the front which is well maintained with plants and also a large garden at the back with flower beds and a lawn where tables and chairs were

set out. There is also a balcony which is reached from the lounge on the ground floor via a high step/threshold which residents need help to access. There are steep steps down from the balcony and residents had to come round from the front, down a slope into the garden.

We wondered whether a slope or better access could be provided for the residents from the terrace; also if better use could be made of the gardens as it was a lovely day when we visited but no-one was outside. We were told that residents were all accompanied if they wanted to go outside, and presumably this is not always possible depending on staff's other commitments.

The reception area had a signing in book and hand gel available (although the dispenser was empty on the day of our visit). We saw a notice announcing our visit, and a board of photographs showing a collage of past events. There was also a board with photos of staff showing their names. The home was clean and bright with the rooms well maintained; they all contained a sink and call bell. Residents could personalise their rooms by bringing in their own furniture as appropriate.

The home has 9 single rooms and 10 shared rooms and we were told that residents had the choice as to whether they wanted to share. A screen was provided in the shared rooms to ensure privacy. There are two en-suite rooms with the rest of the residents sharing bathroom facilities. A lift is available from the ground to the first floor. We noticed that the fire doors separating some of the rooms from the bathrooms were very heavy to move, but we were told that residents would always have a member of staff to accompany them when going to the bathroom.

The home seemed very bright and clean, when we asked residents what they thought of cleanliness around the home, people said, 'spotless', 'perfect', 'excellent'.

All of doors of the residents' rooms had their names and pictures on. Some relatives commented that these had been recently updated. The dining room and lounge comprised of one large room, with three tables for residents to eat at. We wondered if this communal room could be set up more imaginatively, perhaps with some of chairs being set into smaller groups to enable residents to interact with each other, but this might not be feasible.

Getting up and going to bed

Most residents and relatives told us that they could choose when to get up and go to bed, but one of the questionnaires said they could not choose. One relative told us:

'If he doesn't feel like getting up/eating he is never forced just encouraged'

Currently there are no residents who smoke, but if this was required residents' could smoke in the garden or on the terrace.

The home is in touch with Barnet Council's Care Quality Team, ¹ and attend the training days that are provided.

Care Planning

The Deputy Manager and/or Head of Care would assess any potential new residents in their own homes or in hospital; for an emergency admission the social workers would provide a support plan for any new resident. The Managers would speak to family members, social workers, and other health professionals before making a decision about potential resident's suitability for admission.

The care plan would be developed slowly in order to observe, assess and get to know the resident. This would be updated monthly and/or following daily handovers and family meetings. Staff get to know resident's needs by communication at staff meetings and use of the care plan.

The Team saw examples of Care Plans which demonstrated a person centred approach. They were clear and easy to understand, and updated regularly. Staff had access to them, if they needed information on a resident.

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 that they did.

Mental Capacity

Residents were assessed for mental capacity by the GP or the psycho-geriatrician. 16 residents have DoLs (Deprivation of Liberty Safeguards²) in place, but the home was experiencing long delays

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

² 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.

in communications regarding DOLs and often the time frames had already expired when these were received.

Discharge from Hospital

The home is working on the pilot scheme with the Royal Free Hospital 'Care home & trusted assessor communication flow – decision to transfer resident to hospital from care home'. Elmhurst would contact the 'trusted assessor team' prior to sending a resident to hospital and so far this was working well.

They had sent a request to the hospital not to discharge residents late and this had improved from residents being returned at 23.00 to 18.00.

End of Life Care

Advance care planning is arranged for each resident liaising with the family and the multidisciplinary team. Staff had received training in the North London Hospice Gold standard framework and two members of staff would be applying for accreditation.

Management of Residents' Health and Wellbeing

The local GP visits each week or when needed, and would also do telephone consultations. Out of hours, Barndoc and 111 are accessed and the report is received by the District Nurse and the rapid response team. An optician visits once a year and a dentist on request, or residents are taken to the local dentist; a chiropodist visits every 6 weeks.

Pressure sores are checked against a risk assessment and managed via mobility and transfers (ie moving to different positions); residents use pressure mattresses and any problems would be recorded and monitored by the district nurses. We were told that no residents had a pressure sore at the time of our visit.

Management of weight

Residents undergo a nutrition risk assessment and are weighed once a month, or weekly if there are any concerns, when the dietitian service would be involved.

Staff

All staff, except the Deputy Manager and Head of Care, wore uniforms, with labels showing their first name in large letters. We were told that there are 7 care staff in the morning with one senior in charge and one deputy; in the afternoon there would be 6 care staff and the manager, plus 2 kitchen staff, one in the laundry and one cleaner, and three waking staff at night. Agency staff are

not used. Most of the staff have been there for many years; two had gone from full time to part time recently.

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. The staff we spoke to were very happy and spoke of the team work that went on. We got the impression of caring, committed staff and satisfied residents.

Staff training

'First Response' provide much of the staff training, and staff were encouraged to undertake NVQ2 and 3. There was a training matrix on the wall showing the training undertaken. We were told that all mandatory training is up to date. Staff supervision is carried out every three months 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**': everyone we asked or who had completed a questionnaire said;

- 'Yes'
- 'Well treated, all friendly'
- 'The way people are handled' (positive comment)

Activities

We were told that there is a schedule of activities such as board games, ball games, reminiscence, usually tailored to the individual depending on their needs; on the day of our visit we saw staff playing games with residents: throwing a ball, and some board games which residents seemed to enjoy. But we got the impression that activities were a bit ad hoc, based on what individual carers decided to do at the time.

As far as we could see there was no activities board and we wondered if a dedicated activities co-ordinator, who could plan a range of dementia friendly activities would enhance the day-to-day lives for residents. As far as we could see there were only two planned activities each week: music therapy on Tuesdays; and a visit from St Barnabas for a service at the weekend. There are some outings and shopping trips planned. There is also an annual barbecue and Christmas party.

When we asked '**which activities are available here, which activities are your relative involved in?**' most people were

vague, one person told us they liked handball, one said singing.
Other comments were
'nil'
'unsure'

Religious/Spiritual needs

We were told that various church services were available for Residents who could attend the nearby St Barnabus; services were held from the Greek Church and the Catholic Church who provided Holy Communion and the last rites.

Food and Drinks

There is a menu board in place where pictures are displayed showing the food to be served, and alternative menus are available. All of the food is provided by the resident chef on site, who works with the dietitian for specialist diets. Indian and Chinese food is also served.

During our visit we observed that during lunch time 10 residents sat at the three tables and were capable of independent eating, 6 sat in armchairs where small tables were pulled up and ate unaided and 8 sat in armchairs and were given assistance to eat; the care staff assisting with lunch were all chatting to the residents as they helped them and the staff also appeared to be monitoring whether the food was eaten. We were told that if more residents wanted to eat at the tables for lunch this would be arranged at varying times. We did not notice residents being given the opportunity to clean their hands prior to eating.

We noticed that for those eating unaided the hot dessert was on the tray with the first course so would not have been hot by the time it was eaten. Residents could eat in their rooms, but this was not encouraged.

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'
- 'good'
- 'fantastic, especially Christmas'
- 'excellent'
- 'varies – depends who's cooking'

Drinks

We were told that tea, juices and water is served throughout the day, and increasing oral fluid is encouraged by the staff. We saw jugs of water and orange juice on the table.

When we asked relatives: **'Can residents always get access to a drink if they want one'?** Everyone who completed a questionnaire, or who we spoke to said;

- 'Yes, always offered'
- Yes, the staff are vigilant with all clients/residents'

Laundry

Laundry was labelled and on the whole seemed to be managed well.

Engagement with Relatives/Residents/ Carers

Resident satisfaction is monitored by meetings with families twice a year or when needed, and also by residents' reviews. We saw the minutes from the recent residents meetings and were told that any suggestions made at family meetings were considered.

When we asked: **How does your relative find living here? What do they like, what do they like least?**

Residents and relatives seemed very satisfied:

- 'Very happy'
- 'How he is treated by the staff, how they care for him and their kindness and compassion'
- 'Homely, not institutionalised'
- 'The care received'
- 'Their kindness and hard work'
- 'The food'
- 'Freedom' (not unnecessarily restricted in what want to do)
- 'They don't like being cold' (written on an anonymous questionnaire so we could not query this')

When we asked: **'Do you attend residents/relatives meetings regularly and see any follow-up'?** The majority said they did and would contact the Manager if they had any concerns. Two of the respondents to the questionnaire said, 'No'.

When we asked: **'Do you feel you and your relatives have a say in how the home is run day to day'?** Most respondents said

'Yes', however two of the respondents to the questionnaire said 'No', and one said 'Unsure'.

Compliments/Complaints/Incidents

There was a compliments and complaints 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 was pleased with the care.

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

- 'Totally happy'
- 'It suits my relative perfectly, nothing needs to improve, 'I would like to express my thanks to Elmhurst'
- 'Nothing, it is excellent'

Would you recommend this home to a friend/relative needing care? All said of the residents and all of the staff that we spoke to said that they would.

Conclusions

This was a clean and bright home with airy rooms and seemed to be a well-run caring residential home with a good atmosphere, happy staff and satisfied relatives. The team were generally impressed with the ambience, the quality of food, staff commitment and level of care. Our only suggestions to enhance what is already on offer would be to introduce more dementia-based activities and consider whether better access could be made of the outside areas.

Recommendations for Elmhurst Residential Home

- 1) To consider whether it is possible to make more use of the garden for residents with better access to/from the balcony
- 2) To improve access from the sitting room to the terrace for wheelchair users.
- 3) To consider re-arranging some of the furniture in the lounge area to encourage more socialising.
- 4) To provide hand-wipes for residents to use prior to eating.
- 5) Introducing more planned dementia specific activities.

Recommendation for Healthwatch

The Deputy Manager asked if we could do anything to assist with the long delays and lack of communications regarding DOLs. Often

the time frames given for DOLs had already expired when these were received by the home.

Response from the Home Manager

1&2) We have raised the issue of a threshold ramp from the lounge onto the terrace with the maintenance manager and he is actively looking into the options available to us. Weather permitting, residents are encouraged to use the garden at every opportunity. The fresh air and being outside benefits not just their physical wellbeing but their mental frame of mind too. The steepness of the steps is not something that is readily fixed because of the building and gardens being on an incline. We have found over the years that residents prefer a gentle stroll down into the gardens rather than use the stairs.

3) We have tried several times over the years to arrange the furniture in different formations. The unfortunate truth is that residents are creatures of habit and do not take change very well which invariably leads to upset because their preferred chair or location is no longer available or being used by someone else.

4) The vast majority of our residents have a routine whereby they attend the bathroom prior to mealtimes. It is at this point where they are given the opportunity to sanitise their hands. Those that don't attend the bathroom are encouraged to sanitise their hands although we do not force residents to do this. Hand wipes are available at all times.

5) Regarding the range of activities that we offer, I am told, is fairly extensive compared to other homes in the area. I have attached a list of the timetable which is updated on a weekly basis by our activities co-ordinator. She has the remit of arranging activities that cater for all residents regardless of physical or mental condition. We will take a note of your comments and ensure that further dementia friendly activities are provided. All of our staff have undertaken dementia training.

ELMHURST RESIDENTIAL HOME

81-83 Holden Road, North Finchley London N12 7DP

Tel No. 02084456501/02084465319

Email elmhursthome@sky.com

DAILY / WEEKLY ACTIVITIES

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM	WALKS	WALKS	WALKS	WALKS	WALKS	WALKS	WALKS
10.30 - 11.30	GARDEN/PARK if weather permits Around the lounge	GARDEN/PARK if weather permits Around the lounge	GARDEN/PARK if weather permits Around the lounge	GARDEN/PARK if weather permits Around the lounge	GARDEN/PARK if weather permits Around the lounge	GARDEN/PARK if weather permits Around the lounge	GARDEN/PARK if weather permits Around the lounge
	PASSIVE EXERCISES	PASSIVE EXERCISES	PASSIVE EXERCISES	PASSIVE EXERCISES	PASSIVE EXERCISES	PASSIVE EXERCISES	PASSIVE EXERCISES
PM	Listening to music	BOARD GAMES	<i>Arts and Crafts</i>	Listening to music	Memory Enhancer	BOARD GAMES	Listening to HEAL songs/gospels
1.00 - 2.00		Domino Snake and Ladder Chinese checker Tin Can Alley Home run			Play Cards Picture key rings crosswords	Domino Snake and Ladder Chinese checker Tin Can Alley Home run	
2.30 - 3.30	DANCING BALL games	REMINISCENCE	DANCING BALL games	Memory Enhancer	BOARD GAMES	<i>Arts and Crafts</i>	DANCING BALL games
				Play Cards Picture key rings Crosswords	Domino Snake and Ladder Chinese checker Tin Can Alley Home run		
5.30 - 6.30	Reading magazine and newspaper MUSIC	Reading magazine and newspaper MUSIC	Reading magazine and newspaper MUSIC	Reading magazine and newspaper MUSIC	Reading magazine and newspaper MUSIC	Reading magazine and newspaper MUSIC	Reading magazine and newspaper MUSIC

Response from Barnet Council (Assistant Director, Adults and Communities)

We are aware that there are some delays in processing Dols at some care homes. Like many London Boroughs, Barnet has continued to receive an extremely high volume of Dols applications. We ensure that every referral is screened and prioritised accordingly using ADASS guidance. The Dols Team also continue to work directly with homes in relation to any delays.