

Enter & View Report

Premises name	Camden Lodge Care Home
Premises address	137 Palmerston Rd, Palmers Green
Date of visit	Friday 18th May 2018

Contents

Purpose of the visit	2
Methodology	2
General information about Camden Lodge	3
Executive summary	4
Recommendation 1.....	8
Recommendation 2	8
Recommendation 3.....	12
Recommendation 4	13
Our findings – Key area 2: Choice.....	14
Recommendation 5	17
Recommendation 6	18
Our findings – Key area 3: Environment	22
Recommendation 7.....	26
Conclusion	27
What is Healthwatch Enfield?.....	28
What is Enter and View?	28

Acknowledgements

Healthwatch Enfield would like to thank the people we met at Camden Lodge, including the staff, residents and relatives and professionals, as well as the manager who welcomed us warmly and whose contributions have been invaluable.

Disclaimer

This report reflects the Team’s observations and records of what residents, relatives, staff and management told them about life at Camden Lodge through meetings and on the day of the visit. We can only comment on what we have actually observed or been told by those we heard from.

Purpose of the visit

Healthwatch Enfield's Enter and View Authorised Representatives have statutory powers to enter health and social care premises to observe and assess the nature and quality of services and to obtain the views of the people using those services.

Camden Lodge Care Home visit was an announced Enter and View visit as part of Healthwatch Enfield's planned strategy to look at a range of care and nursing homes within the London Borough of Enfield, to assess the quality of care provided. We were particularly interested in understanding whether residents are receiving personalised care that meets their individual needs and whether the care setting "feels like home" to them. In addition, we wanted to find out whether residents are receiving a good service from local health providers.

Methodology

Healthwatch Enfield's Authorised Representatives who took part in the visit were Fazilla Amide, Laurence Green, Janina Knowles and Christine Payne.

During our visit, the team of four Enter and View Authorised Representatives heard from 7 residents, 14 relatives, a community psychiatric nurse, and 8 staff and management, as well as observed the day to day workings of the Home, focusing on the following 3 key areas:

1. Care
2. Choice
3. The Environment

We used the 8 key indicators developed by Independent Age and Healthwatch Camden¹. The indicators are:

- have strong, visible management
- staff with time and skills to do their jobs
- good knowledge of each resident and how their needs may be changing
- offer a varied programme of activities
- quality, choice and flexibility around food and mealtimes
- ensure residents can see health professionals such as GPs and dentists regularly
- accommodate residents' personal, cultural and lifestyle needs
- be an open environment where feedback is actively sought and used

This report has been compiled from the observations, records and notes made by team members during the visit, and the conclusions and recommendations agreed amongst the team following this.

A draft of this report was sent to the manager of Camden Lodge Home to be checked for factual accuracy and for an opportunity for the home to respond to the recommendations prior to publishing. They confirmed they are committed to continuous improvements and have in fact already implemented a number of our recommendations, such as improving signage on the bedroom toilet doors, recording all training undertaken, not just those which are mandatory, and

¹ [Independent Age](#), together with Healthwatch Camden developed a set of quality indicators which are now being promoted nationally to improve the quality of information provided.

improving the laundry process. They provided a detailed action plan which can also be viewed by clicking here. This report, together with their action plan, will be sent to interested parties (including the Care Quality Commission, NHS Enfield Clinical Commissioning Group, and the London Borough of Enfield, as well as Healthwatch England) and will be published on Healthwatch Enfield's website at www.healthwatchenfield.co.uk.

General information about Camden Lodge

Camden Lodge Care Home has 24 beds. The Home is set in a residential area where there are 2 or 3 parking spaces in the small car park.

There are 3 floors for residents and a basement with a utility room and staff room. There is a large lounge area, as well as a conservatory, small smoking room and large outside garden area.

There are a mix of residents from Haringey as well as Enfield, and other boroughs such as Islington, City of London, and Southwark, some Local Authority funded, as well as privately funded.

Residents come from various ethnic backgrounds and nationalities, ranging from their 70s through to 96 years of age. They are all permanent residents. Most have some level of dementia.

Camden Lodge has a large, well-kept garden with hand railings along the pathways, and a large outdoor accessible patio area with cover.

The Home employs 3 part-time Activity Co-ordinators across the whole week including weekends.

The Registered Manager is Ruben Desscan, the Assistant Manager is Shashi Lulith and the Head of Care is Lalith Katugampola.

Executive summary

Whilst at the Home, we heard from 14 relatives, 7 residents, a community psychiatric nurse and 8 managers and staff. Through these discussions and our own observations, we found that much of the care provided at Camden Lodge is of a good standard. The management team seem committed to residents' welfare and to providing a good level of care. The staff are appreciated by residents and their relatives for their kind, friendly attitude and hard work.

The management team and staff we engaged with demonstrated a good understanding of the need for individualised care planning. They were open and welcoming and were focused on continuous improvements to the Home. Overall, through our conversations and observations, our assessment was that the residents were well cared for and that all the relatives we heard from felt their loved ones were being well looked after.

In terms of external specialist support, the Home pay a retainer for a GP to attend on a weekly basis, proactively seeing residents who book to see him. They also have a chiropodist who attends every 6-8 weeks, which residents pay for on a sessional basis, if they need treatment. Camden Lodge also considers they have good support from the Care Home Assessment Team² (CHAT), as well as a physiotherapist, the district nurse, a geriatric consultant who visits monthly and a community psychiatric nurse who supports some residents. This is an example of good practice that could be implemented across care and nursing homes in the borough.

At Camden Lodge, concerns were raised by managers and relatives about the availability and support of NHS dental care. They are currently looking to engage a dentist to visit the Home, as they have not had a visit for over a year. They also stated they needed to clarify which residents are eligible for NHS treatment and those who are not. We would ask NHS England to ensure dental services prioritise proactive support to these residents.

Having heard from many relatives, 4 of the 14 we heard from had commented that their loved one had had a fall at the Home. Whilst falls can happen, we considered it important to clarify the situation with the CHAT team. The Community Matron for the CHAT team confirmed that currently the number of falls is not excessive for the size of home and that they monitor this on a monthly basis. The management also confirmed that all the staff have attended "Falls Prevention" training.

In listening to relatives in particular, a number were very concerned that their loved ones could either be wearing other peoples' clothes or that some of their clothes would go missing while being laundered. The relatives found this quite distressing and had commented that it had been going on for some time, despite the management team being made aware.

Finally, in looking at the Care Plans and DOLs (Deprivation of Liberty³) paperwork, some were unsigned by residents/relatives or in some cases, by the professionals who had contributed to them/DOLS documentation. The manager confirmed that they had been chasing the relevant professionals, but to no avail, and stated that it was often difficult to get relatives in to sign care plans, if the residents lacked capacity to do so. However, both of the above are fundamental and must be followed up in all cases.

² [CHAT](#) is a nurse led community service which provides rapid response visits or telephone advice at times of crisis.

³ DOLs: <http://hrch.nhs.uk/patients/patient-safety/consent/>

Areas of Good Practice

During our visit, we noted many examples of good practice:

- The management team regularly “walk the floor”. They appear very familiar with the residents and their needs and give support to staff, residents and relatives, where required
- Managers seem willing and able to take on board feedback and suggestions
- Staff are required to complete mandatory training and managers have in place a clear system to record this
- Care planning documents are comprehensive and regularly reviewed
- A local GP attends weekly and there is good support from the community psychiatric nurse
- Staff are friendly, approachable, caring and patient
- Staff have time to chat and interact with residents
- Meals and bed times are flexible and personalised to suit residents’ individual preferences
- Residents are allowed to fully individualise their rooms internally
- There is a range of activities across all days of the week
- There is involvement and interaction between the home and the local community
- The garden is well-designed and maintained with handrails along pathways and a robust and an effective external covered area
- There is a separate smoking area for those who wish to smoke

Summary of the Recommendations

Recommendation 1

Include ‘Falls Prevention’ training as part of the core training required, ensuring all staff attend and all training is fully recorded.

Recommendation 2

Ensure that all legal paperwork and Care Plans are correctly authorised by professionals and residents/relatives where required, and any verbal agreement obtained from residents/relatives recorded also.

Recommendation 3

The Home to prioritise efforts to ensure appropriate support is provided by a dentist as soon as possible.

NHS England to ensure NHS dental provision is commissioned and delivered to meet the needs of the care home.

Recommendation 4

Ensure a system is in place to ensure clothing is not mixed up, so residents retain their own clothing.

Recommendation 5

Consider ways to fully involve all residents and offer more personalised activities to each resident including ensuring that residents who have limited mobility and who wish to watch TV or do other activities in the lounge, are supported to do so on a regular basis.

Recommendation 6

Continue to ensure that residents are able to engage with the wider community and have opportunities for going out.

Recommendation 7

Ensure all toilet doors in residents' bedrooms have a large, pictorial sign of a toilet on them. In addition, when looking to replace the flooring on the lower ground, obtain a matt replacement, so the flooring does not appear slippery or wet to those with Dementia.

<p>Key area 1: Care</p> <p>Are residents well looked after, and cared for?</p>	<p>Our findings suggest that, overall, residents are well cared for by friendly staff who generally meet the needs of their residents. Most relatives we spoke with were very complimentary about the care their loved ones received. Residents appeared well looked after, clean and content.</p> <p>However, four of the relatives stated their loved ones had fallen or were less able following a fall. On clarification with the CHAT team, the number of falls was not considered excessive for the size of Home. In addition, the management team confirmed falls occurred most often in the winter months, when residents were more likely to suffer with infections, which weakened them. They confirmed that their staff do undertake "Falls Prevention" training and we have asked that this should also be included and logged as part of the core staff training programme.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>People are caring. We get all the information</i> ▪ <i>They are responsive. She eats and drinks, no bed sores, special bed. She has cushions for her chair. They do check her pads</i> ▪ <i>I think so, he eats all the food, which is not bad. Language can be a barrier</i> ▪ <i>She always looks clean and neat. Chiropodist comes and trims her toe nails and her finger nails are trimmed</i> ▪ <i>Had to ask twice to change his pad a couple of times. Other day he didn't have a pad on. They let him dress himself which is good, but should be checking he's putting his pad on</i> ▪ <i>He's had falls and had stiches. I was informed straight away.</i> ▪ <i>Just that dad had a few falls.</i> ▪ <i>He's had a few falls in the past and I am not sure when it happens.</i> ▪ <i>There was one incident. She fell and broke her hip at night.</i> 	<ul style="list-style-type: none"> ▪ <i>Regular audits, every week, daily manager's checks, checklists for health and safety and welfare. If concern is raised, look at what action is taken, when, what time etc.</i> ▪ <i>Had a patient who had to go back on the Ward for 4 months but is back here again now. (The Home) is able to support them and their behaviour has calmed down.</i> ▪ <i>We called the GP. Came this Wednesday. Resident said it was itchy. GP gave an antiseptic cream. He's been scratching; we saw this. Under observation and GP review.</i>

Recommendation 1

Include 'Falls Prevention' training as part of the core training required, ensuring all staff attend and all training is fully recorded.

Key area 1: Care Are residents /relatives involved in decisions about how residents are looked after?	Most residents and relatives felt they were fully involved in their own Care or Care of their loved ones and that staff listened to them in terms of their preferences. However, the Care Plans reviewed were all unsigned by either the resident or their relatives. This should be immediately addressed.	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none">▪ <i>They know what I want</i>▪ <i>They always ask what I want</i>▪ <i>They are upfront. Keep me informed when he had his fall</i>	<ul style="list-style-type: none">▪ <i>I picked that up with some of the DOLS paperwork, no signatures. We've chased, not come back to us. On care plans, sometimes hard (to get signatures) Gaining verbal agreement where we can from relatives</i>

Recommendation 2

Ensure that all legal paperwork and Care Plans are correctly authorised by professionals and residents/relatives where required and any verbal agreement obtained from residents/relatives recorded also.

<p>Key area 1: Care</p> <p>Are the staff friendly, having the time to talk to residents, treating them with dignity and respect?</p>	<p>Without exception, all those spoken with felt that the staff were friendly, approachable and treated residents with respect. Staff came across as caring, considerate and sensitive.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>Yes. Staff are polite and courteous</i> ▪ <i>They are helpful</i> ▪ <i>We come weekly and they are very responsive</i> ▪ <i>If Dad isn't happy the staff can tell whether he's having a good day. Tries to help staff and they let him</i> ▪ <i>They have the time to talk. I speak to them. They are all very nice</i> ▪ <i>Some too busy to interact. Put music on and others do not like the noise. But they are nice enough</i> ▪ <i>He used to get up and dance to the music & some staff would join in. They are friendly. I see them interacting with others</i> 	<ul style="list-style-type: none"> ▪ <i>Staff are amazing. Most staff stay</i> ▪ <i>We can chat one to one (with residents) & talk whilst we work</i> ▪ <i>Increased the day staff from 3 to 4 and increased night staff from 2 to 3. Ensure correct culture where residents are fully engaged and involved</i> ▪ <i>We have our own bank of staff, so rarely need to use agency staff</i>

Key area 1: Care How quickly do staff come when residents call them?	<p>Through observation on the day, staff attended relatively quickly and relatives seem to feel the same. However, amongst the management and staff there seemed to be a lack of clarity regarding what the maximum response time should be, 3 mins, 5 mins or as quickly as they could attend.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Most of the time, but less staff on duty at nights</i> ▪ <i>They come in at a reasonable time</i> ▪ <i>It depends, if it's a fall, they are really quick. If he wets himself, they say they'll come in a minute, but he will end up waiting 10/15 minutes</i> 	<ul style="list-style-type: none"> ▪ <i>Emergency alarms in all rooms are recorded on the computer. Check straight away for call bells. Should be 5 mins or less otherwise.</i> ▪ <i>Don't have a monitoring system but should respond within 2-3 minutes maximum</i> ▪ <i>Should be less than 3 mins. Goes onto the computer. Team Leader observes on the Floor. But for other things like asking for tea may take 5-10 mins</i>

<p>Key area 1: Care</p> <p>What training have the staff completed and can you provide records?</p>	<p>The management team were able to provide their anonymised training records. It was noted that all staff had or would be attending mandatory training.</p> <p>However, at the time of our visit, it was noted that the Assistant Manager had not attended 'Safeguarding' training, although this was scheduled to be completed shortly after our visit and was undertaken. ' Falls Prevention' training was not listed either. When this was flagged, the manager responded that staff did attend other training but only the mandatory training was listed. They confirmed management and staff attended training at St Michael's centre at Cedar House for Falls Prevention organised by the CHAT team, as well as, for example, "End of Life" training with the North London Hospice. The manager stated they would rectify the situation and detail ALL training staff undertake.</p>	
	Residents and relatives said:	Management and staff said:
	No service users were asked this question	<ul style="list-style-type: none"> ▪ <i>Looking for a level 2 result. Dementia training different types: causes, signs, symptoms. Maths and English; waiting tests, (as well as) food hygiene, safeguarding, First Aid...</i>
<p>Recommendation as per number 1 <i>Include 'Falls Prevention' training as part of the core training required, ensuring all staff attend and all training is fully recorded.</i></p>		

<p>Key area 1: Care</p> <p>How often do GPs, nurses, dentists etc. visit?</p>	<p>We were pleased to hear that a GP attends on a weekly basis and this was well known to staff and residents. We understand the Home pay the GP a retainer for this service. A chiropodist also attends on a 6 to 8 weekly basis, paid for by the Home but then charged to residents who use the service. We also noted the optician attended on an annual basis and as and when required.</p> <p>However, the management team did express concern about the waiting time for the community dentist. Many of the residents had not received an annual dental check-up and the Home confirmed it was proving difficult to appoint a dentist to make regular visits to the Home. The home was / is currently engaged in negotiating with a dentist and looking at gaining clarity as to who should pay and who was entitled to NHS treatment. This was also proving challenging as some relatives seemed to be unwilling to complete the relevant documentation required.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>No dentist</i> ▪ <i>Not seen a dentist (been there a year)</i> ▪ <i>Not seen a dentist but I can see a doctor when I need to</i> ▪ <i>Used to have a dentist but have not got one. They keep saying they will get another. GP access is good. They come once a week</i> 	<ul style="list-style-type: none"> ▪ <i>Not sure about dentists, do have opticians and doctors</i> ▪ <i>GP and others attend. Challenge is the dentist</i> ▪ <i>Applied to Friern Barnet (dental surgery), but need to complete the forms for who should pay and not pay</i> ▪ <i>GP comes weekly. We pay a retainer. If residents are saying something is hurting we ask the GP to check, and the GP will provide something. Dentist; we are doing the referral forms for the community dentist but long waiting time, months. Signed up with Friern Barnet, we have to complete forms. We want them to come here. Negotiating. Maybe a possible charge, but would want them to come at least once a year</i>
<p>Recommendation 3</p> <p><i>The Home to prioritise efforts to ensure appropriate support is provided by a dentist as soon as possible.</i></p> <p><i>NHS England to ensure NHS dental provision is commissioned and delivered to meet the needs of the care home.</i></p>		

<p>Key area 1: Care</p> <p>Is there anything that worries residents or makes them feel unsafe?</p>	<p>All but one resident we spoke with felt safe in the Home. That resident thought the windows in the smoking room were left open at night. When we clarified with the management team, they stated that all windows and doors were securely locked at night.</p> <p>When we asked the same question of relatives, they felt residents were safe, but a number informed us that they were unhappy about clothing going missing or finding their relatives wearing another resident's clothes, despite having name labels attached. Two other relatives emailed us their similar concern. When we raised this with the managers, they said that this was an on-going issue that had not yet been resolved despite the steps they had taken. Each resident now has their own clothes basket which is labelled. However, the laundry assistants are washing and drying all the clothes together and laundry continues to go astray.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>I feel safe here</i> ▪ <i>Yes, they keep him safe</i> ▪ <i>I keep the bedroom locked as 1 or 2 confused residents come in</i> ▪ <i>I think that since they put the keypads on all doors, & ones leading to communal staircase, it's better</i> ▪ <i>But laundry keeps getting mixed up, another resident's pair of PJs in his basket. Even when labelled, stuff disappeared. 50% underpants missing. Should be a system</i> ▪ <i>Sometimes they get the clothes mixed up. Found my husband in somebody else's jumper on a few occasions</i> ▪ <i>(No concerns) other than his clothes. Sometimes not his. I'll ask for him to be changed. Everything has his name on it and room number. It does bug me!</i> ▪ <i>Clothes go missing or others wear the wrong clothes</i> 	<ul style="list-style-type: none"> ▪ <i>Laundry? Yes it's an issue. Dryer keeps breaking down. Have laundry staff. We've had to reimburse families for clothing missing. We have got baskets, logged for each floor</i>
<p>Recommendation 4</p> <p><i>Ensure a system is in place to ensure clothing is not mixed up, so residents retain their own clothing.</i></p>		

Our findings – Key area 2: Choice

<p>Key area 2: Choice</p> <p>Can residents decide when to do things e.g. when to get up, go to bed, have dinner/ snacks etc.?</p>	<p>The manager and the team have a keen sense of providing personalised care and try to accommodate each resident’s personal preferences, for example, respecting the fact (having consulted the Community Psychiatric Nurse) that a resident who wishes to remain in their room for the majority of the time, should do so. Residents, relatives and staff confirmed that residents were able, as much as possible, to exercise choice and control, in particular, around sleep and meal routines. Whilst meal times are set, residents can choose what to eat and when.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>I can lie in all day and then go and have a meal</i> ▪ <i>I get up when I want</i> ▪ <i>Sometimes they'll take him to bed when it suits, if he looks tired, or has had a long day</i> ▪ <i>She's told to wait until after lunch to sleep</i> ▪ <i>He's always eaten at the same time. Though, saw one time, he was having supper when everyone else had finished</i> 	<ul style="list-style-type: none"> ▪ <i>Most want to stay up as it's quite bright now. It's up to them. Lie in if they want. Pattern some early, some as late as 10am</i> ▪ <i>Flexible. I guide staff to give them time, if they want a lie in, or when they go to bed, some stay up till 11pm and watch TV till late</i> ▪ <i>Re food we can give sandwiches, omelette, beans on toast, fruit etc. (if they don't want to eat at meal times)</i> ▪ <i>Can offer sandwiches or snacks till dinner time</i>

Key area 2: Choice Are individual and personal needs met/ respected? E.g. cultural/ spiritual/ religious beliefs/ sexual orientation	<p>The residents at Camden Lodge reflect a rich variety of differing ethnic backgrounds and seemed to be comfortable in each other's presence. From a religious perspective, the majority were Christian or Hindu. It was confirmed that a priest attends once a month for one resident. Neither relatives nor residents seem to feel there was an issue regarding this aspect. The manager did confirm they were looking to get another priest to attend more regularly, as well as bring in more of the community to visit the Home.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>I believe in Christ and see a priest once a month</i> ▪ <i>No religious needs</i> ▪ <i>I am religious but don't see a priest</i> 	<ul style="list-style-type: none"> ▪ <i>Priest comes in not sure how often but some families come and take them (to church) on a Sunday</i> ▪ <i>(The) number of residents wanting to go to church has reduced. Trying to get relationship with a new priest to get more involved. Celebrate Christmas, Easter, Ramadan, St Patricks, Hanukkah etc</i> ▪ <i>Residents mostly Christian. If they want anything they can ask. Staff most are Hindu, celebrate Diwali. For residents can play different music, Bollywood, Reggae, Portuguese, Sri Lankan</i>

<p>Key area 2: Choice</p> <p>Is there a good choice, as well as amount of nutritious, food/drink/ snacks/ jugs of water available?</p>	<p>On the day of our visit, food, snacks and drink of all types were readily available and, in most cases, staff seem to be encouraging residents to eat and drink. We observed lunch being provided. There were good portions and residents seemed to enjoy their lunch. There were jugs of water in each of the resident's room, though for one resident who was often in bed, it appeared to be out of reach; and a couple of relatives were concerned that their family member may not be taking sufficient fluid. The Home should therefore ensure they are encouraging all their residents to take in sufficient fluids.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Fresh water present. Changed daily.</i> ▪ <i>Food is OK. 1 cup of tea (in my room) glass of water. Choice of food.</i> ▪ <i>Drink is always available</i> ▪ <i>Always carafes of water in room and juice offered and encouraged to drink</i> ▪ <i>They had a good breakfast. They come round with cups of tea. We take over, but if we are late, someone is always about to help</i> ▪ <i>Always food and drink around</i> ▪ <i>Yes and no. Need more staff, needs to have enough juice. We have mentioned it</i> ▪ <i>Should have more fluids. Though will adapt food for him as he likes fish in sauce</i> 	<ul style="list-style-type: none"> ▪ <i>Staff wash and put fresh water daily, more given by night staff if wanted</i> ▪ <i>Water present in every room</i> ▪ <i>Cups of tea/coffee regularly given</i> ▪ <i>With the dietician we discuss the meals and menu and monitor residents - if they change weight. They come when needed. Sometimes we give them smaller portions more often, or if not eating, we refer after monitoring for around a month. We have food and drink charts where there's a concern</i>

<p>Key area 2: Choice</p> <p>Are there varied and sufficient activities/ things for residents?</p>	<p>There are 3 part-time activity co-ordinators who provide an opportunity for playing games, board games, exercise, singing etc. Residents can choose whether they engage or not and there was a mix of those who did and didn't. Those preferring to stay in their rooms were asked to participate regularly but chose not to. However, there was one resident who had limited mobility, who wanted to go to the lounge more. There generally seemed to be fewer activities for those in their rooms or those less able. We would therefore recommend for those residents, there is more opportunity to have activities such as massage therapy, sensory therapy or other personalised activities.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>I join in activities, singer comes</i> ▪ <i>I read a lot of crime novels - waiting for my TV to be fixed</i> ▪ <i>She likes going out to the garden for walks</i> ▪ <i>I'm in bed all the time. I would like to watch TV in the lounge but cannot get in there</i> ▪ <i>I don't think he's able to join in, I don't know</i> ▪ <i>Activities: they do chair aerobics, dominoes, hand massage, quiz, scrabble, music</i> ▪ <i>But current activities person makes no attempt to do anything. Gets a few round the table to play games. Earlier on may have been ok for him and may have helped, but not now</i> 	<ul style="list-style-type: none"> ▪ <i>They are encouraged to participate but some stay in their rooms</i> ▪ <i>Resident in different rooms doing different things</i> ▪ <i>Quiz dance, music, chair based exercises, bingo. We sometimes go to the shops with them and go to a cafe</i> ▪ <i>Some like to just observe and still feel they are participating to a degree. Some like 1-1, alone as they don't like the noise. Room bound residents can play dominoes, board games</i>
<p>Recommendation 5 <i>Consider ways to fully involve all residents and offer more personalised activities to each resident including ensuring that residents who have limited mobility and who wish to watch TV or do other activities in the lounge, are supported to do so on a regular basis.</i></p>		

<p>Key area 2: Choice</p> <p>Are there activity co-ordinators and how often do they attend? What links do they have with the local community?</p>	<p>From our conversations with the Home, last year they had a funded mini-bus and were able to take residents out and about. However, this year the funding has been lost, which will potentially impact the ability for residents to get out and about. The Manager and Area Activity Co-ordinator are looking into this and we hope that a way will be found to support residents to socialise outside of the Home, as this is a key part of caring for them. However, in terms of the community visiting the Home, a school attends every 2 to 3 months and similar activities are to be welcomed.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Would like more day trips as going into summer</i> ▪ <i>He would like more day trips</i> 	<ul style="list-style-type: none"> ▪ <i>Outings, Capel Manor, Forty Hall. Used to have a mini-bus which lost its funding</i> ▪ <i>Residents visit other 3 homes to get out and socialise and build relationships: 2 Bullsmoor lane and 1 Friern Barnet</i> ▪ <i>Last year there was funding for a bus. Trying to get something from Barnet or Islington. If we need to, we'll use Dial a Ride or go to the local park</i>
<p>Recommendation 6 <i>Continue to ensure that residents are able to engage with the wider community and have opportunities for going out.</i></p>		

<p>Key area 2: Choice</p> <p>Are residents able to personalise their rooms?</p>	<p>Residents can have their own photos and pictures as well as furniture, as long as it is not damaged and conforms to health and safety regulations. Some rooms also had the resident’s photo on the front of their door to help them identify which bedroom was theirs, which has been helpful. Both residents and relatives seem to be happy with the current arrangements.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>Photos. We also brought a bed because the doctors said a new mattress was needed</i> ▪ <i>He's got his own pictures /photos. He has a large frame with different pictures and a map of Jamaica</i> ▪ <i>He has loads - on wall and own bed. Old chair was stained so we asked for it to be changed and it was. Room small but is en-suite</i> 	<ul style="list-style-type: none"> ▪ <i>Some bring things and others not bothered</i> ▪ <i>They can bring pictures and photos and furniture if they fit in the room</i> ▪ <i>When they come they can bring what they want but don't want them to be too cluttered, things like pictures. They can change their bed though normally we'd provide that</i>

Key area 2: Choice Are residents/ relatives views/ suggestions taken into account and acted upon?	<p>In speaking with residents and relatives, people’s views have mostly been taken on board. The manager has an open-door policy and confirmed that relatives in particular, do email or speak with himself or the management team. The management team confirmed that the outdoor cover area was in part, as a result of relative’s feedback and some of them were involved in the design.</p>	
	Residents and relatives said:	Management and staff said:
	<ul style="list-style-type: none"> ▪ <i>Seem to be open. Willing to listen and helpful</i> 	<ul style="list-style-type: none"> ▪ <i>They can chat with us anytime, also have a suggestion box but often nothing in it as can talk to us e.g. conservatory. Now have key pads, going in and out - more secure now</i> ▪ <i>They can chat to us and email. Suggestion box and we have a good relationship with the families. The summer cover, one family suggested this and they provided the design and idea</i>

<p>Key area 2: Choice</p>	<p>Whilst a few residents commented that they naturally would have rather been in their own home, on the whole, residents seemed relatively happy and contented.</p>	
<p>Overall, do residents like living here?</p>	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>It's a nice place. I've been here a while</i> ▪ <i>Got my own space, leave you alone and the food is OK</i> ▪ <i>She didn't want to be in care before, but she says this is the best place she's been to</i> ▪ <i>I think he's settled down here</i> ▪ <i>He loves it, it's his home</i> ▪ <i>Dad talks to others. They are like family, so friendly</i> 	<ul style="list-style-type: none"> ▪ <i>Management and staff were not asked to comment on this</i>

Our findings – Key area 3: Environment

<p>Key area 3: Environment</p> <p>Are residents able to get around and about easily within the whole of the Home? If there are lifts, are they always working?</p>	<p>The Home has two floors. There is one lift which seems to be well-maintained; we were informed that it is serviced/checked monthly and is reliable. Most residents are in need of help and support to move around the building with only a few able to walk around unaided.</p>	
	<p>Residents and relatives said:</p>	<p>Management and staff said:</p>
	<ul style="list-style-type: none"> ▪ <i>Saw it was being serviced the other day</i> ▪ <i>1 lift always been in order</i> 	<ul style="list-style-type: none"> ▪ <i>Lift undergoes regular maintenance once a month- changed the oil and it was not aligned properly. Also can call them when needed</i>

The following are notes of the observations made on the day of the visit by Healthwatch Enfield's Enter and View Authorised Representatives.

Key area 3: Environment	Is the Home warm and welcoming? Is it bright, appropriate temperature, nice/ no smells, are there pictures, flowers around etc.? As you enter the Home, the hallway is quite dark. However, once round the corner and further down the corridor, you enter into the main lounge area and then on into the open conservatory area which is light and spacious, and looks out onto well-kept gardens. There are no odours and the Home was clean, warm and friendly.
Key area 3: Environment	Are the signs large, clear with contrasting colours so easy to read? The communal signs were relatively large and clear and some, such as the signs for the communal toilets were visual, so helpful to those with Dementia.
Key area 3: Environment	Do you think the toilets/ bathrooms are clean: no smells, waste disposals working, no over flowing bins etc.? Are the Communal areas clean? All areas of the Home appeared clean, with no significant smells. All areas appeared well maintained and bathrooms and toilets we looked at were also clean.

<p>Key area 3: Environment</p>	<p>Is there a garden or outside space and if so, is it well maintained, safe and accessible?</p> <p>There is a well-maintained large garden area with covered area suitable for BBQs and other such events requiring protection from the elements. There are handrails all along the pathways ensuring many of the residents have additional stability and support to wander around.</p>
---	---

<p>Key area 3: Environment</p>	<p>Overall is the Home secure?</p> <p>There are key codes on all of the access doors to the outside, as well as window locks. There are also key codes to the stairwells on each floor ensuring residents cannot go down the stairs on their own, though they can access the lift safely. Windows and doors to the garden are kept open during warm days, but are locked in the evening. Overall, most of the residents felt safe and secure; their relatives agreed.</p>
---	--

<p>Key area 3.1: Choice</p> <p>Is the Home Dementia Friendly?</p>	<p>Given the Home has a number of residents with varying degrees of Dementia, we assessed the following areas based on some of the questions from the PLACE (Patient-Led Assessments for the Care Environment⁴) system:</p>	
	<p>Is flooring consistent, matt, non-reflective and non-patterned and contrasts with the walls and furniture? And are different areas of the Home differentiated for ease of navigation?</p>	<p>There was colour differentiation between floors with no large, or vivid patterns. Whilst the flooring on the 1st and 2nd floors were matt, the flooring on the ground floor differed. Furniture, flooring and walls were clearly contrasting and had a slightly different look and feel to help residents navigate the Home better.</p>
	<p>Have management ensured the floors do not appear wet or slippery in lighted/naturally lit areas?</p>	<p>The floors did not appear shiny or slippery on the 1st and 2nd floors and were easy to clean. However, the ground floor flooring is shiny and reflective and could appear wet to those with Dementia.</p>
	<p>Have strong patterns been avoided in wall coverings, curtains, furnishings and screens?</p>	<p>There were no obvious vivid or strong patterns in furnishings or wall paper</p>
	<p>Is it possible to cover or remove mirrors if required? E.g. is there a sufficient gap to allow a cloth to be draped over the mirror.</p>	<p>Our team felt that where there were mirrors, there was insufficient space for these to be covered, if necessary but the Home confirmed they could remove them if necessary.</p>
	<p>Are toilet doors distinctive so as to distinguish them from other doors in the same area?</p>	<p>The Enter and View team felt that signage was clear enough generally, and in communal areas. However, in the bedrooms, the doors to the toilet were similar to wardrobe doors with no sign to let the resident know that it was a toilet.</p>

⁴ [PLACE](#)

		This could become confusing to those with Dementia. Signage should be large, clear and obvious, and ideally, visuals of a toilet should be placed on the internal toilet door of each room.
	Are taps colour-coded red/hot and blue/cold?	The taps the Enter and View team saw appeared easy to use with clear hot/cold signage.

Recommendation 7

Ensure all toilet doors in residents' bedrooms have a large, pictorial sign of a toilet on them. In addition, when looking to replace the flooring on the lower ground, obtain a matt replacement, so the flooring does not appear slippery or wet to those with Dementia.

Conclusion

We found that Camden Lodger is a good Care Home, well led with friendly, helpful and kind staff. Overall, the ethnically diverse residents and relatives seemed happy and contented. We observed good quality care being given and residents had choice and flexibility, particularly around eating and drinking, and timings of meals, bed and waking times. There's also a well-maintained outside area for residents to enjoy a walk and gain some fresh air.

However, whilst there are three part-time activity co-ordinators who attend across all seven days of the week, which is to be commended, some residents felt that more outings could be put on for those more able, and more activities for those less mobile. There was also much concern cited around laundry getting mixed up or going missing. We also felt that signage should be provided for the bedroom toilets/bathrooms, and staff attending 'Falls Prevention' training or other non-mandatory training, should be formally recorded.

Though overall, Camden Lodge seems to be well run, supportive, caring and flexible.

What is Healthwatch Enfield?

Healthwatch Enfield is here to:

- Make it easier for you to find and use the health and care services you need. We do this by providing up-to-date information via telephone, on our website, through attendance at events, presentations, pop-ups and via our newly launched Guides
- Make it easier for you to raise your concerns about health and care services you receive. We do this by: providing information on complaints processes and through using your feedback to raise your concerns at decision-making and strategic fora which influence the quality of service provision
- Make it easier for you to get the best quality health and care services. By listening to your experiences, we make it our job to secure improvements that matter to local people

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

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.

This report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

Healthwatch Enfield

Registered Office
Room 11, Community House
311 Fore Street
London N9 0PZ
Tel 020 8373 6283

Email: info@healthwatchenfield.co.uk
www.healthwatchenfield.co.uk
Twitter: @HealthwatchEnf
www.facebook.com/healthwatchenfield
Instagram: healthwatchenfield

Healthwatch Enfield is registered as a Community Interest Company no. 08484607 under the name of COGS - Combining Opinions to Generate Solutions CIC.